



LifeSet Implementation in Illinois:

PHASE I FORMATIVE EVALUATION FINDINGS

ELISSA GITLOW | SHANNON KUGLEY | SAM SHAPIRO
REIKO KAKUYAMA-VILLABER | HELEN JACOBSEN
BRIAN CHOR | AMY DWORSKY

Prepared for the Illinois Department of Children and Family Services in partial fulfillment of Contract 3012009022



Recommended Citation

Gitlow, E., Kugley, S., Shapiro, S., Kakuyama-Villaber, R., Jacobsen, H., Chor, K. H. B., & Dworsky, A. (2022). *Findings from Phase I of the Illinois DCFS LifeSet Evaluation*. Chapin Hall at the University of Chicago.

Acknowledgments

We would like to acknowledge the contributions made by Richard Epstein who was instrumental in designing the evaluation and forging effective partnerships with the Illinois Department of Children and Family Services (DCFS) and Youth Villages and Zhidi Luo who laid the groundwork for our analysis of the DCFS administrative data. We are grateful to Sarah Hurley, Katja Russell, and Tess Sikma at Youth Villages, who provided constructive feedback during the evaluation planning and shared program data. Illinois DCFS (Steven Minter, Bruce Thomas, Anika Todd, and Michelle Jackson) and Aunt Martha's (Chidima Okorie, Mia Collins, and Forrest Moore) have supported this work over the past two years. Finally, we are grateful to the implementing agency staff who were willing to share their LifeSet experiences with us.

Disclaimer

The points of view, analyses, interpretations, and opinions expressed here are solely those of the authors and do not necessarily reflect the position of the agencies implementing LifeSet in Illinois, Youth Villages, or Illinois DCFS.

Contact

Shannon Kugley, M.L.I.S.
Senior Researcher
skugley@chapinhall.org

As an independent, nonpartisan policy research center, Chapin Hall adheres to the values of science, meeting the highest standards of ethics, integrity, rigor, and objectivity in its research, analyses, and reporting. Learn more about these commitments in our [Statement of Independence](#).

Chapin Hall partners with policymakers, practitioners, and philanthropists at the forefront of research and policy development by applying a unique blend of scientific research, real-world experience, and policy expertise to construct actionable information, practical tools, and, ultimately, positive change for children and families.

Established in 1985, Chapin Hall's areas of research include child welfare systems, community capacity to support children and families, and youth homelessness. For more information about Chapin Hall, visit www.chapinhall.org or [@Chapin_Hall](https://twitter.com/Chapin_Hall).

TABLE OF CONTENTS

Introduction	1
LifeSet Implementation in Illinois.....	1
LifeSet Referrals and Eligibility.....	2
Methods	4
Document Review.....	4
Supervisors and Agency Administrator Interviews.....	4
Analysis of DCFS Administrative Data and LifeSet Program Data.....	5
Interview Findings	6
LifeSet Referrals.....	6
Youth Engagement.....	8
Placement Options.....	10
Youth Agency.....	12
Youth Disengagement.....	12
LifeSet Exits.....	14
Intentionality of Services.....	15
LifeSet Supports.....	16
Workload.....	17
DCFS Administrative Data on Youth	19
LifeSet and Non-LifeSet Cohorts.....	19
Demographic Characteristics.....	20
Out-of-Home Care Experiences.....	21
Discussion	23
Summary.....	23
Next Steps.....	23
References	25
Appendices	26
Appendix A. LifeSet Providers.....	26
Appendix B. DCFS Traditional TLP and ILO Eligibility Criteria.....	27
Appendix C. LifeSet Matching and Admission Process.....	28

Appendix D. LifeSet Exclusionary Criteria 29

Appendix E. LifeSet Supervisors Interview Protocol..... 31

Appendix F. LifeSet Program Administrator Interview Protocol..... 33

Appendix G. Construction of the LifeSet and Non-LifeSet Cohorts..... 34

Appendix H. Successful Exit Criteria..... 35

Appendix I. Weekly LifeSet Staff Meetings..... 36

TABLE OF TABLES

Table 1. Demographic Characteristics of LifeSet and Non-LifeSet Youth	20
Table 2. DCFS Region of LifeSet and Non-LifeSet Youth.....	21
Table 3. Out-of-Home Care Experiences of LifeSet and Non-LifeSet Youth	22

TABLE OF FIGURES

Figure 1. Composition of the LifeSet Cohort..... 19
Figure 2. Composition of the Non-LifeSet Cohort 20

EXECUTIVE SUMMARY

The Illinois Department of Children and Family Services (DCFS) contracted with three child welfare providers that operate transitional living (TLP) or independent living (ILO) programs (or both) to implement LifeSet, an intensive case management program developed by Youth Villages, for youth in care who are 17.5 to 21 years old. LifeSet helps youth develop the independent living skills necessary for a successful transition from foster care to adulthood. DCFS contracted with Chapin Hall to evaluate LifeSet.

During Phase I, we conducted a formative evaluation to understand how LifeSet is being implemented in Illinois to learn about the experiences of the three Illinois LifeSet providers, and to describe the characteristics of the youth those providers serve. The formative evaluation included three components. First, we reviewed LifeSet program materials. Second, we interviewed five supervisors, three program directors, and four other administrators from the three LifeSet providers and analyzed those qualitative data. Third, we used DCFS administrative data and program data from Youth Villages' GuideTree database to compare the cohort of youth who were enrolled in LifeSet for at least one day between 7/1/2019 and 11/30/2021 (n = 267) to the cohort of youth who were placed in traditional (i.e., non-LifeSet) transitional living or independent living programs during that same period (n = 367).

LifeSet supervisors and administrators noted the strengths of LifeSet, including its emphasis on youth agency, the primacy of the relationships between youth and their specialist, the opportunity for more youth to live in the community through shared housing agreements, the intentionality of services, and the availability of clinical and nonclinical supports. However, they also expressed concerns related to whether some referrals were appropriate, continuity of care, and specialists' workload.

Our analysis of the administrative data found several significant differences between the LifeSet youth and the non-LifeSet comparison group. The LifeSet youth were older and more likely to be Black. They had spent more time in care, were less likely to have experienced detention, and had spent fewer days per years in care in detention or a psychiatric hospital.

During Phase II of the evaluation, we will explore the perspectives of LifeSet specialists and youth and assess the impact of LifeSet on youth outcomes using a quasi-experimental design.

INTRODUCTION

In 1999, Youth Villages established LifeSet (previously YVLifeSet) in Tennessee to help youth who were formerly in foster care or the juvenile justice system as well as other youth who were unprepared for adult life make a successful transition to adulthood (Manno et al., 2014). LifeSet is a manualized program with 17 elements that drive implementation. The model is youth-centered and service-focused. Over the past two decades, LifeSet has expanded its reach. It is currently being implemented across the U.S. in 18 states and Washington, DC by Youth Villages or state partners.

LifeSet Implementation in Illinois

The Illinois Department of Children and Family Services (DCFS) was one of four jurisdictions awarded funding by Youth Villages in 2018 to implement LifeSet. Illinois providers began enrolling DCFS youth in LifeSet in December 2019 and in the subsequent 3 years, Youth Villages will provide support, ongoing training, and tools to providers selected to implement LifeSet.

Illinois DCFS has traditionally provided services to help prepare transition-age youth in care for independence through placements in transitional living (TLP) and independent living (ILO) programs. It is integrating LifeSet into its service array by contracting with existing TLP and ILO providers to implement the model.

As of April 2022, two providers in Cook County (UCAN and Lawrence Hall) and one in the Southern region of Illinois (Hoyleton) have implemented LifeSet.¹ Implementation began on or after November 1, 2019. Both Hoyleton and Lawrence achieved fidelity at their 6-month program model review; UCAN achieved fidelity at their 12-month program model review.

The level of training and supervision for staff and the frequency of engagement with youth are features of LifeSet that distinguish it from more traditional transitional and independent living programs. LifeSet specialists meet weekly with youth to provide individualized, intensive services as youth work towards self-defined goals in areas such as housing, employment, education, and money management. They also help youth build and maintain healthy relationships with family, as appropriate.²

¹ Additional information about the three LifeSet providers can be found in Appendix A.

