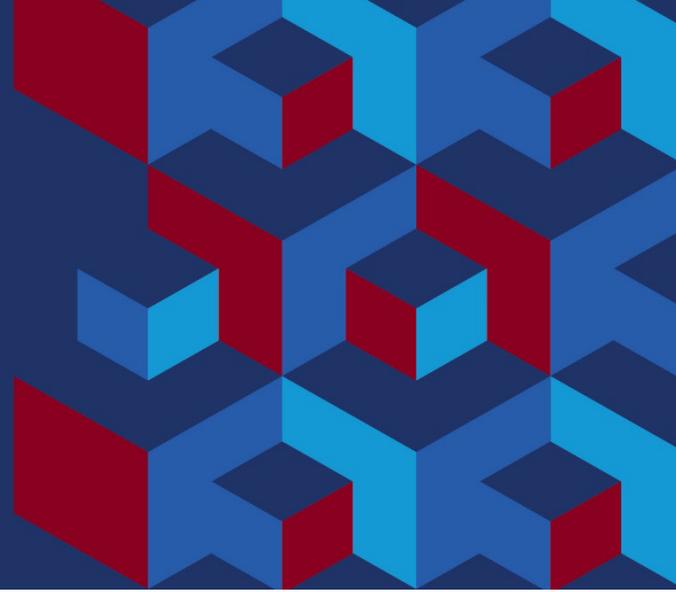


Chapin Hall Research Brief



Findings from Phase I of the Illinois DCFS LifeSet Evaluation

This brief summarizes findings from the first phase of an evaluation of LifeSet in Illinois.

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June 2022

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INTRODUCTION

In 1999, Youth Villages established LifeSet (previously YVLifeSet), a youth-centered and service-focused model, to help youth who were formerly in the child welfare or juvenile justice system make a successful transition to adulthood.¹ LifeSet is currently being implemented in 18 states and Washington, DC by Youth Villages or state partners.

In 2018, the Illinois Department of Children and Family Services (DCFS) was one of four jurisdictions awarded funding by Youth Villages to implement LifeSet. DCFS, which has traditionally provided services to help prepare transition-age youth in care for independence through transitional living (TLP) and independent living (ILO) programs, has integrated LifeSet into its service array by contracting with TLP and ILO providers to implement the model. Youth Villages is supporting those providers with ongoing training, technical assistance, and tools. As of April 2022, LifeSet was being implemented by three providers (UCAN, Hoyleton, and Lawrence Hall).

DCFS contracted with Chapin Hall at the University of Chicago to evaluate LifeSet. Phase I of our evaluation addressed two main questions related to LifeSet's implementation in Illinois DCFS. First, how do LifeSet supervisors and administrators perceive LifeSet and LifeSet youth? Second, what are the characteristics of LifeSet youth and how are they similar to or different from youth in non-LifeSet TLP or ILO placements?

LifeSet Model

Each LifeSet team is headed by a supervisor who oversees five case specialists, and each case specialist is assigned six to eight LifeSet youth.

To be eligible for LifeSet, youth must be between 17.5 and 20 years old. However, they are not required to meet all of the traditional TLP or ILO eligibility criteria. When a youth is referred to a LifeSet provider by the DCFS Central Matching Team, a case specialist conducts a pre-enrollment assessment (PEA) to determine if LifeSet is a “good fit” for the youth. If it is a good fit, the case specialist determines whether the youth should be placed in supervised or community-based housing.

LifeSet youth meet weekly with their specialist, who provides individualized services to help the youth achieve self-defined goals related to education, employment, housing, independent living skills, and permanent connections with committed adults.

STUDY METHODS

Our Phase I evaluation of LifeSet included three components. First, we reviewed program materials developed by Youth Villages and DCFS to understand the model’s components, implementation expectations, and eligibility requirements.

Second, we interviewed five supervisors, three program directors, and four other administrators from the three LifeSet providers to better understand the model’s key components and to learn about their experiences with implementation. The interviews were transcribed and coded to identify key themes.

Third, we used DCFS administrative data to identify all youth in care who had a TLP or ILO placement that began between 7/1/2019 and 11/30/2021. We divided these youth into two groups: those who were ever in a LifeSet TLP or ILO placement (“LifeSet youth”) and those who were only in a non-LifeSet TLP or ILO placement (“non-LifeSet youth”).² We compared demographic characteristics and out-of-home care experiences of the two groups at the start of their “index placement.” The index placement was the first LifeSet placement (for the LifeSet youth) or the first TLP or ILO placement (for the non-LifeSet youth) on or after 7/1/2019.

QUALITATIVE FINDINGS

Our Phase I formative evaluation examined the implementation of LifeSet in Illinois from the perspectives of LifeSet supervisors and program administrators.

