



# Alameda County's Youth Transitions Partnership Program

## Project Brief

### A Promising Model for Supporting Transition-Age Youth in Foster Care

**YTP's formative evaluation shows positive outcomes for participating youth in education, financial literacy, and permanent connections.**

*The Youth Transitions Partnership (YTP) in Alameda County, California blends service coordination, intensive case management, and Dialectical Behavior Therapy (DBT) to help transition-age youth in foster care engage with available support systems and subsequently improve their outcomes. As part of a formative evaluation of YTP, Chapin Hall researchers found that participating youth experienced significant changes in the areas of employment, financial literacy, and permanent connections. They also experienced significant gains in their acquisition and use of DBT coping skills. This brief describes the YTP model, the Continuous Quality Improvement (CQI) process that was used to support its implementation, and findings from our formative evaluation.*

# Overview

Despite remarkable resilience and high aspirations, many youth in foster care still struggle to complete their education, secure steady employment, build connections with supportive adults, develop critical life skills, and remain stably housed. One manifestation of the challenges these young people face is a high rate of homelessness. The link between foster care and homelessness is well documented. One recent study found that 31 percent of California youth making the transition from foster care to adulthood had been homeless for at least one night between ages 17 and 21 and nearly 20% had experienced homelessness at some point while in extended foster care.<sup>1,2</sup> In another recent study, 29% of youth experiencing homelessness in 22 counties across the U.S. reported that they had been in foster care.<sup>3</sup>

As a grantee under the Children’s Bureau’s Youth At-Risk of Homelessness grant program (see Box 1), the Alameda County Social Services Agency (SSA) developed and implemented the Youth Transitions Partnership (YTP). YTP is an innovative model of service coordination, intensive case management, and individualized supports, including Dialectical Behavior Therapy (DBT), that aims to increase young people’s ability to engage with available support systems. SSA contracted with Chapin Hall to be the local evaluator of YTP beginning in 2015.

This brief describes the YTP model and the Continuous Quality Improvement (CQI) process that was used to support its implementation. It also summarizes what Chapin Hall learned about YTP from the formative evaluation.

## BOX 1: YOUTH AT-RISK OF HOMELESSNESS GRANT PROGRAM



The Children’s Bureau, an office within the Administration for Children and Families (U.S. Department of Health and Human Services), is funding a multiphase grant program referred to as Youth At-Risk of Homelessness (YARH) to build the evidence base on what works to prevent homelessness among youth and young adults who have been involved in the child welfare system. Eighteen organizations received funding for the first phase of YARH, a 2-year planning grant (2013–2015). Six of those organizations received funding for the second phase, a 4-year initial implementation grant (2015–2019).

YARH focuses on three populations: (1) adolescents who enter foster care between 14 and 17, (2) young adults aging out of foster care, and (3) homeless youth/young adults up to age 21 with foster care histories.

During the planning phase, grantees conducted data analyses to help them understand their local population and develop a comprehensive service model to improve outcomes in housing, education and training, social well-being, and permanent connections. During the initial implementation phase, grantees refined and tested their comprehensive service model. They conducted usability testing to determine the feasibility of specific model elements and a formative evaluation to understand what supports and structures were needed to implement the model with fidelity. A third YARH phase may be funded to conduct summative evaluations designed to add to the evidence base on how to prevent homelessness among older youth with child welfare involvement.

[For more information on YARH](#)