² <https://youthvillages.org/services/lifaset/>

According to the DCFS FY2021 LifeSet Program Plan:

The goal is for each young person who enrolls in LifeSet to have improved in all major goal areas upon discharge from the program. The LifeSet case specialist shall focus on teaching young people the skills necessary to gain self-sufficiency, assist them in attaining their educational (secondary/postsecondary or vocation) and employment goals, maintain stable housing, gain independent living skills, establish/reestablish relationships and/or permanent connections with committed adults, and preparing the young people for independence prior to aging out of DCFS care.³

LifeSet Referrals and Eligibility

LifeSet eligibility criteria were established by DCFS in consultation with the LifeSet program developers. Youth must be between the ages of 17.5 and 20 years old but are not required to meet all of the traditional TLP or ILO eligibility criteria.⁴ For example, LifeSet youth can live independently in the community even if they have not completed high school.

The referral process is managed by the DCFS Central Matching Team (CMT) which assesses whether LifeSet is appropriate for a youth referred to TLP and ILO.⁵ If appropriate, the youth is matched to a LifeSet provider. A LifeSet supervisor or specialist reviews the referral and conducts a pre-enrollment assessment (PEA) with the youth to determine if LifeSet is appropriate.⁶ Youth who meet at least two of nine exclusion criteria **may not be** good candidates for LifeSet unless protective factors that would mitigate concerns raised by these criteria are also present. If LifeSet is determined to be a “good fit,” the specialist helps to determine whether supervised or community-based housing is best.

³ DCFS, Bureau of Operations. *FY 2021 LifeSet Pilot Program: Program Plan*.

⁴ More information about traditional TLP and ILO eligibility criteria can be found in Appendix B.

⁵ More information about the matching and referral process can be found in Appendix C.

⁶ More information about the exclusionary criteria can be found in Appendix D.

Evaluating LifeSet

DCFS contracted with Chapin Hall at the University of Chicago to evaluate LifeSet. During Phase I, we conducted a formative evaluation to address two questions related to the implementation of LifeSet in Illinois DCFS:

- 1) How do LifeSet supervisors and agency administrators perceive LifeSet and LifeSet youth?
- 2) What are the characteristics of LifeSet youth and how are they similar to or different from youth in non-LifeSet TLP or ILO placements?

Throughout Phase I, we convened regular meetings with Youth Villages and DCFS to discuss the LifeSet model and the three LifeSet providers' progress on implementation. These discussions enhanced our understanding of LifeSet and some of the implementation challenges experienced by the three LifeSet providers and DCFS. The findings from the Phase I formative evaluation will inform both the continued implementation of LifeSet and the design of a Phase II impact evaluation.

LIFESSET EVALUATION

An evaluation of LifeSet conducted by MDRC using a randomized control trial found that LifeSet increased employment and earnings, reduced housing instability and economic hardships, and improved some outcomes related to health and safety one-year post-enrollment (Valentine et al., 2015). No significant impacts were found on outcomes in the areas of education, social support, and criminal involvement. Two years post enrollment, the employment and earnings impacts were not sustained, no impacts related to education or criminal involvement were observed, and the other outcomes were not measured (Skemer & Valentine, 2016).

METHODS

The formative evaluation included three activities: a review of LifeSet and DCFS documents, interviews with LifeSet supervisors and LifeSet implementing agency administrators, and an analysis of DCFS administrative data and LifeSet program data. Each of these activities is described below.

Document Review

We reviewed program materials to understand the LifeSet components, implementation expectations, and eligibility requirements. Of the documents we reviewed, the materials developed by Youth Villages included the LifeSet Program Manual (2020), the LifeSet Specialist Foundations Guide (2020), a document describing LifeSet data requirements, a list of key performance indicators (KPIs), and the Program Model Review interview guides and surveys. We also reviewed the FY20 and FY21 DCFS LifeSet Program Plans, an outline of the LifeSet matching and admission process, and a summary of changes to DCFS processes for LifeSet.

Supervisors and Agency Administrator Interviews

We interviewed five supervisors, three program directors, and four other administrators from the three LifeSet providers from June through August 2021 via a virtual meeting platform.⁷ The interviews were semi-structured and lasted about an hour.⁸ The purpose of the interviews was to better understand LifeSet implementation and the model's key components from the perspective of supervisors and agency administrators. We were especially interested in learning about the successes and challenges providers have experienced implementing LifeSet.

After transcribing the interviews and reviewing the transcripts for completeness, we used the interview guides and a sample of the transcripts to identify fundamental themes (such as referrals and matching, placements, engagement, and discharges) and develop a codebook. We uploaded the transcripts into Atlas.ti, a qualitative software package, to complete the coding and used the *YVLifeSet Essential Model Components* and *YVLifeSet Model Elements* in the LifeSet Program Manual and FY21 DCFS LifeSet Program Plan as an organizing framework.

⁷ To maintain confidentiality, we do not differentiate between the program directors and other administrators. We refer to them all as administrators.

⁸ The interview protocols can be found in Appendices E and F.

Analysis of DCFS Administrative Data and LifeSet Program Data

We identified all youth in care who had a TLP or ILO placement that began between 7/1/2019 and 11/30/2021. We got this information from Chapin Hall Illinois DCFS Database (CHILD) tables, which include data from the DCFS Child and Youth Centered Information System (CYCIS) and Statewide Automated Child Welfare Information System (SACWIS), as well as other tables containing DCFS contract and living arrangement data. Next, we distinguished between those youth who were ever in a LifeSet TLP or ILO placement between 7/1/2019 and 11/30/2021 (LifeSet youth) and those who were only in regular non-LifeSet TLP or ILO placements (non-LifeSet youth). We excluded TLP or ILO placements designed for youth with severe emotional and behavioral problems or developmental disabilities and LifeSet provider's non-LifeSet TLP and ILO placements.⁹

To ensure that we were accurately identifying LifeSet youth, we compared the group of youth we identified as having a LifeSet TLP or ILO placement using the DCFS data to the youth in LifeSet according to the program data that Youth Villages collects and maintains in its GuideTree database. We found a few discrepancies between the two data sources which we resolved with Youth Villages.¹⁰

We compared demographic characteristics and out-of-home care experiences at the start of the index placement for the LifeSet youth to youth in a non-LifeSet TLP or ILO. Demographic characteristics included age at the start of placement, gender, and race. Out-of-care home experiences included months in care and number of legal custody spells since first entry, number of placements, number of runaway episodes, number of psychiatric hospitalizations, number of detentions, and DCFS region of the index placement. We use the term "index placement" to refer to either the first LifeSet placement on or after 7/1/2019 for the LifeSet group and to the first non-LifeSet TLP or ILO placement on or after 7/1/2019 for the non-LifeSet group. We tested whether between-group differences were statistically significant using t-tests for continuous variables and chi-square tests for categorical variables. Statistically significant differences ($p < .05$) are indicated with an asterisk.

Protection of Research Participants

We obtained approval for the study from the Crown School – Chapin Hall IRB, the DCFS research review board, and Youth Villages.

⁹ A visual depiction of this process can be found in Appendix G.

¹⁰ We also aligned the code and search parameters we are using to identify LifeSet youth with the Youth Villages' definition of a LifeSet placement.

INTERVIEW FINDINGS

In this section, we present what we learned from the LifeSet supervisors and program administrators we interviewed.¹¹

LifeSet Referrals

LifeSet supervisors and program administrators distinguished between two types of referrals they received.

Initial referrals

Interview participants explained that during the initial stage of LifeSet implementation, three groups of young people on the caseloads of their caseworker teams were “rolled over” into the LifeSet contracts to minimize the disruption that changing caseworkers or providers can cause. One group included youth who were excited about LifeSet, especially the opportunity to move into the community sooner than they otherwise would have been able.

When we started the program, we explained to them what the program was, what the benefits were. How they could be able to move into the community at a quicker rate, as opposed to the traditional ILO. . . . So, those youth who said, “OK, yeah, let's do this,” that was a great incentive for them. They'd like that flexibility of the program.

Many of these youth actively engaged with the program.

The second group included youth who were less eager to participate in LifeSet. Some of these young people rolled over into LifeSet but did not necessarily meet the LifeSet eligibility criteria. They were enrolled with safety planning or similar efforts in place to keep them in their current placement and with the same case management team.

All of our youth rolled over into the program. Even those youth who were, or I should say some of the youth that met the exclusionary criteria. . . We've worked with the clinical consultants to do safety planning and putting things in place that would allow those youth to remain in a program.

¹¹ To protect their confidentiality, we omit details shared by these individuals that might reveal the LifeSet provider with which they were affiliated and sometimes mask their role as well.