LifeSet Model Strengths

From our interviews, we learned what supervisors and program administrators perceived to be the strengths of the model. These include the centrality of youth engagement and agency; the intentionality of service provision; the increased availability of “community living” options; and the availability of clinical and nonclinical staff supports. We briefly discuss each of these perceived strengths below.

“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.”

— Administrator

Youth Engagement and Agency

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 and meet weekly with their case specialist to reap the full benefits of the program. One of the ways LifeSet promotes engagement is by giving youth agency. Youth can opt into the program, help choose whom they will live with, set the goals they want to work towards, and develop a plan to achieve them. Supervisors and program administrators observed that when youth are given agency, they experience a “mind shift” and start to think about preparing for emancipation earlier than is typical. Equally important to sustained youth engagement is a strong relationship between youth and their case specialist. Supervisors and program administrators believe that youth value the “individualized attention” they receive and appreciate knowing that their specialists can help them find whatever services they might need.

Intentionality of Services

Several supervisors and program administrators used the word “intentional” to describe the services LifeSet youth receive. They compared the intentional visits that specialists have with LifeSet youth to the more compliance-oriented visits caseworkers typically have with youth in traditional TLP or ILO placements. LifeSet promotes this intentionality through the use of monthly service plans. These plans identify the steps youth will take to achieve their goals. Supervisors and program administrators compared these highly individualized service plans to more traditional 6-month service plans, which often have a “cookie cutter” feel.

Community Living Options

LifeSet youth can choose where and with whom they want to live. They can enter into shared housing agreements even if they do not meet the eligibility criteria for a traditional supervised ILO.³ Some LifeSet providers use the term “community placements” to refer to the range of living arrangements available to LifeSet youth who aren’t placed in a brick-and-mortar TLP. Community placements help keep youth engaged in the program, contribute to the development and maintenance of supportive relationships, and give youth experience with living arrangements that are normative for someone their age.

“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.”

— Administrator

“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.” — Supervisor

LifeSet Supports

LifeSet offers a range of supports that are generally not available to traditional TLP or ILO providers. These include clinical consultation with a licensed program expert (LPE), and training—both foundational and ongoing—and the GuideTree Toolbox. GuideTree provides case specialists, who may not have much clinical experience, with evidence-based and best practice interventions and resources tailored to the youth’s individual needs.

Implementation Concerns

Our interviews also shed light on some of the concerns that administrators and supervisors have about LifeSet implementation. These include concerns about the appropriateness of some referrals, about youth who disengage from LifeSet, and about specialist and supervisor workloads.

Appropriateness of Referrals

LifeSet supervisors and program administrators distinguished between two groups of youth. Youth in the first group are a good fit for LifeSet. They actively engage in the program and are committed to working with their specialist on their self-identified goals. Youth in the second group are not a good fit for LifeSet. They may be unwilling to meet weekly with their specialist or otherwise engage in the program. They may also have a serious mental illness, an intellectual disability, or an extensive criminal history. LifeSet providers were sometimes asked to make accommodations for these youth. Some supervisors called for improved screening of youth prior to referral and for more transparency about the needs of youth who are being referred.

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. 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, their status in GuideTree changes, they no longer receive the intensive services provided to LifeSet youth, and they can no longer be the focus of consultation with the LPE. However, their placement does not change and they remain on their specialist’s caseload, thereby promoting continuity of care. Although maintaining disengaged youth on their specialist’s caseload holds open the possibility that they may re-engage in LifeSet, it also means that fewer youth can newly enroll in LifeSet. Moreover, because specialists can have no more than two non-LifeSet youth on their caseload at a time, it also means that youth who are ready to exit LifeSet may remain in the program until one of those two slots opens up or until they age out.