# YTP's Program Model

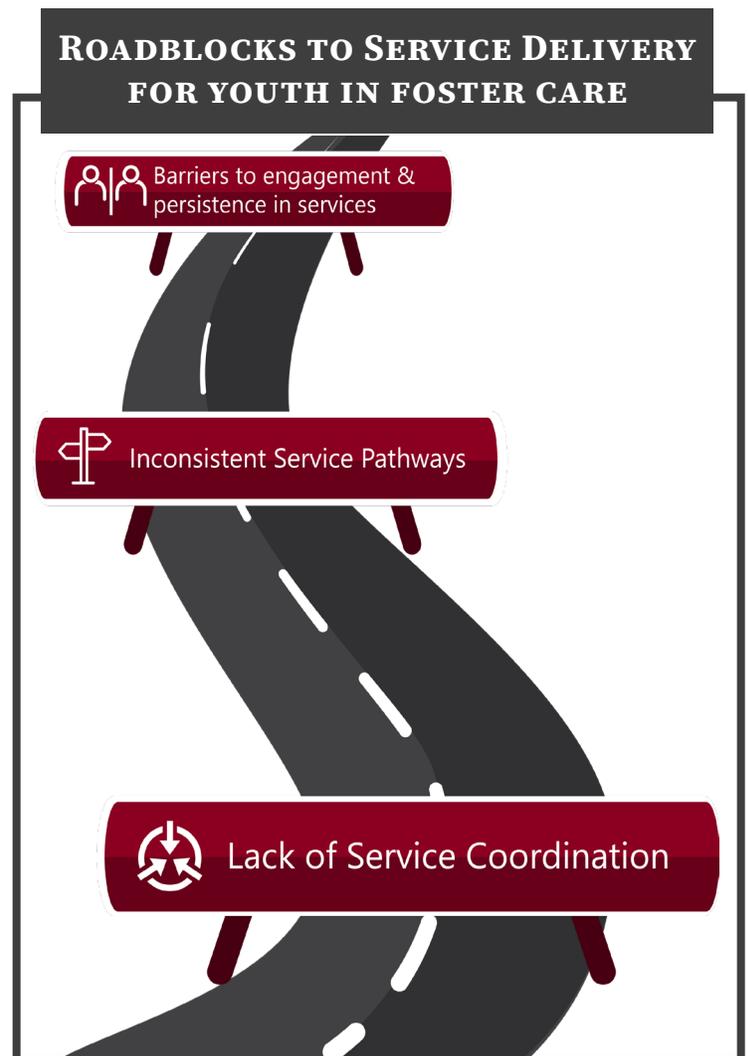
## Theory of Change

Although Alameda County offers a rich array of services to youth in foster care, many transition-age youth in foster care in Alameda County still experience, or are at risk for, homelessness. During the YARH planning phase, Alameda County SSA learned that there is a disconnect between the needs of youth in foster care and the services they receive. This disconnect is due to (1) a lack of service coordination, (2) inconsistent service pathways, and (3) barriers to engagement and persistence in services due, in part, to complex trauma.

To address these factors, SSA, in collaboration with community partners, developed YTP, a model that blends service coordination, intensive case management, and DBT to help youth in foster care engage with available support systems and improve their outcomes. The program currently serves 14- to 20-year-olds with multiple risk factors for experiencing homelessness who are currently placed in out-of-home care in Alameda County.

## Partnerships and Local Supports

Strong relationships between partners are the key to the success of YTP. To deliver the program, SSA partners with First Place for Youth and Chapin Hall at the University of Chicago. First Place for Youth, a nationally recognized provider of services to youth in foster care based in Alameda County, trains and supervises the YTP coaches. Chapin Hall conducted a comprehensive formative evaluation of YTP and continues to manage a robust CQI process. An independent DBT consultant provides DBT guidance and support to YTP staff. SSA coordinates the initiative by managing program enrollment, overseeing partnerships, and acting as a liaison with Alameda County child welfare staff.



## Eligibility Determination

During the Youth At-Risk of Homelessness planning phase, SSA analyzed administrative data from a number of agencies and organizations. SSA identified Alameda County youth in foster care who turned 18 between 2006 and 2010. Then they determined which of those youth were the most at risk for homelessness.<sup>4</sup> Based on the results, the YTP planning team decided to implement a risk assessment that uses administrative data to identify youth eligible for YTP. This risk assessment considers six risk factors and one protective factor (see Table 1);