Engaging these youth in and moving them successfully through the program was more challenging.

A third group of youth remained on their caseworkers' caseloads as extended foster care (EFC) cases but were not enrolled in LifeSet.¹²

Ongoing referrals

Supervisors and program administrators noted similar distinctions when describing the youth who continue to be referred to LifeSet. Like the youth who initially rolled over into LifeSet, the ongoing referrals include some youth who are engaged and successful and others, who, for myriad reasons, are unsuccessful and not engaged. The engaged youth were described as willing to participate and committed to working with their specialist on their self-identified goals, such as graduating from high school, purchasing a car, or living in the community. Supervisors and program administrators described youth who were not engaged as those who did not want to meet weekly with their specialist or who required a higher level of care due to serious mental health issues, as well as those who "will tell you what you want to hear just to get into the program but aren't willing to do the work and stay in place."

Supervisors and program administrators also shared that they sometimes receive referrals for youth for whom LifeSet is not a good fit. These include youth with significant mental health care service needs, youth with an extensive criminal history, youth who exhibit sexually aggressive behavior, and youth who require a bilingual caseworker. Sometimes LifeSet providers were asked to make accommodations to work with these youth and had to "push back." Sometimes they agreed to let the youth enroll.

A lot of our challenges are really with DCFS. Well with the type of referrals that we've gotten, I've had to push back on a lot of these referrals. And some of them are simple catches, like before it was referred to us, it should have been caught.

Additionally, some referred youth declined to participate in LifeSet for reasons such as not wanting to meet weekly with a specialist or not wanting an intimate partner violence safety plan.

Some supervisors called for improved screening of youth prior to referral to ensure that LifeSet can meet their needs. They also want there to be more transparency on the part of the referring caseworker and Central Matching Team about the needs of youth who are being referred.

¹² EFC is a status designation used by Youth Villages to refer to young people whose legal caseworker is a LifeSet specialist but who do not receive the intensive case management services that LifeSet youth receive such as weekly meetings or monthly service plans. Some young people move to EFC status when they exit LifeSet.

I just want more involvement from the agency where the youth is coming from in terms being more transparent as to who we're really getting or the youth they're trying to match to us. So we can make that determination upfront. . . . So just being more transparent. . . and even just providing more of the clinical information we need to make those determinations.

One interview participant suggested that thorough clinical assessments be conducted to screen out youth who are not good candidates for independent living. This would eliminate the need to go through the referral process when it is clear that LifeSet cannot address a young person's needs. At the same time, some administrators raised concerns that youth for whom LifeSet is not a "good fit" are not being referred to their traditional TLP or ILO programs.

It shouldn't be that we fit every kid into the YV [Youth Villages] model, and that if they don't fit the YV model, then we aren't ready and willing and able to serve them under the traditional TLP and ILO contract. . . . DCFS was like, well, no if they don't fit in the YV model we will just refer them to another organization. We thought we could very well handle a continuum and that, you know, we could take a youth, and if they weren't ready for YV at intake, we could serve them in the more comprehensive TLP model, and then if they became ready and interested and willing and able to be in the YV model, they could transition and not have to leave the agency or vice versa.

Youth Engagement

Supervisors and program administrators pointed to youth engagement as key for youth to succeed in LifeSet. They noted that youth must be consistently engaged in LifeSet to reap the full benefits.

This only works if [youth are] engaged. It does not work if you're not. It just does not. I'll argue that with anybody. Because you just have to have the youth involved consistently and not sporadically or when they want to for this whole thing to work.

Supervisors and program administrators emphasized three interconnected factors as essential to sustained youth engagement: the relationships between the youth and their specialists, weekly visits, and youth-driven goals. Central to the LifeSet model is the primacy of the relationship between [case] specialists and youth. Weekly visits foster strong relationships between young

people and their case specialist. These relationships allow specialists “to kind of understand when [youth] are not even opening up to us about what is going on.”

The supervisors and program administrators we interviewed believe that youth value the “individualized attention” they receive and appreciate knowing that their specialists can help them find whatever services they might need. One interview participant noted that the “personal commitment that workers make every week coming out and seeing them” motivated youth to remain engaged.

Supervisors observed that having youth work on goals that they have chosen goes a long way towards “getting their buy-in” and keeping them engaged.

When you're forcing a person to do goals or accomplish things, it's not appreciated as much as when they're wanting to do goals as well.

Because youth choose their own goals, they may be more vested in achieving them.

Specialists and youth work together to develop a monthly service plan. This plan lays out the steps youth will take to achieve their goals. Supervisors and program administrators from all three LifeSet providers agreed that the service plans need to be focused on what the youth wants—even when the specialist might disagree with the youth’s goals.

And it really is becoming more client focused. It's less of what your case specialist or case manager thinks you ought to be doing to be independent and be successful. But more so what you feel for your life that you need.

It's more client-focused. Centers around whatever the client is aligned with. So it's not so much what we think the client should be working on; it's what the client is aligned with for our treatment cycle. We may not totally agree, but the LifeSet model, it's more client-centered about what they are aligned to be working on.

So, if we think they need housing, but they think they need a job, we're gonna work on getting them a job first. It's not what we want; it's really gotta be focused on what they want.

Some interview participants also noted that not all LifeSet youth require the same level of service intensity and that needs of youth may change over time. One suggestion we heard was to adopt a “tiered system” whereby the frequency with which specialists meet with youth could vary depending on the youth’s needs.

Placement Options

Supervisors and program administrators observed that LifeSet provides more opportunities for youth to move into the community.

The youth in our program, they're basically, in a nutshell, able to self-select where they want to live in the community.

We have young people living with their significant other, with friends, with friends' parents. We have more young people in the community than we have had since I've been at [agency].

As the above quotes suggest, LifeSet youth have more opportunity to choose where they want to live. They can enter into shared housing agreements with significant others, friends, or even the parents of friends and continue to receive support from their specialist. LifeSet providers refer to these living arrangements as "community placements." This term captures the range of living arrangements available to LifeSet youth who aren't placed in a brick-and-mortar TLP. Importantly, these community placements are an option for young people who do not have a high school diploma or GED or who cannot produce check stubs to demonstrate employment (which is required for traditional ILOs).

The biggest advantage to me that LifeSet brings is that launch piece, where youth that are under launch age and they want to move out and they don't qualify for ILO.

If you have somewhere, if you are able to secure [a] lease, or you have positive support in a community, you can launch there.

One interview participant noted that some of these young people would not ordinarily qualify for a traditional ILO placement and would be "stuck" in a TLP where conflicts with staff and other residents could arise. Allowing youth to choose their placements has several potential benefits. First, it helps keep youth engaged in the program, as illustrated by the following quotes:

What we're saying is that if they are in the placement that they are comfortable in, they'll definitely be more open and engaged to participate in the services offered by the agency.

Youth seem to be happier and definitely more willing to participate if they know they can stay somewhere where they're comfortable.

[If they are] able to live where they want, where they're more comfortable, then they can get the real work done.

Second, "community placements" are more like the living arrangements 20- and 30-somethings typically experience. As one staff member observed:

You have more flexibility in the types of living arrangements they can be in and have it be in the community. And that's probably more realistic for what they are going to do or experience when they're in the mid-20s, late 20s, 30s kind of thing.

Third, it can help youth develop and maintain supportive relationships. This is not to say that youth can live with whomever they want. LifeSet providers must conduct background and home safety checks before approving a community placement. However, being able to choose with whom to live, including biological parents, "sold" some young people on LifeSet.

LifeSet youth can no longer live with their biological parents, although at least one of the administrators thought this practice should continue.¹³

Whether we like it or not, that is where a lot of our young people end up anyway. So why not foster those relationships, repair those relationships, while they have us as their backup.

At the same time, supervisors and program administrators observed that some youth are eligible for LifeSet but can't enroll because they don't have a placement. This can occur if, for example, a young person's foster parent objects to entering into a shared housing agreement.

Some interview participants also expressed concern about the difference between Youth Villages and DCFS in how youth who are absent from their placement are viewed. One participant said:

With [LifeSet provider] and DCFS being out of placement is a problem, but it's not a problem with LifeSet because LifeSet is community based. . . . Even though we have clients AWOL, they are still very much engaged in service planning every

¹³ We don't know when, why, or by whom the decision was made to no longer allow young people to enter into housing agreements with their biological parents.

week. . . . The [Licensed Program] expert says as long as the client is engaged every week, it's not a problem.

