



CDSS

JOHN A. WAGNER  
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**

744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



ARNOLD SCHWARZENEGGER  
GOVERNOR

May 11, 2010

ALL COUNTY INFORMATION NOTICE NO. I-38-10

TO: ALL COUNTY WELFARE DIRECTORS  
ALL COUNTY WELFARE FISCAL OFFICERS  
ALL CHIEF PROBATION OFFICERS  
ALL INDEPENDENT LIVING PROGRAM (ILP) MANAGERS  
ALL INDEPENDENT LIVING PROGRAM (ILP) COORDINATORS

SUBJECT: THE ILP ANNUAL NARRATIVE REPORT AND PLAN FOR FEDERAL FISCAL YEAR (FFY) 2009

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by CDSS

The purpose of this All County Information Notice is to forward the ILP Annual Narrative Report and Plan (Report) for FFY 2009 (October 1, 2008 – September 30, 2009) for completion. This Report is required by the Department of Health and Human Services, Administration on Children, Youth and Families (ACYF), in accordance with provisions specified in Program Instruction ACYF-CB-PI-05-04, requesting details associated with your county's ILP and transitional housing programs. The Report was developed in compliance with Assembly Bill (AB) 1979 (Chapter 271, Statutes of 2002) and requires counties to describe their ILP plans, and to specify the minimum standards achievable within existing resources that counties must meet in the administration of ILP.

Information provided to the California Department of Social Services (CDSS) in the Report is used for inclusion in the Federal Title IV-E Annual Program Needs and Services Plan Report and may be shared with other counties and stakeholders for the purpose of identifying promising practices.

Under Senate Bill (SB) 436, counties participating in the Transitional Housing Program must provide a description of the services currently available to pregnant or parenting foster youth and report on plans for meeting any unmet transitional housing needs of this population. All County Letter No. 05-34, dated November 9, 2005, notified counties that SB 436 (Chapter 629, Statutes of 2005) and AB 824 (Chapter 636, Statutes of

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2005) both impact the provision of transitional housing services. Counties are expected to report on the provision of services to the above-identified populations of youth in the Report.

The questions contained in the report have been revised to help clarify the information being submitted by the counties and to reduce duplication of work.

Please complete the FFY 2009 Report and submit **via email** no later than **June 30, 2010**, to: [ilppolicy@dss.ca.gov](mailto:ilppolicy@dss.ca.gov).

Signed cover letters may be scanned and emailed with the report, or sent by standard mail to the address below, or faxed to: 916-657-4357. Please **do not fax the entire report**.

**California Department of Social Services  
Independent Living Program Policy Unit  
744 P Street, M.S. 8-13-78  
Sacramento, California 95814  
ATTN: Paula Ensele**

Failure to submit a complete Report by the above date may result in financial consequences for your county. The Federal John H. Chafee Foster Care Independence Program specifies that a penalty may be assessed against the state in an amount equal to five percent of the amount of the state's ILP allotment for failing to operate in an approved manner. If this penalty should be assessed, CDSS will withhold ILP funding for those counties that have not submitted a complete Report timely.

If you have any questions regarding the Report, please contact the ILP Policy Unit at (916) 651-7465.

Sincerely,

***Original Document Signed By:***

KAREN B. GUNDERSON, Chief  
Child and Youth Permanency Branch  
Children and Family Services Division

Attachments

## Independent Living Program Annual Report and Plan Federal Fiscal Year (FFY) 2009

### REPORT INFORMATION

Name of County:

Name of Agency:

**Name of person(s) completing the Narrative:**

Name:	Title:
Mailing Address:	Email:
Fax Number: ( )	Phone: ( ) ext.

**Name of ILP Manager/Administrator:**

Name:	Title:
Mailing Address:	E-mail:
Fax Number: ( )	Phone: ( ) ext.

**Name of ILP Coordinator (if different from above):**

\*If your county has multiple ILP Coordinators please attach a list of all ILP coordinators with phone and email contact information

Name:	Title:
Mailing Address:	E-mail:
Fax Number: ( )	Phone: ( ) ext.

**Name of ILP Aftercare Administrator (if different from above):**

Name:	Title:
Mailing Address:	E-mail:
Fax Number: ( )	Phone: ( ) ext.