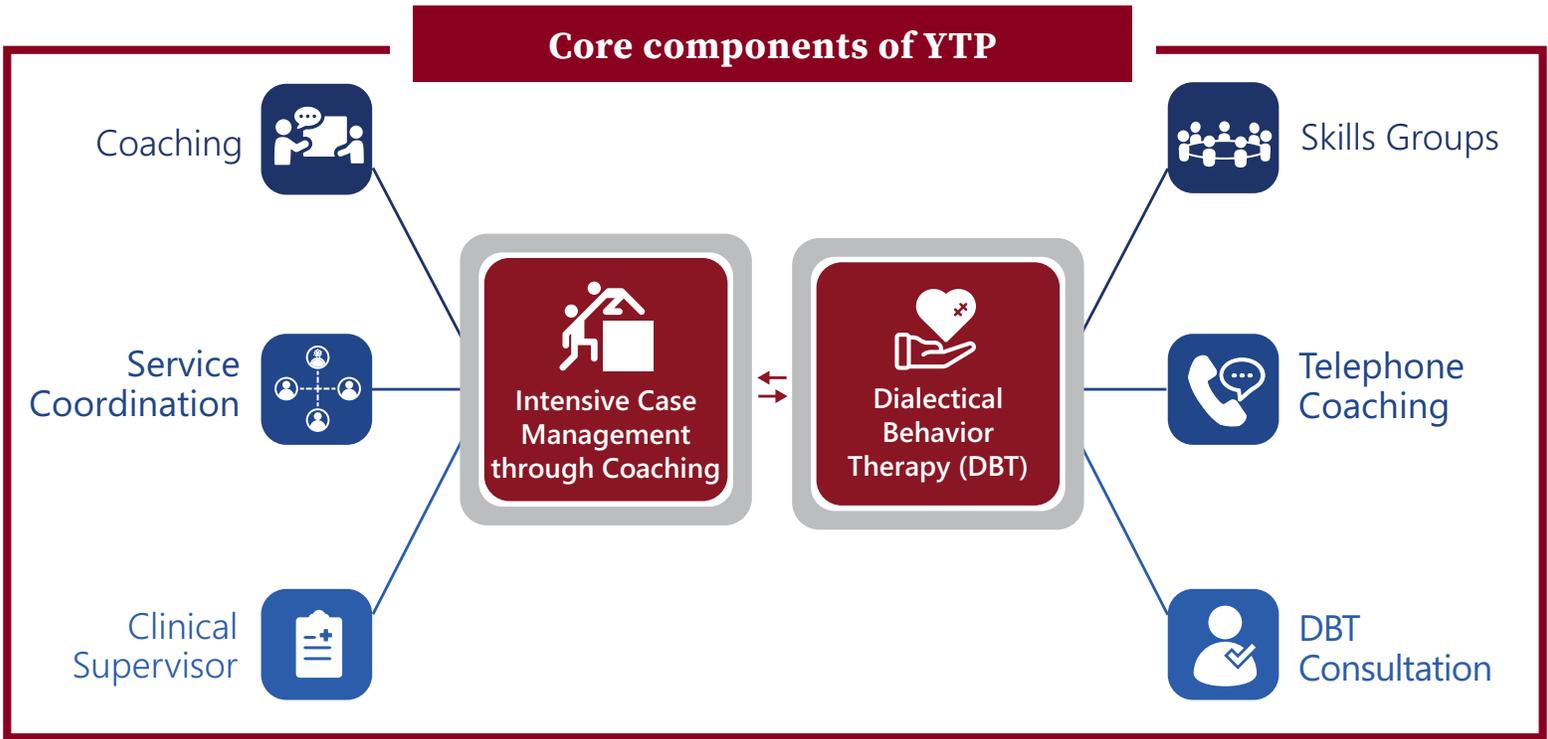
youth must have a risk score of at least +2 to be eligible. Each month, SSA evaluation staff complete the risk assessment to compile a list of potentially eligible youth currently in foster care in Alameda County. This allows for a stable flow of potentially eligible youth into the enrollment process. SSA staff then share the list of potentially eligible youth with the enrollment specialist, who oversees youth enrollment, consent, and early engagement in services for YTP.

**TABLE 1. YTP ELIGIBILITY ASSESSMENT - RISK AND PROTECTIVE FACTOR SCORING RUBRIC**

Risk or Protective Factor	Criteria	Points
Age of entry	Youth entered foster care at the age of 14 or older	+1
Time in care	Youth in the target population age range who have been in foster care for 18 months or longer	+1
Placement instability	Youth has experienced a total of at least 5 placements ever or at least 3 runaway episodes	+1
Mental health	Child welfare administrative data indicates at least one of the following: takes psychiatric medication, takes any medication for a mental health concern, documented behavioral health need, or changed placement due to a Katie A. reason <sup>a</sup>	+1
Congregate care placement	Youth currently placed in group care	+1
Parenting	Youth currently identified as receiving an "infant care supplement" as part of their foster care placement payment	+1
THP+FC placement <sup>b</sup>	Youth currently living in a Transitional Housing Placement-Plus-Foster Care placement	-1

<sup>a</sup> Katie A. v. Bonta is a federal class action lawsuit filed on behalf of California youth in foster care and children at risk of out-of-home placement. The Katie A. lawsuit seeks to improve access to effective mental health care and reduce potential trauma from residential settings by ensuring that California's children and youth at risk of entering or already in the foster care system can receive intensive mental health services in their own homes and communities. An additional intention of the lawsuit is to provide intensive mental health treatment in the home before behaviors escalate beyond the family's ability to cope. The hope is that fewer children will enter foster care.