One interview participant noted that specialists continue to meet with youth while also trying to get them back into approved placements:

So most of the case specialists, they go to the home and meet there; we just can't approve placement. So for [LifeSet provider] and DCFS's purposes, we work very hard to identify an approved placement.

Youth Agency

LifeSet promotes youth agency in several ways. Youth can opt into the program, choose with whom they will live, select the goals on which they want to work, and decide how to achieve those goals. Supervisors and program administrators summed it up this way:

They get a lot more options that are appropriate for young adults. They get to determine kind of their own destiny in a way that usually kids in care don't.

You know, traditional TLP was, OK, you gotta go to school, OK, now you gotta do this, and then you're kinda like done. But now, you know, we're really helping our young people dig deep and take full control of their lives.

One advantage of youth agency may be that youth experience a "mind shift" and start to think about preparing for emancipation earlier than youth in traditional TLP or ILO placements. This mind shift is reflected in the conversations youth have with their specialists about options for postsecondary education, employment that provides "more than just pocket change," and amenities they want in an apartment and in the community where they choose to live.

Youth Disengagement

All of the supervisors and program administrators shared concerns about "disengaged" youth who were no longer complying with LifeSet requirements, such as meeting weekly with their specialist. This can occur if young people are AWOL from their placement, are working or going to school full time and are overwhelmed by meeting weekly with their specialist, or simply don't want to meet.

After consultation with the Licensed Program Expert (LPE), a young person who has not had contact with their specialist for at least a month may be moved from the LifeSet contract to a

traditional TLP or ILO contract. If this occurs, the young person's status in GuideTree changes from LifeSet to EFC. This means that, the young person is no longer part of the LifeSet treatment design and can no longer be the focus of red flag meetings or clinical consultations with the LPE.^{14, 15} One administrator expressed frustration that these youth, who may need LifeSet's intensive services the most, are not getting those services:

LifeSet is supposed to help us, is supposed to add intervention and add clinical expertise and add supports for kids. In theory, the [EFC] kids are potentially your most difficult and they don't get that. That doesn't make any sense to me.

The upside of transitioning youth from LifeSet to EFC is that it promotes continuity of care. EFC youth remain on their specialist's caseload, with the same agency, and do not change placement. As noted by some interview participants, transferring youth not only to a different placement, but also to a caseworker with another provider can be highly disruptive. When discussing potential options for EFC youth, one administrator questioned the wisdom of transferring youth to another, non-LifeSet provider:

Why would you create another placement for a kid in the last 3 years of being in care unless there is some serious danger and risk, which is so rare? But if not, let this kid stay with us, let us continue to try. Why continue to disrupt their life just because they don't want to engage in this program. It doesn't mean we're not responsible for them anymore.

In addition to promoting continuity of care, maintaining EFC cases holds open the possibility that the disengaged youth will eventually re-engage and succeed in LifeSet. However, the downside of maintaining EFC youth on their specialists' caseloads is that youth who are eligible for LifeSet may be unable to newly enroll and youth who have succeeded in LifeSet may be unable to step down.¹⁶ As one interview participant put it, "So right now we don't have a process for unsuccessful discharges that is actually working."¹⁷

¹⁴ According to the supervisors and program administrators, most of the transitions from LifeSet to EFC were due to noncompliance rather than LifeSet completion.

¹⁵ Weekly red flag meetings between the supervisor and the LPE are used to discuss any significant concerns about LifeSet youth.

¹⁶ After our interviews were concluded, we were informed that changes were being made as to whether youth who did not succeed in LifeSet should remain on the specialists' caseloads as EFC cases or be transferred to a non-LifeSet provider.

¹⁷ Other reasons youth may exit LifeSet unsuccessfully include needing a more clinically appropriate placement, moving out of state, and being incarcerated.

LifeSet Exits

Supervisors and program administrators from all three LifeSet providers reported that many youth remain in LifeSet beyond the targeted program length of 9 to 12 months.

Usually, LifeSet goes up to 9 months. Now we can bring a case back to the program expert, as far as to say, hey, you know the reasons why they could stay. . . . We actually need them to remain in the program because they haven't been as successful as we want them to be. So we haven't had the situation where we need to move them along at 9 months, because most times at 9 months they're not ready.

Indeed, many young people were remaining in LifeSet until they aged out at 21 years old, regardless of whether they were ready to successfully exit LifeSet or not.¹⁸ One participant said, "All of our youth have literally emancipated out of care."

The hope is that these youth will be more prepared to live independently as a result of LifeSet. A participant said:

And prior to LifeSet, a lot of times kids would just age out of the system or leave, emancipate, run away, or whatnot. And they would show back up, begging for help. In LifeSet, we're able to kind of help [so that] these kids aren't ending up homeless like they used to.

Some young people have successfully exited LifeSet before their 21st birthday and transition to EFC and a traditional ILO contract. In some instances, however, the LifeSet provider does not have an open EFC slot. In that case, the youth remains in LifeSet until a slot opens up or the youth ages out.

Each of the supervisors and administrators shared stories of young people achieving the goals they set for themselves. One observed that "it's very rewarding to see those kids learn how to do those life things." However, it is also not clear what it means to exit LifeSet successfully. When we asked supervisors and program administrators to explain how they define success for LifeSet youth, we did not receive a consistent response. One administrator stated that, "We determine success on did you leave us better than when you came to us." Another described success as when a young person "transition[s] in the community via their own apartment or with family or [a] friend and [can] be successful in that."

¹⁸ LifeSet's criteria for a successful exit can be found in Appendix I.

Intentionality of Services

Several supervisors and program administrators used the word “intentional” to describe the services LifeSet youth receive. One interview participant compared the compliance-oriented visits caseworkers typically have with youth in traditional TLP or ILO placements to the more intentional visits that specialists have with LifeSet youth:

The major difference, I would say, is about being intentional when you're doing those visits. Prior to LifeSet, you know, your weekly visit with your TLP kid could literally be 15 to 20 minutes of just you all hanging out in that person's apartment. Hey, what's going on? What did you accomplish? Are you still going to school? Can I get your check stubs? I need your physical. You know, really driven by DCFS compliance work. Now with LifeSet, those meetings are at least an hour a week, and there is actually real work to be done and there is homework. There are interventions that you are going into the session prepared to do with that young person. So that has been one of the biggest shifts for our case specialists to kind of retrain their brain. It's not like just checking in for compliance anymore. It's checking in and let's do this work to move this young person towards completing that goal. For ILO it's the same thing. . . . In LifeSet you're gonna see that young person every week, still 1 hour, with the same intentional work that you're doing with them to kind of move them towards self-sufficiency.

Another way in which LifeSet promotes intentionality is through the use of monthly service plans. Supervisors and program administrators compared the highly individualized monthly service plans containing youth-driven goals to the often “cookie-cutter,” 6-month SACWIS service plans which may have the same goals repeated multiple times. One participant said:

I've just seen it too many times, for [service] plans just to be where everything just looks the same and dates change. With Youth Villages, you just really get a chance to see that everything is individualized and specific to that particular youth and what they're going through.

One interview participant remarked on how having the service plan to focus on is conducive to a more intentional approach:

Just the LifeSet session, the focus was different, because we were able to accomplish different things right now. Your focus should be on that LifeSet service plan. So your focus is a little bit different, more intentional, if that makes sense.

A survey conducted by one of the LifeSet providers found that youth appreciate being able to focus on one goal at a time. By contrast, the SACWIS service plans can include “a whole list of stuff that [youth] gotta get done in 6 months.”

LifeSet Supports

Supervisors and program administrators described LifeSet as offering a range of supports that are generally not available to traditional TLP or ILO providers. Among the supports they talked about were GuideTree, clinical consultation, and training. Supervisors and program administrators offered high praise for GuideTree:

It was just like LifeSet adds that extra layer on, you know, as far as having that resource of the GuideTree being able to help us navigate outside of the norm of our thinking. It helps us learn how to dive deeper into certain situations that we may experience with our kids.

Of particular importance is the fact that GuideTree offers clinical tools to staff who may not have much clinical experience. This is consistent with what supervisors and program administrators characterized as LifeSet’s “more therapeutic approach.” One administrator described GuideTree as “equip[ping] the worker to better deal with the really high-needs kids.” For example, it can help a specialist assess and intervene with a young person who is struggling with depression.