Workload

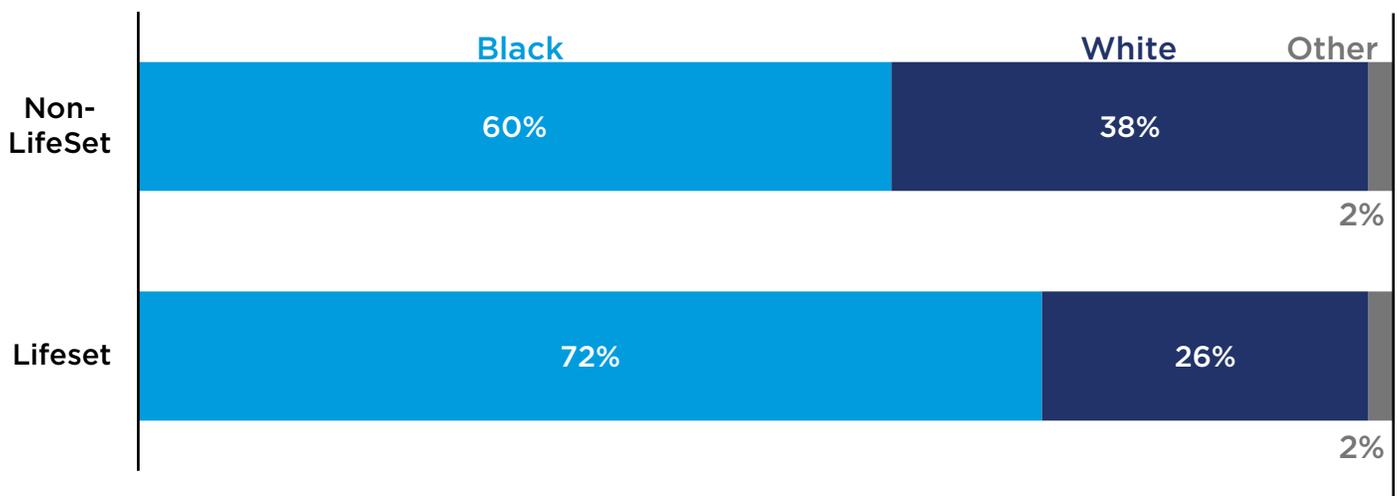
All of the LifeSet supports notwithstanding, supervisors and program administrators raised concerns about the specialists' workload. In Illinois, LifeSet specialists are also legal caseworkers; that is not the case in other states where LifeSet is implemented. This means, for example, that specialists are responsible for completing not only the monthly LifeSet service plans but also the traditional 6-month service plan that all legal caseworkers are required to complete. 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 the LPE only, one meeting with all of the specialists, one meeting with each specialist, and one meeting with all of the specialists and the LPE. Some found these meetings duplicative and suggested that they be consolidated.

QUANTITATIVE FINDINGS

Comparison Between LifeSet and Non-LifeSet Youth

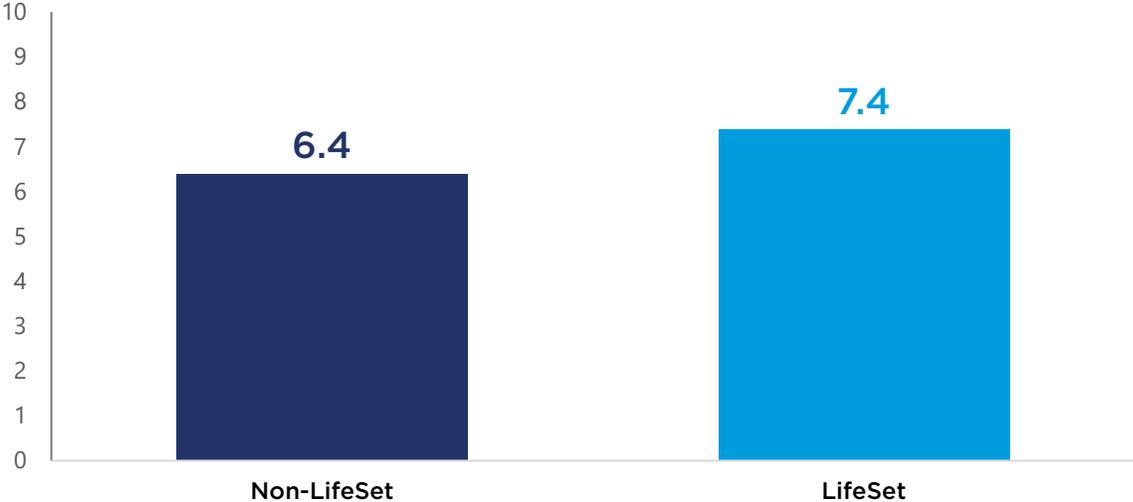
Of the 807 youth in DCFS care who had a TLP or ILO placement that began between 7/1/2019 and 11/30/2021, 267 spent at least one day in a LifeSet placement and 367 had experienced only non-LifeSet TLP or ILO placements.⁴ The LifeSet youth were about 5 months older, on average, than the non-LifeSet youth at the start of their index placement (19.2 vs. 18.8 years old). Although a majority of youth in both groups are Black, the LifeSet youth are more likely to be Black and less likely to be White than the non-LifeSet youth (see Figure 1). A majority of both the LifeSet and non-LifeSet youth are females (59% and 57%, respectively).