<sup>b</sup> Many housing supports for current and former youth in foster care at risk of homelessness in Alameda County fall under the Transitional Housing Placement Program (THPP). THP+FC provides supportive housing to youth ages 18 to 21 who are in foster care.



# Core Components of YTP

Once enrolled, each youth receives the core components of YTP: intensive case management and DBT, an evidence-based cognitive behavioral therapy. What makes YTP unique is the pairing of support from coaches with skill development through weekly DBT group attendance. Youth leverage the strong relationships they develop with their coaches to access services, achieve their goals, and gain the skills needed to persist in these endeavors even after their YTP participation ends.

## Intensive Case Management through Coaching

The cornerstone of the YTP model is the strong relationships that YTP coaches build with participating youth. Each youth who enrolls in YTP is assigned a YTP coach, and each YTP coach has a maximum caseload of 10 to 13 youth. Coaches meet regularly with youth (weekly in the initial engagement period; at least biweekly thereafter) in their homes or in the community to provide case management services and conduct a thorough assessment of their strengths and areas of need. Coaches offer youth practical and emotional support. They also work with youth to develop goals in the areas of housing, education, employment, social/emotional well-being, financial management, personal relationships, and (when applicable) parenting skills. With the youth, coaches formulate an action plan to achieve those goals.

Coaches must develop strong relationships, not only with the youth on their caseload but also with their caregivers, service providers, and child welfare workers. Coaches must also be familiar with the rich local service provider network, knit formal services and interventions together with informal and natural supports, and connect youth with the services they need to achieve their goals.

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**“[Your coach will] let you know about your progress even if you can’t see it, and they’ll be, like, super encouraging and like, they’re like an older sibling..”**

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**– YTP Youth**

Another vital member of the YTP intensive case management team is the clinical supervisor, who supervises the YTP coaches. The clinical supervisor ensures that coaches are linking participants to supports that promote their social and emotional well-being, including, but not limited to, mental health services, therapeutic activities, skills groups, and a range of mindfulness and wellness programs. The clinical supervisor also coordinates system-level training on trauma-informed care; conducts Mental Health First Aid training sessions for county service providers;<sup>5</sup> and consults with other team members, including YTP coaches and service providers. Specifically, the supervisor offers guidance on how to help participants who have experienced trauma regulate emotions, manage anger, and develop independent living skills.

## Skill Development through DBT

DBT is an evidence-based practice intended to address emotion dysregulation, psychological inflexibility, and interpersonal conflict (see Box 2). Youth in foster care have a history of trauma and often experience symptoms of mental and behavioral health problems. These symptoms impede their ability to engage in services or develop lasting connections with supportive adults. DBT teaches skills that are practiced in a group setting. Additionally, staff conducting DBT skills groups and coaching are required to complete specialized training and participate in regular consultation to ensure fidelity and reduce burnout and feelings of isolation.

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**“When I’m in a situation with somebody... it’s hard for me to walk away... and I’ve learned now to think...like when I get into a fight or something where it’s like this is not worth it...I’ll think about all the good things that I do have...if this was like two years ago I would’ve [fought] him, but I’m not like that anymore, and I’m really proud and happy to say I was able to do that, for like such a long period of time, too.” – YTP Youth**

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## Box 2: Dialectical Behavior Therapy (DBT)

### What is DBT?

DBT is an evidence-based, cognitive-behavioral psychotherapy intervention that has been shown to reduce suicidal behavior, nonsuicidal self-injury, psychiatric hospitalization, treatment dropout, substance use, anger, and depression. It has also been shown to improve social and global functioning.<sup>6</sup> DBT has been adapted for adolescents, and small nonrandomized trials of DBT with adolescents have yielded promising results.<sup>7</sup> Full implementation of DBT consists of four primary components: (1) individual therapy, (2) skills training groups, (3) telephone coaching, and (4) a therapist consultation team.