GuideTree is also a management information system. LifeSet providers enter data into the system and these data are used to calculate key performance indicators, such as census, caseloads, staff turnover, and the frequency of different types of serious incidents. Supervisors and program administrators appreciated having access to this.

They also expressed deep appreciation for being able to meet regularly with the LPE, who provides clinical consultation. This consultation, which is built into the LifeSet model, “helps [case specialists] conceptualize the challenges with the young person differently [and] from a clinical lens.” Specialists are then able to follow through with the young person based on this new understanding. One administrator went so far as to state that they sleep better at night knowing that the LPE is providing good, clinical guidance.

In addition to clinical consultation, the LPE sometimes provides a much-needed listening ear. One participant said:

She [the LPE] will listen to me. Some things don't have to do with Youth Villages. She listens to me and just, you know, can be that listening ear most times. It doesn't have to be about work. She's just there to listen regardless.

Supervisors appreciated all of the LifeSet training they received. One remarked, “LifeSet has been nonstop trainings.” This was true even though some LifeSet teams only received a “condensed,” virtual version of the foundations training due to the COVID-19 pandemic restrictions on in-person meetings. For example, one interview participant, who attended an in-person training, heard that the virtual training devoted less time to the LifeSet service plans. Through the foundations and booster trainings, supervisors and program administrators learned how to use the tools in the HYVE (HYVE was the precursor to GuideTree) and how to use the “Why/What” template with youth. The “Why/What” template helps identify the reasons youth are experiencing a particular problem, what they need to do to address it, and the intervention steps that will be most useful for the youth. They also learned about various assessments and engagement techniques.

Workload

All of these supports notwithstanding, supervisors and program administrators raised concerns about the specialists’ workload. Because LifeSet specialists are also legal caseworkers, they have a lot of responsibilities that specialists in other jurisdictions do not have, such as going to court, participating in Administrative Case Reviews (ACRs), and creating a 6-month SACWIS service plan. One interview participant declared that “LifeSet has tripled the workload.”

Some supervisors and program administrators expected that duplicative paperwork would be eliminated—or at least streamlined—by using monthly LifeSet service plans to populate the 6-month SACWIS service plan or directing administrative case reviewers to the LifeSet service plans. However, that has not been feasible. The service plans are too different and administrative case reviewers are not familiar with LifeSet or LifeSet service plans.

To reduce the burden on specialists, supervisors, and program administrators from two of the three LifeSet providers suggested splitting their responsibilities. One said:

[Specialists] would do that [Youth Villages] hands-on work and then a caseworker would still do the child welfare system demands and needs with court and ACRs and paperwork.

An administrator from the third LifeSet provider questioned how specialists would manage their dual responsibilities post-pandemic, when they will have to travel to court more regularly.

Supervisors and program administrators also raised concerns about the sheer number of LifeSet meetings supervisors are expected to attend each week on top of their regular DCFS- and agency-required meetings. These include two meetings with only the LPE, one meeting with all of the specialists, one meeting with each specialist, and one meeting with all of the specialists and the LPE.¹⁹ Although some acknowledged that the number of meetings became less overwhelming over time, others disagreed. One administrator put a big calendar on the wall and realized that spending 20 hours a week in meetings was “absolutely unmanageable.”

Others found the meetings duplicative:

Even though it's good to meet with myself and my staff once a week, we're doing the same thing in the meeting with the LifeSet expert. We're going over the same service plans. I meet with them first and we go over red flag cases, which are like crisis cases, and all the service plans that are due for that week. And then we do the exact same thing the very next day with the LifeSet expert.

One suggestion was to consolidate group supervision and the clinical consultation with the LPE into one meeting, particularly since they were sometimes combined due to scheduling conflicts. The supervisor directs the meeting and reviews the service plan and the LPE provides the necessary clinical feedback.

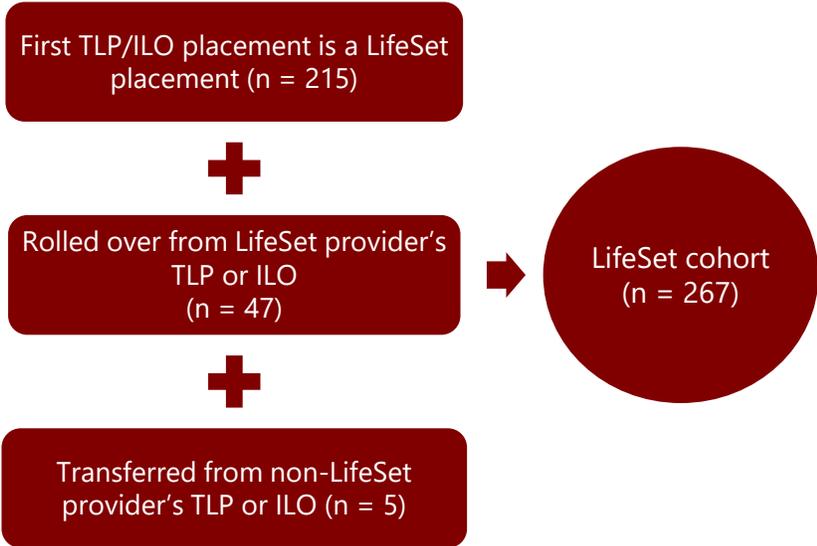
¹⁹ Information about each of these meetings can be found in Appendix J.

DCFS ADMINISTRATIVE DATA ON YOUTH

LifeSet and Non-LifeSet Cohorts

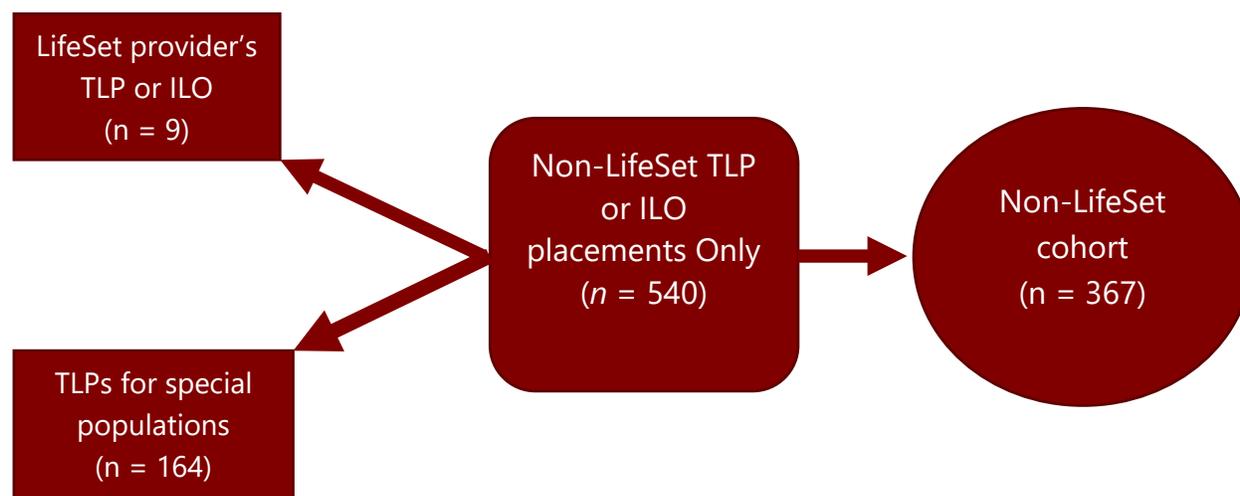
We identified 807 youth in DCFS care who had a TLP or ILO placement beginning between 7/1/2019 and 11/30/2021. Of these, 267 youth spent at least one day in a LifeSet placement as of 11/30/2021. These include youth whose first TLP or ILO placement after 7/1/2019 was a LifeSet placement (n = 215), youth who “rolled over” into LifeSet from a LifeSet provider’s regular TLP or ILO program (n = 47), and youth who moved into LifeSet from a TLP or ILO program not operated by a LifeSet provider (n = 5; see Figure 1).

Figure 1. Composition of the LifeSet Cohort



Of the 540 youth who had experienced only a non-LifeSet TLP or ILO placement, we excluded youth who were placed in a LifeSet provider’s regular TLP or ILO program (n = 9) and youth who were placed in a TLP or ILO for special populations, such as youth with severe emotional and behavioral problems or developmental disabilities (n = 164). The remaining 367 youth comprised the comparison group as of 11/30/2021.

