

TRANSITIONAL LIVING PROGRAM

Youth Villages

www.youthvillages.org

YOUTH THRIVE™

PROTECTIVE & PROMOTIVE FACTORS FOR HEALTHY DEVELOPMENT AND WELL-BEING

AT-A-GLANCE

Initiative Start Date:
1999

Initiative Location:
Memphis, TN



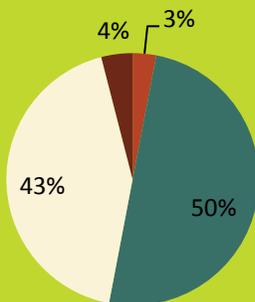
Initiative Budget:
\$10,163,765

Age Range of Youth:
17 – 22 years old

Number of Youth Served:
1,729 annually

Diversity of Youth Served:

- Latino/Hispanic
- Black/African American
- White/Caucasian
- Other/Unknown



ABOUT

Each year, approximately 25,000 youth age out of foster care. Unfortunately, there is strong evidence that many of them do not fare well on their own. Working in several states, Youth Villages Transitional Living Program (TLP) helps youth who are leaving the foster care, juvenile justice and mental health systems to successfully transition into adulthood. Transitional living specialists provide intensive community-based treatment for an average of nine months to a year, carry small caseloads (8-10) and are accessible 24/7. TLP works with family members and other supports to ensure that young people have the foundation they need to thrive when transitional services end. A successful transition for youth includes maintaining safe, stable housing, remaining free from legal involvement, achieving education and/or employment goals, building healthy relationships and increasing self-sufficiency.

KEY ACTIVITIES

- **Assessment** – evaluate youth’s unique situation using a variety of tools (e.g., skills and aptitude tests, the Ansell-Casey Life Skills Assessment); give youth an active role in setting goals and hold them accountable for their involvement.
- **Comprehensive Services** – address full complement of youth’s needs, including housing, education (completing high school, GED, post-secondary applications, financial aid), employment (job search, training, future career exploration) and health care (particularly sexual health and pregnancy prevention); create safety plans to address high-risk behaviors.
- **Permanency** – help youth learn independent living, decision-making, communication and inter-personal skills necessary to sustain meaningful, permanent relationships with family, kin, friends and others who youth identify as important; provide specialized support for youth who are parents.

HIGHLIGHT

One Youth Villages staff member described supervision and clinical consultation as the “secret sauce” that makes Youth Villages unique. Frontline supervisors and clinical consultants know all the young people on their staff’s caseload, either directly or through the details of their stories and are able to offer concrete and helpful advice on cases. Youth Villages commits to this process by providing both individual and group supervision on a weekly basis, as well as extensive pre-service orientation, comprehensive in-person and online training and on-going professional development. Youth Villages stands out for its ability to bring its services to significant scale while maintaining high quality, in part because of their attention and investment in building staff capacity and laser-like focus on helping youth achieve successful outcomes.

Youth Thrive is a research-informed framework developed by the Center for the Study of Social Policy that identifies five protective and promotive factors for youth (age 11-26):

- Youth Resilience
- Social Connections
- Knowledge of Adolescent Development
- Concrete Support in Times of Need
- Cognitive and Social-Emotional Competence

The goal of Youth Thrive is to increase the likelihood that all youth are supported in ways that advance healthy development and well-being and reduce the impact of negative life experiences. Youth Thrive focuses particularly on vulnerable youth, beginning with those involved in the child welfare system.

CSSP conducted a national search to identify initiatives that provide compelling examples of programs and policy efforts that build the five protective and promotive factors for youth in the child welfare system. This is a profile of one of the 15 selected exemplary initiatives.

BUILDING THE PROTECTIVE & PROMOTIVE FACTORS

The exemplary initiatives address all or most of the protective and promotive factors. Here are several examples:

Concrete Support in Times of Need: TLP is comprehensive in helping youth navigate and secure what they need to transition into adulthood. Further, TLP teaches youth to be effective advocates for themselves. A first hand example, was shared during Youth Thrive's site visit when a young parent explained how -- on her own -- she resolved a thorny, bureaucratic child care subsidy glitch in time to attend her first day at a new job.

Knowledge of Adolescent Development: Youth Villages integrates knowledge about young adult development into their clinical framework to promote well-being across the developmental domains. In addition to input into their treatment plans, young adults are encouraged to take on leadership roles by speaking at peer-to-peer events, participating in legislative meetings and engaging in activities in their communities or schools.

USING DATA

Youth Villages has a three-pronged approach to evaluation: 1) program model adherence measures are gathered from multiple sources (e.g., data from youth, staff, case records and observations) to determine if the program is being implemented as designed. 2) key clinical and operational activities are monitored using a balanced scorecard approach – a monthly review of key performance indicators. 3) ongoing outcome evaluation involves surveying all youth at six, 12 and 24 months post discharge and focuses on indicators that align with outcomes. For example, TLP data for March 2013 indicates:

- 86% discharged to permanent homes.
- 83% remained in permanent homes two years post-services.
- 76% reported no trouble with the law two years post-services.
- 83% are engaging in work, school, or both 2 years post-services.

In addition to its internal evaluation activities, MDRC, a national research organization, is currently conducting a major randomized controlled trial of TLP and has enrolled more than 1,300 youth in the study. Preliminary results are expected at the end of 2014.