**Name of County THPP/THP-Plus Administrator:**

Name:	Title:
Name of Agency (if different from ILP agency):	
Mailing Address:	E-mail:
Fax Number: ( )	Phone: ( ) ext.

**Name of person (s) completing the Budget Expenditures:**

Name:	Title:
Mailing Address:	E-mail:
Fax Number: ( )	Phone: ( ) ext.

**Name of Probation Officer:**

Name:	Title:
Name of Agency:	
Mailing Address:	E-mail:
Fax Number: ( )	Phone: ( ) ext.

**Name of Chafee ETV Point of Contact:**

Name:	Title:
Mailing Address:	E-mail:
Fax Number: ( )	Phone: ( ) ext.

**Name of Chafee ETV Point of Contact Backup:**

Name:	Title:
Mailing Address:	E-mail:
Fax Number: ( )	Phone: ( ) ext.

# NARRATIVE

FFY 2008 (October 1<sup>st</sup>, 2007 – September 30<sup>th</sup>, 2008)

## Part I – ILP Description

### A. Program Description

1. How many youth in your county were eligible for ILP participation during FFY 2008?
  - a. How many of these youth participated in ILP?  
Of those in ILP, the number on probation:
2. How are tribal youth who are dependents/wards identified in your county?
  - a. How many tribal youth in your county were eligible for ILP?
  - b. How many tribal youth participated in ILP?
3. Do you serve youth under the age of 16?  Yes  No
  - a. If yes, what services do you offer these youth that are different from ILP cores services?
4. How do you determine that youth are prepared to make the transition to adulthood?

### B. Transitional Independent Living Plan (TILP) Implementation

5. What assessment tool does your county utilize?
  - a. How does your county ensure that each ILP eligible youth has an assessment and a TILP?
6. How do you ensure that the youth is making progress toward the goals on his/her TILP?
7. How does ILP staff provide information to the social worker/probation officer for each six-month TILP update?
8. How do you ensure a TILP is completed on youth from another county?
9. Who assists youth who are not participating in the ILP to achieve the goals contained in the TILP?

<input type="checkbox"/> Social Worker	<input type="checkbox"/> Probation Officer
<input type="checkbox"/> Other – please identify:	<input type="checkbox"/> ILP Coordinator/Staff
10. How are youth who have declined to participate in ILP services encouraged to participate?

### C. Access to Services

11. How are youth made aware of ILP services/programs offered in your county?
12. Do you have waiting lists for activities/services?
  - a. For which activities/services are there waiting lists?
  - b. What actions are being taken to eliminate waiting lists?

13. What methods are utilized to ensure equitable access to all ILP activities/services, including youth with disabilities?

#### D. Services

14. Describe any programs that you offer to assist youth in obtaining educational/vocational goals, employment development, job experience, daily living skills, health/safety and/or any other skills or knowledge building programs that are innovative, successful and/or a best practice:

15. What organizations do you collaborate with to provide youth with ILP services and/or mentors (such as AmeriCorps, CASA, Job Corps, etc.)?

16. How are youth matched with a mentor?

17. What are the problems/barriers youth are experiencing with transportation needs?  
a. How does your county address these needs?

18. What are the barriers you encounter in providing ILP services to eligible youth?  
a. How do you address those barriers?

19. How do you collaborate with tribal representatives to ensure that tribal youth receive culturally appropriate services?

20. What practices does your county use to ensure that youth have a permanent connection with at least one dedicated adult prior to transitioning out of foster care?

#### E. Evaluation & Program Improvements

21. How do you know that your ILP programs are effective? What has your program accomplished this year (e.g. number of youth completing specific programs, success stories etc.)?

22. What program improvements did you implement during FFY 2009? (Please include only those improvements implemented during FFY 2009)

23. What program improvements are planned for the operation of your ILP during FFY 2010?

### Part II – ILP Aftercare

#### A. Program Description/Assessment

24. In what ways does your aftercare program differ from the program offered to youth aged 16 to 18?

25. What assessment is utilized for youth in aftercare?

- Ansell-Casey Life Skills  
 Daniel Memorial

- Community College Foundation  
 Additional/Other:  
(Please describe)

26. How do you ensure the assessment is incorporated into the TILP?

## B. Access to Services

27. How do youth access the aftercare program?

28. How do aftercare youth whose final dependency/wardship was of another county/state access services?

29. How do you provide accessible services for youth with disabilities?

30. What process is utilized for verifying a youth's eligibility for the Extended Medi-Cal Program?

31. How do you ensure that youths' annual eligibility determination is completed so they can continue extended Medi-Cal?

32. What is your process for referring youth to the Social Security Administration for Social Security Insurance benefits?