Figure 2. Composition of the Non-LifeSet Cohort



Demographic Characteristics

Table 1 compares the demographic characteristics of the 267 LifeSet youth to the demographic characteristics of their 367 non-LifeSet peers. LifeSet youth were nearly 5 months older, on average, at the start of their index placement. Although most of the youth in both groups are Black, the LifeSet youth are more likely to be Black and less likely to be White. Females comprise a majority of both groups.

Table 1. Demographic Characteristics of LifeSet and Non-LifeSet Youth

		LifeSet (n = 267)		Non-LifeSet (n = 367)		<i>p</i> < .05
Age at start of index placement, mean		19.2		18.8		*
		#	%	#	%	
Race	Black	192	71.9	221	60.2	
	White	70	26.2	138	37.6	*
	Other	5	1.9	8	2.2	
	Missing	0	0	0	0	
Gender	Male	110	41.2	159	43.3	ns
	Female	157	58.8	208	56.7	ns

ns = not significant

Table 2 shows that the index placement of the majority of both the LifeSet and non-LifeSet groups was located in Cook County. About a quarter of the LifeSet youth had an index placement in the Southern region while 30% of the non-LifeSet youth had an index placement in either the Southern or Central region.

Table 2. DCFS Region of LifeSet and Non-LifeSet Youth

		LifeSet (n = 267)		Non-LifeSet (n = 367)		<i>p</i> < .05
		#	%	#	%	
Index placement region	Northern	0	0	0	0	
	Central	0	0	63	17.2	*
	Southern	65	24.3	48	13.1	
	Cook	202	75.7	256	69.8	

Out-of-Home Care Experiences

Table 3 compares the placement histories of the LifeSet youth to the placement histories of their non-LifeSet peers. On average, LifeSet youth had spent approximately 1 additional year in care before their index placement compared to the non-LifeSet youth (7.4 vs. 6.4). The mean number of prior legal custody spells was similar between groups (0.15 vs. 0.19) and the mean number of prior placements per years in care was the same for both groups (1.2).

LifeSet youth were less likely than their non-LifeSet peers to have experienced psychiatric hospitalization (44.9% vs. 49.6%), more likely to have ever run away while in care (66.7% vs. 61.0%), and less likely to have a history of detention (20.2% vs. 30.2%) prior to the index placement. However, only the difference in the percentage of youth who had experienced detention was statistically significant, with LifeSet youth being less likely to have experienced a detention than youth in the non-LifeSet group.

Finally, compared to their non-LifeSet peers, LifeSet youth spent significantly fewer days in a psychiatric hospital (4.1 vs. 7.5) and fewer days in detention (3.0 vs. 5.8) per years in care. LifeSet youth spent more days on run per years in care than their non-LifeSet peers (20.4 vs. 16.3), though the difference was not statistically significant.

Table 3. Out-of-Home Care Experiences of LifeSet and Non-LifeSet Youth

	LifeSet (n = 267)	Non-LifeSet (n = 367)	p < .05
Mean number of years in care	7.4	6.4	*
Mean number of prior legal custody spells	0.15	0.19	ns
Mean number of prior placements per years in care ^a	1.2	1.2	ns
% with one or more psychiatric hospitalizations ^b	44.9	49.6	ns
% with one or more runaway episodes ^c	66.7	61.0	ns
% with one or more detentions ^d	20.2	30.2	*
Mean number of days hospitalized per years in care	4.1	7.5	*
Mean number of days on run per years in care	20.4	16.3	ns
Mean number of days in detention per years in care	3.0	5.8	*

^a Number of placements a youth had across spells in DCFS custody prior to index placement per years in care. This does not include nonplacement events such as runaway episodes, hospitalizations, or detentions.

^b Psychiatric hospitalization: Living arrangement code of HFP; or HHF with placement reason of MHP/BMP

^c Runaway: Living arrangement code of RNY, WCC, WUK, UAP, UAH, or UNK

^d Detention: Living arrangement code of DET or IDC

ns=not significant

DISCUSSION

Summary

Our Phase I formative evaluation examined the implementation of LifeSet in Illinois from the perspectives of the supervisors and program administrators at the three LifeSet providers. We learned about what they perceive to be the strengths of the model. These included the focus on youth agency, particularly in the context of setting goals; the intentionality of service provision; and the availability of clinical and nonclinical supports. Supervisors and program administrators highlighted the importance of the relationship between LifeSet youth and their specialist and the appeal to youth of having options for community living that would not otherwise be available to them.

We also heard about some of the concerns that administrators and supervisors have. These include whether some of the referrals they receive are appropriate, the impact of maintaining youth who did not succeed in LifeSet as EFC cases on their ability to enroll new youth in LifeSet and on their ability to step down youth who are ready to successfully exit, and the disruption that youth would experience if they were transferred to another agency because they didn't succeed in LifeSet or successfully exited LifeSet before age 21.²⁰

Our analysis of the DCFS administrative data revealed several significant differences between the LifeSet and non-LifeSet cohorts in both their demographic characteristics (such as age at the start of their index placement and race) and placement histories (such as length of time in care and prior detentions and psychiatric hospitalizations). Some of these differences are likely a direct consequence of the LifeSet exclusionary criteria. Whatever their cause, they do have implications for our Phase II impact evaluation (described below).

Next Steps

Our Phase I formative evaluation examined the implementation of LifeSet in Illinois from the perspectives of the supervisors and program administrators at the three LifeSet providers. It also compared the demographic characteristics and placement histories of LifeSet youth to those of their non-LifeSet peers in traditional TLP or ILP placements. In Phase II, we will conduct focus groups with specialists and interviews with youth from each of the three LifeSet providers to

²⁰ Although the possibility of transferring youth was being discussed at the time we conducted our interviews, that never occurred.

learn about their experiences with LifeSet. We will be particularly interested in how their perspectives align or don't align with what we heard from the supervisors and agency administrators. We will also analyze DCFS administrative data and Youth Villages' LifeSet program data to assess the impact of LifeSet on individual youth outcomes using a quasi-experimental design and a non-LifeSet comparison group. We will compare the outcomes of youth who were continuously exposed to LifeSet for a minimum of 60 days to the outcomes of a matched comparison group of youth who spent a minimum of 60 consecutive days in a traditional TLP or ILO placement. We are still determining what outcomes will be measured and the approach we will use to identify our matched comparison group.

REFERENCES

- DCFS. (2019). *YVLifeSet Transition Age Program – Program Plan FY2020*. DCFS.
- Manno, M., Jacobs, E., Alson, J., & Skemer, M. (2014). *Moving into adulthood: Implementation findings from the Youth Villages transitional living evaluation*. MDRC.
- Skemer, M., & Valentine, E. J. (2016). *Striving for independence: Two-year impact findings from the Youth Villages transitional living evaluation*. MDRC.
- Valentine, E. J., Skemer, M., & Courtney, M. (2015). *Becoming adults: One-year impact findings from the Youth Villages transitional living evaluation*. MDRC.
- Youth Villages. (2020). *LifeSet Specialist Foundations*. Youth Villages.

APPENDICES

Appendix A. LifeSet Providers

	Hoyleton	Lawrence Hall	UCAN
Geography	Southern Illinois	Cook County	Cook County
First enrolled	12/20/2019	3/10/2020	3/25/2020
Fidelity achieved	June 2020	September 2020	March 2021
Team structure	1 team	2 teams	2 teams
Turnover as of 7/9/2021	2 specialists	2 specialists	1 specialist
Foundations training	November 2019	February - March 2020	February - March 2020

Appendix B. DCFS Traditional TLP and ILO Eligibility Criteria

TLP Eligibility Criteria	ILO Eligibility Criteria
<ul style="list-style-type: none"> Age 17 ½ to 20 ½ at entry 	<ul style="list-style-type: none"> Age 19 or older (Youth 17½ or older who reside in locations where TLP is not available may qualify for ILO if certain TLP criteria are met.);
<ul style="list-style-type: none"> Has been assessed for risk and protective factors, to determine the course of treatment and the most appropriate housing type 	
<ul style="list-style-type: none"> Treatment needs are manageable with the support of community-based treatment resources 	<ul style="list-style-type: none"> Treatment needs are manageable with adult support and the support of community-based treatment resources;
<ul style="list-style-type: none"> Foster care is not a viable option for meeting the young person’s needs 	<ul style="list-style-type: none"> Foster care is not appropriate
<ul style="list-style-type: none"> Court-ordered goal of independence 	<ul style="list-style-type: none"> Permanency goal of independence
	<ul style="list-style-type: none"> Stable placement for 1 year prior to referral
	<ul style="list-style-type: none"> Diploma from an accredited high school or GED
	<ul style="list-style-type: none"> 6-month steady work history is recommended. Some post-secondary education and/or vocational training is preferable.
	<ul style="list-style-type: none"> Basic skills necessary for self-sufficiency
	<ul style="list-style-type: none"> Demonstrated capacity to save money, some savings preferred
	<ul style="list-style-type: none"> Ready, willing, and able to engage in discharge planning

Appendix C. LifeSet Matching and Admission Process

Caseworker sends a referral to Central Matching Team (CMT) for matching to a TLP or ILO level of care

CMT determines whether a referral to LifeSet is appropriate

If a LifeSet referral is appropriate, the youth will be matched to ONE LifeSet Provider

CMT sends an email to the LifeSet provider with referral documents attached. These include up to 6 months of significant event reports, the most recent integrated assessment, the young person's contact information, and a CIPP referral form. The provider may request referring caseworker's contact information.