### Why DBT?

When developing YTP’s theory of change, the planning team hypothesized a need to address emotion dysregulation, isolation, self-harming behaviors, and lack of persistence and future orientation among older youth in foster care. SSA, with the support of the YTP planning team and feedback from youth and young adults, added three of the four DBT components to their coaching and service coordination model: DBT skills training groups, a DBT therapist consultation team, and phone coaching.

## YTP'S MODEL INCLUDES THREE DBT COMPONENTS:



Skills Groups



Telephone Coaching



DBT Consultation

### DBT skills groups

Weekly DBT skills groups focus on teaching youth behavioral skills. Two coaches conduct the weekly skills groups—one to lead and one to facilitate. Groups are run like a class, with YTP coaches teaching skills and assigning homework to help youth practice using the skills they learn in their everyday lives. Groups are for youth under age 18 or for youth age 18 and older. As much as possible, groups are scheduled so as not to clash with school or work schedules. Skills groups are typically held at First Place for Youth but have also been held at other locations that are more accessible for some participants.

The skills training is composed of three eight-week modules:

- Distress tolerance: how to accept and tolerate distress in difficult situations;
- Interpersonal effectiveness: how to ask for what you want and say no while maintaining self-respect and relationships with others; and
- Emotion regulation: how to change emotions that you want to change.

A mindfulness component—focused on being aware of the present moment without judgment—is incorporated into each of the modules. Youth are expected to cycle through the three modules twice over the course of their time in the YTP program (in keeping with standards established by DBT's developer). Youth who completed two DBT cycles during the formative evaluation did so, on average, in 14 months.

### Telephone coaching

DBT uses telephone coaching to provide youth with in-the-moment support to cope with difficult situations in their everyday lives. Between DBT skills groups, youth can call their individual YTP coach 24/7 when a situation arises for which they may need help implementing the skills they have learned in DBT group.

### DBT consultation

DBT consultation is designed to support the coaches who facilitate the DBT skills groups. The DBT consultant is an expert DBT clinician and attends group supervision biweekly to provide technical guidance on effective use of and fidelity to the DBT intervention.

# CQI Process

To support YTP implementation and monitor fidelity to the model, the Chapin Hall evaluation team created and managed a CQI process and engaged SSA and First Place for Youth as full partners. The CQI process ensured that the data needed for the formative evaluation were available, produced meaningful knowledge about the program, and informed ongoing changes to the program during the formative evaluation and beyond that contributed to its successful implementation.<sup>8</sup>

The main CQI activity is a monthly one-hour call, during which the partners review a dashboard of key metrics. Chapin Hall creates the dashboard using data from First Place for Youth. These metrics are linked to the program's theory of change and logic model so that the evaluation team can assess whether YTP is being implemented as intended. The dashboard originally focused on whether youth were successfully enrolling and whether services were being delivered; it has evolved to focus on the short-term outcomes that are being observed. The monthly CQI call is also an opportunity for the partners to have in-depth, data-informed discussions about issues related to program implementation.

One example of how the CQI process led to the identification of both an implementation challenge and a strategy to address it involves DBT group attendance. Early on, the CQI metrics indicated that the attendance rate was lower than the benchmark in the program's logic model. This prompted discussion about why youth might not be attending DBT skills groups. The evaluation team conducted a survey of participants to help identify barriers to attendance. Because youth identified transportation as a key barrier to attendance, SSA and First Place for Youth decided to provide more transportation support to youth and offer DBT skills groups in a new, more convenient location.

## Key Features of YTP's CQI Process



Link to logic model & theory of change



Strong partnerships



Reliable data

## YTP Formative Evaluation Research Questions

Does the administrative risk assessment process correctly identify members of the target population?

Are enrollment staff able to connect with and enroll youth?

Is the intensive case management component of the intervention being delivered as intended?

Is DBT being delivered to program participants as intended?

Is there evidence that program participants are progressing toward short- and medium-term outcomes?

# Formative Evaluation of YTP

The formative evaluation conducted by Chapin Hall addressed questions about implementation, fidelity to the YTP model, program engagement, and participants' short-term outcomes.

## Methods and Data Sources

A total of 469 14- to 20-year-olds in Alameda County were potentially eligible for YTP between February 2016 and April 2019. The formative evaluation focused primarily on the 98 youth who were active in YTP from March 2016, when the program began, through April 2019. To address the formative evaluation questions, the evaluation team used enrollment data, which tracked potentially eligible youth and their progression through the recruitment process; YTP program data, which provided information about youth assessments, action plans, goals, and services received; county child welfare administrative data; and qualitative data collected via interviews with YTP coaches, administrators, and child welfare workers and annual focus groups with youth active in YTP between 2017 and 2019.