Figure 1. Racial Composition of LifeSet and Non-LifeSet Groups



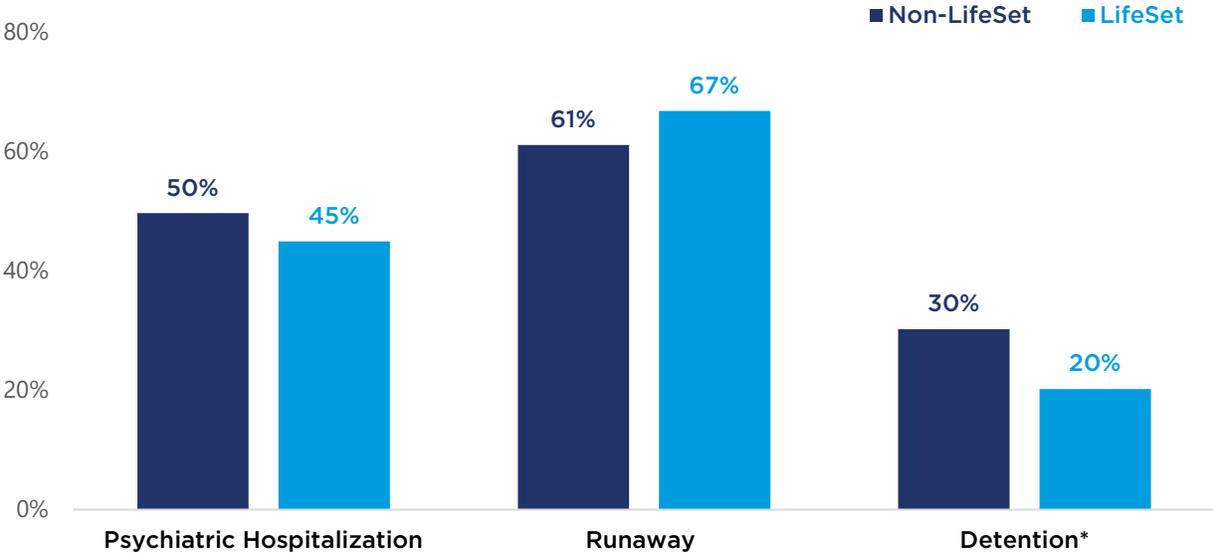
On average, LifeSet youth had spent approximately 1 additional year in care before their index placement compared to the non-LifeSet youth (see Figure 2), although both groups had experienced an average of 1.2 prior placements per years in care.

Figure 2. Mean Number of Years in Care Before Index Placement



LifeSet youth were less likely than their non-LifeSet peers to have experienced psychiatric hospitalization, more likely to have ever run away while in care, and less likely to have a history of detention prior to the index placement. Some of these differences are likely a direct consequence of the LifeSet exclusionary criteria.⁵

Figure 3. Placement Disruptions and Interruptions



* Statistically significant at $p < .05$

Finally, compared to their non-LifeSet peers, LifeSet youth spent significantly fewer days in a psychiatric hospital (4.1 vs. 7.5 days) and fewer days in detention (3.0 vs. 5.8 days) per years in care (see Figure 4). LifeSet youth spent more days on run per years in care than their non-LifeSet peers (20.4 vs. 16.3 days), but this difference was not statistically significant.

Figure 4. Days Hospitalized, On Run, or Detained Per Years in Care



* Statistically significant at $p < .05$

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 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 exposed to LifeSet for a minimum of 60 consecutive 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. Identifying a matched comparison group will be especially important given the differences we found between the LifeSet and non-LifeSet youth in their demographic characteristics and placement histories.

Statement of Independence and Integrity

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 the principles that drive our work 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.

Acknowledgement and Disclaimer

This project was funded by the Illinois Department of Children and Family Services.

The Chapin Hall team would like to thank our partners at Youth Villages and the Illinois Department of Children and Family Services. We would also like to thank the three LifeSet providers: UCAN, Hoyleton and Lawrence Hall.

The opinions, findings, and recommendations expressed in this publication are solely those of the authors and do not necessarily reflect those of Youth Villages and the Illinois Department of Children and Family Services.

Suggested 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: Research brief*. Chapin Hall at the University of Chicago.

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Endnotes

¹ Manno, M., Jacobs, E., Alson, J., & Skemer, M. (2014). *Moving into adulthood: Implementation findings from the Youth Villages transitional living evaluation*. MDRC.

² We excluded youth from the non-LifeSet group if their TLP specialized in serving youth with severe emotional or behavioral problems or developmental disabilities or if their TLP or ILO provider was implementing LifeSet.

³ LifeSet providers still conduct background and home safety checks before approving a community placement.

⁴ This does not include 9 youth who were placed in a LifeSet provider's regular TLP or ILO program or 164 youth who were placed in a TLP or ILO for special populations (such as youth with severe emotional and behavioral problems or developmental disabilities).

⁵ Examples include chronic mental health issues, uncontrolled symptoms of psychosis, history of violent criminal behavior, gang involvement, and weapons possession.