Within 24 business hours of receiving the CMT email, the LifeSet Supervisor will assign a Case Specialist (CS) who will review the referral packet, contact the young person, and schedule the Pre-Enrollment Assessment (PEA).

Within 3 business days of receiving the CMT email, the CS must complete the PEA (in-person) with the young person and determine LifeSet eligibility.

If the young person is eligible for LifeSet and the CS has no concerns, the CS informs the young person (before ending the session) and the CMT of that decision.

If the CS has concerns and/or the young person meets at least 2 of the exclusionary criteria, the CS informs the young person that a decision will be made within 2 business days and immediately follows up with the Team Supervisor and Clinical Consultant.

If the CS and Team Supervisor agree that the young person is inappropriate for the LifeSet program and wishes to decline the young person, the CS will email the Clinical Consultant, the DCFS assigned monitor, and the DCFS LifeSet Project Manager to request a meeting within 24 hours and outline the reason for the decline.

The admission decision made during this meeting must be communicated to the young person and the CMT within 24 hours of the meeting.

If the young person is accepted and accepts the admission offer, the CS begins to determine whether supervised or community-based housing is the best option.

If the young person is declined or declines admission, the CS will inform the CMT within 24 hours. CMT will match the young person with TWO ILO or TLP providers.

The housing type will be determined within 3 business days of the admission decision and an estimated admission date will be scheduled and shared with the CMT.

CS will work with the young person to secure housing. CS will consider relatives or other supportive adults with a space that is appropriate for rent by the young person for community-based housing. Supervised housing options are available TLP units.

Once housing and a move-in date have been identified, Universal Placement Approval (UPA) form must be requested at least 2 business days before the move-in date and the Housing Agreement must be completed upon move-in. If the young person decides to stay where they were living when they were matched to the LifeSet provider, the UPA must be completed immediately after that decision is made to avoid the 48-hour fine.

Once the young person moves into their housing unit and completes the LifeSet consent forms, they are officially admitted. The CS relays this information to the CMT.

Appendix D. LifeSet Exclusionary Criteria²¹

Exclusionary criteria	Protective factors
<ul style="list-style-type: none"> • Gang involvement resulting in violent behavior (victim hospitalized or killed) • Youth unwilling to detach from the gang or gang involvement provides significant means in meeting basic needs • Primary systemic supports are actively involved in and/or support violent gang activity including the use of weapons • Possession of and/or access to weapons 	<ul style="list-style-type: none"> • Willingness to sever association with the gang and engage in safety planning related to gang involvement (to include cooperation with a specialist to ensure staff safety) • Connection with pro-social support systems; willingness to consider engaging with pro-social supports
<ul style="list-style-type: none"> • History of violent criminal behavior (such as severely injuring someone with a gun or other weapon, rape, armed robbery) • Systemic supports that encourage possession and use of weapons in general or in relation to resolving conflict • Abuse of substances in connection with weapons use 	<ul style="list-style-type: none"> • Youth expresses remorse or understanding concerns related to injuring another • Understanding sequences and risk factors that contributed to the incident and willing to safety plan to ensure no injury to others • Systemic supports that promote safe, responsible possession and use of weapons • Willingness to surrender weapons or engage in safety planning, to include securing weapons and providing evidence of such to specialist
<ul style="list-style-type: none"> • Current homicidal ideations/threats/attempts or extreme aggression within the past 90 days • Acute ideations or attempt within 30 days at the time of assessment • History of acting on ideations/threats • Substance abuse, access to firearms or other weapons • Systemic supports that encourage homicidal actions in response to real or perceived injustice or threats 	<ul style="list-style-type: none"> • Systemic supports are available and encourage youth's positive behavior • Willingness to seek mental health treatment; verbalization of intent to comply with provider recommendations and history of compliance with mental health interventions • Willingness to engage in safety planning to include securing or removal of weapons
<ul style="list-style-type: none"> • Current suicidal ideations/threats or attempts within the last 30 days • Active suicidal ideation that limits a person's ability to think and act positively or limited insight into triggers for suicidal ideations • History of rejecting safety planning around suicidal ideations 	<ul style="list-style-type: none"> • History of or evidence of compliance with mental health treatment • Willingness to seek mental health treatment and implement safety plans • Systemic supports promote safety planning with the youth
<ul style="list-style-type: none"> • Significant impairment in youth's ability to meet independent living goals as a result of chronic mental health issues (drug use that engenders dependence and frequent hospitalizations) 	<ul style="list-style-type: none"> • Willingness to consider changes in lifestyle as means of stabilizing mental health (cessation of substance use and compliance with medication management)

²¹ Extracted from the "LifeSet Specialists Foundations Guide" (2020)

Exclusionary criteria	Protective factors
<ul style="list-style-type: none"> • Youth exhibits pervasive impairment in multiple areas of development which may include disordered, disorganized, and confused thinking that hinders independence and create additional activity limitations • Substance use that may mask mental health symptoms • Limited utilization of systemic supports in safety planning 	<ul style="list-style-type: none"> • Systemic supports promote safety planning with the youth
<ul style="list-style-type: none"> • Intellectual disabilities or developmental delays that impede a youth’s ability to complete LifeSet goal • Functioning level impedes ability to complete daily living tasks 	<ul style="list-style-type: none"> • Systemic supports are in place and utilized by youth • Ability to remember basic instructions or utilize tools with basic reminders
<ul style="list-style-type: none"> • Psychotic behavior not controlled by medications (such as hallucinations, delusions, paranoia) • Systemic supports that encourage noncompliance with mental health care 	<ul style="list-style-type: none"> • Systemic supports are in place and utilized by youth • Open to considering changes in lifestyle as means of stabilizing mental health (such as medication management) • Willingness to engage in safety planning
<ul style="list-style-type: none"> • Youth not committed to consistently meeting with LifeSet specialist • Systemic supports that encourage youth to not meet with the specialist • Long-term custody cited as a reason for resistance to meeting • Limited insight into positive personal goals for independence 	<ul style="list-style-type: none"> • Systemic supports encourage youth to meet with the specialist • Youth verbalizes desire for future-oriented goals • Youth willing to meet again to discuss the benefits of meeting with the specialist
<ul style="list-style-type: none"> • Untreated problem sexual behavior within the last 12 months 	<ul style="list-style-type: none"> • Completion of treatment for problematic sexual behavior (PSB) • Systemic supports are in place and utilized by youth • Knowledge of high-risk behaviors and commitment to safety planning

Appendix E. LifeSet Supervisors Interview Protocol

Background

- How long have you worked at (UCAN, Lawrence Hall, Hoyleton)?
- How did you learn about LifeSet?
- How did you become a LifeSet Supervisor?

LifeSet training and program model

- What training on LifeSet have you and the case specialists received?
- How useful was the training?
- What did you learn from the training?
- What, if any, other training would help you and the case specialists do your work?
- How would you describe LifeSet?
- What are its major components?
- What are the primary goals?
- In your opinion, which of LifeSet's components are key to achieving those goals?
- How does LifeSet define success?
- What do you like most/least about LifeSet? Why?