The formative evaluation examined many fidelity and outcome measures. Here we highlight our findings related to model fidelity, DBT skill attainment, and improvements in several short-term outcomes.<sup>9</sup>

# FINDINGS

## Findings: Model Fidelity

To assess fidelity to the YTP model, we examined several metrics related to the core components of DBT and intensive case management. We used both quantitative program data and qualitative data gathered during interviews with coaches and focus groups with youth.

### **DBT**

We assessed the fidelity of the DBT skills groups using DBT Skills Group Checklists that a DBT consultant completed once per module.<sup>10</sup> Consultants used the checklists to rate the DBT skills groups on technical skills, relational skills, and content. The fidelity scores for the 20 observed DBT skills groups were high for both the technical and relational skills subscales, with an average score of 96 out of 100. The content subscale varies from skills group to skills group, and DBT consultants routinely edited the content to be rated to match what was being covered by the group. Consequently, the content subscales did not yield usable data.

A majority of the youth we spoke with expressed positive feelings about DBT. Youth specifically cited the skills they learned, like breathing exercises, meditation, and coping skills as well as the increased ability to regulate their emotions.

Coaches also spoke about the helpfulness of DBT. They enjoyed facilitating the DBT skills groups and seeing the impact the DBT has had, not only on the youth but also on themselves.

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**“It’s just, like, when you’re emotional you just want to figure out how can. . . what could you do to go back to being normal. And that’s wise mind. The skills that you learn during the weekly groups they just giving you another way to deal with it. And it’s helpful.”**  
– Youth in YTP

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**“I love it, I truly value the information and the DBT approach and the material provided, I think it’s applicable to everybody, and I love the transparency and being able to share your own personal stories and examples of how this information has impacted you.”** – YTP Coach

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### Intensive Case Management

Under the intensive case management component of YTP, the maximum ratio of youth to coaches is expected to be 13:1, and youth are expected to meet face-to-face with their coach at least every other week. Our findings related to fidelity of intensive case management were mixed. Since the program began in March 2016, individual coach caseloads were consistently below the maximum 13:1 ratio that the model allows. Nearly two-thirds of youth regularly met with their coach while they were in the program, averaging two face-to-face meetings per month. That said, meeting with youth on a regular basis was a challenge. Interactions between youth and their YTP coaches were sometimes not as frequent as the model requires, especially during the first couple of months after enrollment. As a result, assessments and action plans were sometimes completed late or not at all.

Most youth who participated in focus groups reported feeling comfortable with their coaches. Although a couple of youth were indifferent about their coaching experience, those who liked their coaches were emphatic about the quality and benefit of the coaching relationship, often citing the authenticity of their coach as important.

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**“They actually. . . care. Like, all the people I’ve met that are coaches here actually. . . care. And you can tell if someone’s caring is genuine or not.” – Youth in YTP**

**“But yeah, personally, I don’t have a lot of very strong adults in my life that aren’t paid to work for me, basically. . . . And it felt like the connection I had with my coach is—like, they actually give a [expletive], and that’s something that I’m not very used to having.” – Youth in YTP**

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# Findings: DBT Skill Attainment

To measure changes in DBT skills over time, we used the DBT Ways of Coping Checklist (WCCL), a 66-item measure with two subscales: one that assesses coping using DBT skills and another that assesses dysfunctional ways of coping.<sup>11</sup> Items are rated on a 4-point Likert scale ranging from 0 (i.e., does not apply or not used) to 3 (i.e., used a great deal).

Youth were expected to complete the WCCL upon YTP enrollment and every 3 months thereafter. Twenty youth completed the WCCL two or more times. To examine whether participants' use of coping skills changed over time, we compared the scores of these youth on the last Checklist they completed to scores on their baseline Checklist. We expected to observe an increase in the DBT skills subscale scores and a decrease in dysfunctional coping subscale scores among YTP participants over time.

Youth showed a significant increase in their use of DBT skills but no discernible change in dysfunctional ways of coping. However, this finding should be interpreted with caution. Without a comparison group, we don't know if the use of DBT skills would have increased had youth received "services as usual." In addition, the amount of time between completion of the baseline and final WCCL ranged from 1 to 16 months, with an average of 7.5 months between the two.