Staff requirements and responsibilities

- How many LS teams are there at your agency?
- Are there differences between the teams, (e.g., youth characteristics)?
- What is the average caseload for a LifeSet supervisor/case specialist?
- Do LifeSet supervisors/case specialists carry LifeSet cases only or do their caseloads also include traditional ILO/TLP cases?
- What are the main differences between LifeSet cases and traditional ILO/TLP cases for supervisors?
- What are the main differences between LifeSet cases and traditional ILO/TLP cases for case specialists/caseworkers?
- What has the turnover of specialists been like?
- Is this different from traditional ILO/TLP turnover?
- What makes it harder or easier to retain Specialists than traditional ILO/TLP caseworkers?
- What successes have you observed since you became a LifeSet supervisor?
- To what aspects of the program do you attribute those successes?
- What challenges have you encountered as a LifeSet supervisor?
- What strategies have you used to address those challenges?
- What challenges have the specialists you supervise encountered?
- What strategies have they used to address those challenges?
- How has COVID impacted service delivery?

Service delivery

- How are youth referred and matched to your LifeSet program?
- What makes a young person a "good fit" for your LifeSet program?
- What happens when a youth is determined to be a poor fit for the program?
- What happens when a youth declines a LifeSet referral?

- How do case specialists engage young people in LifeSet?
- What are some of the barriers to engaging young people in LifeSet?
- What resources are available to help the case specialists with youth?
- What additional resources do case specialists need to work with youth?
- How and by whom are LifeSet service plans created?
- What does a typical service plan look like?
- What services do the young people who enroll in LifeSet need most?
- What do case specialists do to help young people achieve their goals?
- How frequently do they meet with young people?
- What typically happens during those meetings?
- How does LifeSet help youth build relationships with supportive adults?
- What role do those adults play in helping youth achieve their goals?
- For how long are young people typically enrolled in LifeSet?
- How typical is it for youth to stop and start LifeSet?
- When and why does this typically occur?
- Why do young people typically leave LifeSet?
- When and why are youth discharged from LifeSet?
- Where do young people typically go when they leave LifeSet?

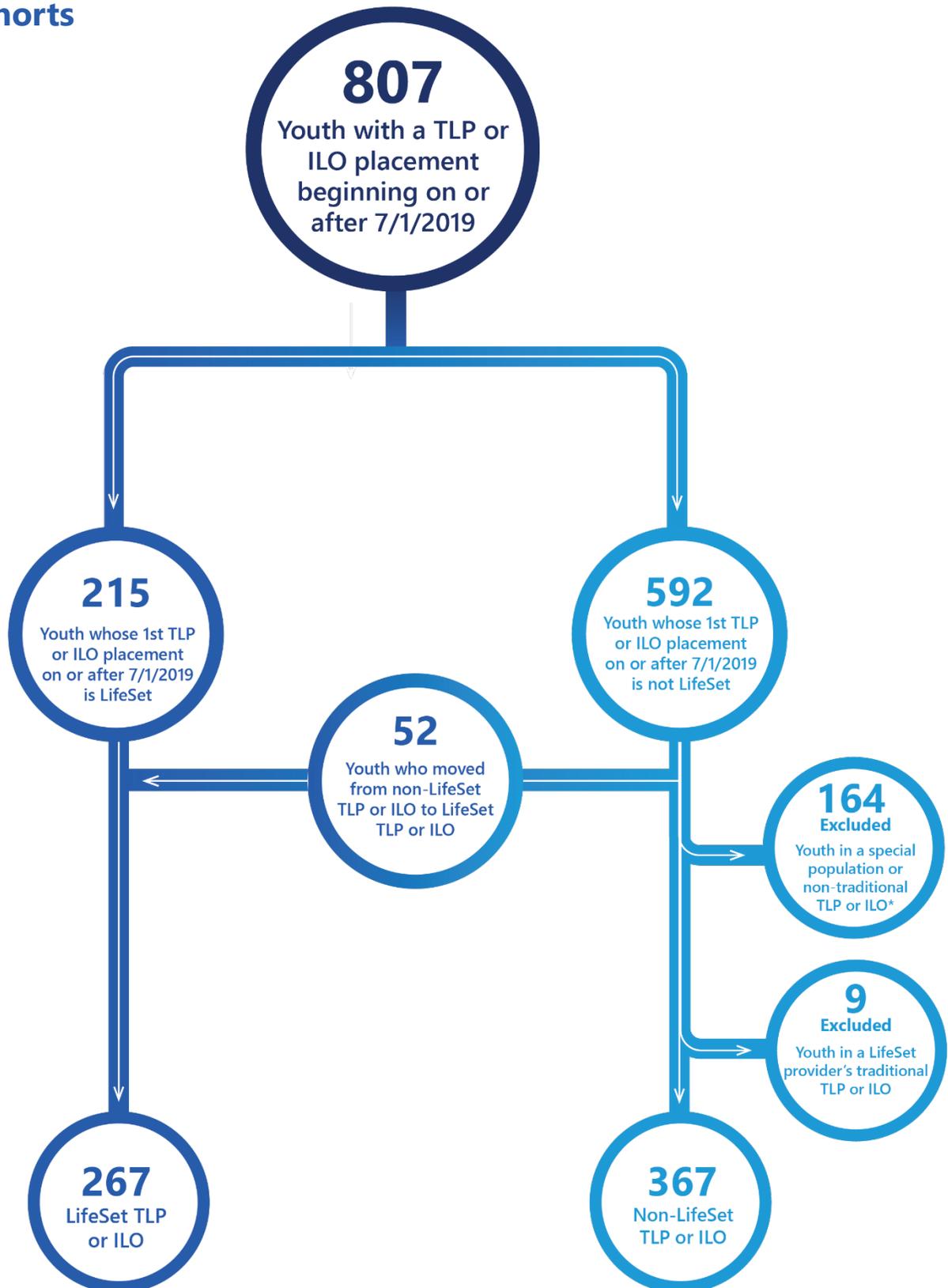
Closing Questions

- If you could change anything about the program or your work, what would you change and why?
- What, if anything, have I not asked you about LifeSet that I should know?

Appendix F. LifeSet Program Administrator Interview Protocol

- How long have you worked at (UCAN, Lawrence Hall, Hoyleton)?
- How would you describe LifeSet?
- What are its major components?
- What are the primary goals?
- What are the main differences between LifeSet and traditional ILO/TLP?
- Why did your agency decide to participate in the LifeSet pilot?
- How did you learn about LifeSet?
- What attracted you to LifeSet?
- Did you expect that implementing LifeSet would result in better outcomes for youth? Why or why not?
- Have you observed any improvement in youth outcomes since your agency began implementing LifeSet?
- What, if any, concerns did you have about implementing LifeSet?
- Do you still have those concerns?
- What could be done to address those concerns?
- How challenging has it been for your agency to demonstrate that it is implementing LifeSet with fidelity?
- What, if anything, would you change about how agencies are required to demonstrate fidelity or how fidelity is monitored?
- What, if any, other challenges has your agency experienced implementing LifeSet?
- Do you have any recommendations that would help other agencies that may be interested in implementing LifeSet?
- Is there anything I should know about your agency's experiences with LifeSet that I have not asked about?

Appendix G. Construction of the LifeSet and Non-LifeSet Cohorts



*Special populations include youth with disabilities, severe emotional or behavior problems, etc. identified by selected obligation IDs.

Appendix H. Successful Exit Criteria

Domain	Description
Program exit location	Young adult has secured stable housing with family or independently for the upcoming 90 days
Education*	Young adult is actively enrolled in educational setting, has completed an educational program during program enrollment, or has attained the highest level of education desired
Employment*	Young adult is employed
Support & Community Connection	Young adult reports at least one viable supportive adult and has accessed at least one needed community support connection at the time of program exit

*Does not apply to all youth.

Appendix I. Weekly LifeSet Staff Meetings

Weekly Meeting	Participants	Purpose
Red-Flag Meeting	- Supervisor - LPE	Discuss concerns that arose over the weekend or ongoing concerns that may require intervention or safety planning
Personal Development Meeting	- Supervisor - LPE	Opportunity for supervisors to share concerns and goals with LPE
Group Supervision*	- Supervisor - Case Specialists	Review cases and discuss objectives, intervention approach, and recommendations
Clinical Consultation*	- Supervisor - Case Specialists - LPE	Opportunity for LPE to provide clinical feedback on cases
Individual Professional Development	- Supervisor - Case Specialist	Opportunity for case specialists to share concerns and goals with supervisor

* Group supervision and clinical consultation are sometimes combined due to scheduling conflicts. The supervisor reviews the service plans and interventions and then LPE provides feedback during the same meeting.