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**“I’d say about two months ago I got into a fight. . . I was about to go full on the 100 to where I couldn’t like, you know, calm down, but then I caught myself. . . I didn’t do all that YTP stuff for nothing and, like, have them teach me to recognize myself before I get there, ‘cause I know it’s hard for me to get back down. . . . So I’m like, eh, let me catch myself before I go somewhere I don’t want to go.”**

**– Youth in YTP**

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# Findings: Youth Improvement in Multiple Outcome Areas

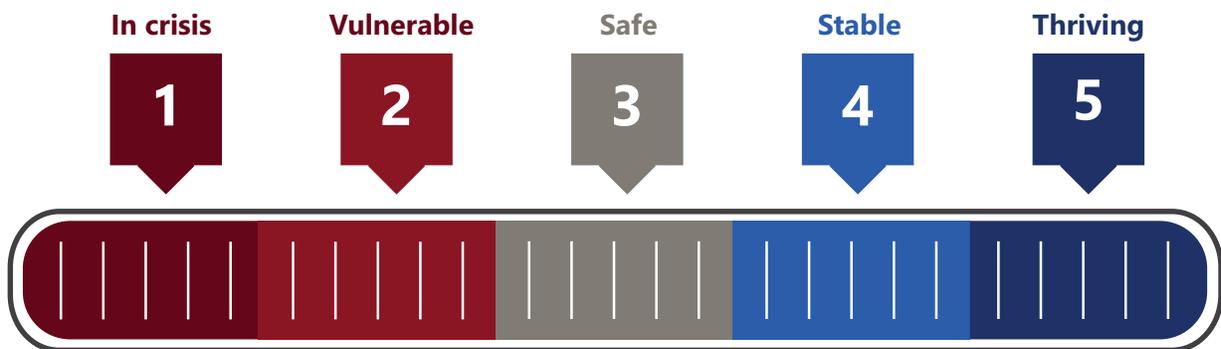
We used Outcome Rating Scales to measure short-term outcomes in each of ten domains: education, employment, financial literacy, household management, physical health, safety, good tenancy and housing stability, transportation, mental well-being and substance use, and permanent connections. Coaches rate young people on benchmarks in each domain using a 5-point scale that ranges from “In crisis” to “Thriving” based on information they have about their status.

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**“I’m actually getting to the point where I can say I actually think my life is going very well, and I don’t think I could’ve done it without the help of this program and the people I’ve met through it and also my other providers.” – YTP Youth**

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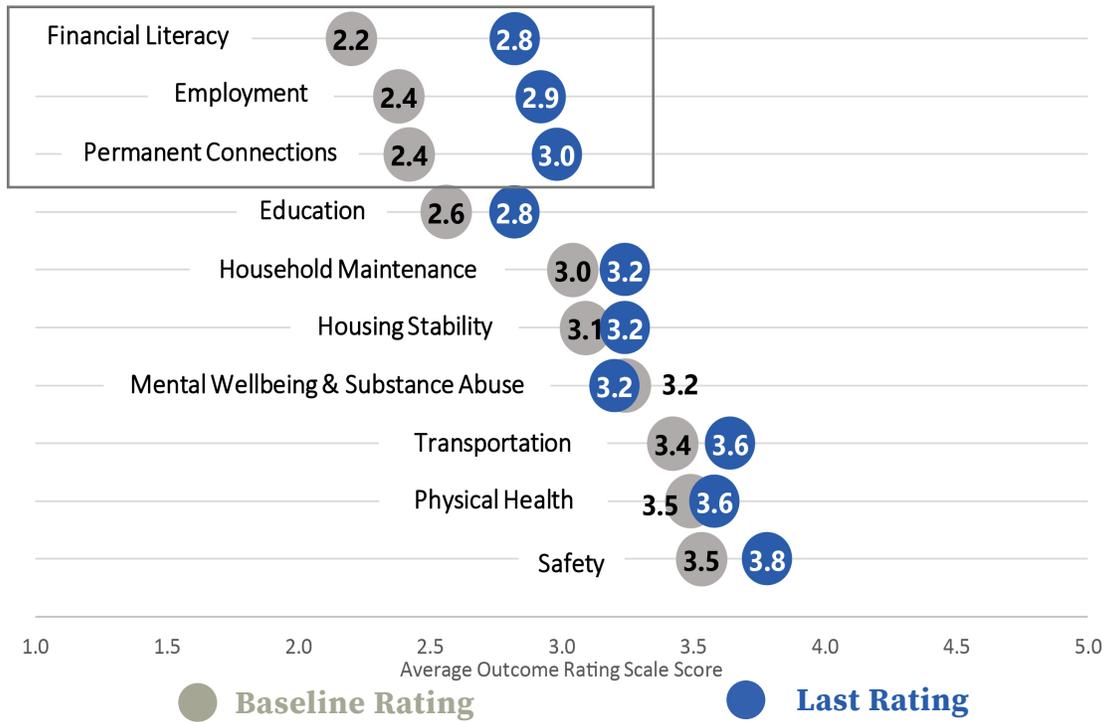
**Figure 1. Outcome Rating Scales – Benchmark Progression and Scoring**



To measure progress, we compared scores on the last Outcome Rating Scales completed to baseline scores for the 45 youth for whom coaches had completed at least two sets of Outcome Rating Scales. We observed a statistically significant increase in mean scores on three of the ten scales: employment, financial literacy, and permanent connections (see Figure 2). It is possible that these are the three areas in which it was easiest for youth to set and achieve their goals. It is also possible that since youth scored particularly low in these areas at baseline, that left more opportunity for improvement. Additional analyses are needed to provide a clearer interpretation.

**FIGURE 2. YOUTH WHO PARTICIPATED IN YTP SHOWED A SIGNIFICANT POSITIVE CHANGE IN EMPLOYMENT, FINANCIAL LITERACY, AND PERMANENT CONNECTIONS**

**Mean Outcome Rating Scales Scores for Youth with At Least Two Sets of Scores (n = 45)**



# Summary

Through its partnerships with First Place for Youth and Chapin Hall, Alameda County has implemented the YTP program with a strong theory of change, clearly defined program model, rigorous CQI process, and promising preliminary outcomes. A robust CQI process, embedded in the program design, facilitated regular exploration of implementation, youth engagement, and youth outcomes. This process resulted in improvements in key performance indicators and in services for youth participants.

Findings from the formative evaluation suggest that youth who participate in YTP gain positive coping skills through the program’s DBT component and experience improvement in key outcome areas, particularly in employment, financial literacy, and permanent connections. Youth also seem to benefit from the program’s intensive case management component, especially what youth generally describe as positive, supportive, and consistent relationships with their coaches.

Moving forward, YTP will continue to provide service coordination, intensive case management, and DBT to transition-age youth in foster care. However, the program may expand to youth in or from other Bay Area counties. Regardless of any expansion, the rigorous CQI process implemented by Chapin Hall in partnership with SSA and First Place for Youth will remain in place. This will ensure that model fidelity continues to be monitored and the provision of services continues to be improved.

Additionally, the findings presented here suggest that pairing intensive case management with DBT is a promising approach for supporting youth in foster care as they transition to adulthood. Although it is too soon to draw firm conclusions about the benefits of YTP, child welfare systems in other jurisdictions should consider developing and testing similar innovations to improve youth outcomes.

## Acknowledgement and Disclaimer

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Special thanks to our partners at Alameda County Social Services Agency and First Place for Youth, without whom this work would not be possible. Additional thanks to the partners who devoted their time and attention to the YTP Leadership Team during the planning phase. Thanks also to the technical assistance team at Mathematica who provided guidance and assistance throughout the implementation process. And finally, thanks to the multiple YTP partners, YTP coaches, child welfare workers, and youth who participated in focus groups and interviews during the formative evaluation.

The contents of this publication are solely the responsibility of the authors and do not necessarily represent the official views of the Children’s Bureau, the Administration for Children and Families, the U.S. Department of Health and Human Services, or any of Chapin Hall’s partners.

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- <sup>4</sup> Administrative data used came from California's child welfare system (CWS/CMS), Housing Management Information System (HMIS), public assistance data, juvenile probation data, behavioral health data, First Place for Youth, and the National Student Clearinghouse. Risk factors examined included time in care, placement instability, mental health, placement in congregate care, parenting status, probation status, and receipt of public assistance.
- <sup>5</sup> The Mental Health First Aid training sessions are intended to provide an overview of trauma and mental health for community providers and caregivers who work with system-involved youth.
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