33. What outreach methods are utilized to inform youth of the Chafee Education and Training Voucher Program?

- a. What services are available to assist youth in applying for the grant as well as ensuring they maintain passing grades and other objectives during the course of their education/training?

## C. Transitional Independent Living Plan

34. How is information from another county or state gathered and incorporated into the TILP?

35. How do you ensure that the youth is making progress toward the goals on his/her TILP?

## D. Services

36. Describe any programs that you offer to assist youth in obtaining educational/vocational goals, employment development, job experience, daily living skills, health and safety and/or any other skills or knowledge building programs that are innovative, successful and/or a best practice:

37. What organizations do you collaborate with to connect after care youth to mentors?

Americorps  
 CASA

Job Corps  
 Additional/Other:  
(Please describe)

38. How are youth matched with trained mentors?

39. What emergency services are provided to homeless youth? (i.e., Couch-Surfer, in Homeless Shelters, etc.)

40. What are the problems/barriers youth are experiencing with transportation needs?  
 a. How does your county address these needs?
41. What are the barriers you encounter in providing aftercare services to eligible youth?  
 a. How do you address those barriers?
42. How does your county assist emancipated youth who are in need of basic necessities such as food?
43. Does your county have Transitional Housing Placement/Transitional Housing Placement – Plus programs for youth?  Yes  No
- a. If yes, complete Part III to provide detailed information about THPP and THP – Plus providers in your county.  
 b. If no, please describe how your county assists emancipated youth to meet housing related needs:

### **E. Aftercare Evaluation & Program Improvements**

44. How do you know that your aftercare programs are effective? What has your program accomplished this year (e.g. number of youth completing specific programs, success stories, etc.)?
45. What program improvements did you implement to your aftercare program during the past federal fiscal year? (Please include only those improvements implemented during FFY 2009)
46. What program improvements are planned for the operation of your ILP aftercare program during FFY 2010?

## **Part III – Transitional Housing Placement Program (THPP) Transitional Housing Program Plus (THP-Plus)**

Please note THPP/THP-Plus data is collected for the State Fiscal Year (SFY) July 1, 2008 – June 30, 2009

### **A. Transitional Independent Living Plan**

For THP-Plus participants:

1. How do you ensure that the assessment is incorporated into the STEP-TILP?
2. How do you ensure that each program participant has a STEP-TILP?
3. Do you check that a STEP-TILP was completed by another county for youth who are participating but did not age out of foster care in your county?  
 Yes  No



## B. ILP Services

Youth are required to be participating in or have successfully completed ILP services to participate in THPP (Welfare and Institutions Code 16522(a)(3)).

4. What methods were used to ensure youth are participating in or have successfully completed ILP services prior to entering into, or while participating in THPP?
5. In addition to the core services youth in either/both THPP/THP-Plus utilize, what types of additional services have been utilized to help youth fulfill the goals of their TILP?
6. How are youth engaged in participation in the program?

## C. Providers

As part of their program plan, providers are required to have a grievance procedure for youth participating in THPP/THP-Plus. Please answer the following:

7. How does the county resolve participant issues if they cannot be resolved at the provider level?
8. What oversight does your county provide to ensure that service providers are fulfilling their contractual obligations?
9. Do you require youth to pay a gradual increase in rent?  Yes  No
10. Do you allow youth to use financial aid, scholarship grants or SSI to pay for rent?  
 Yes  No
11. When youth leave the THPP/THP-Plus, are they allowed to take furnishings?  
 Yes  No
  - a. How does your county replace furnishings?
12. Do youth have a savings account/emancipation fund?  
 Yes  No  
If no, please explain:

## D. Pregnant and Parenting Youth

13. What transitional housing resources does your county provide to pregnant/parenting youth?  
(If none, please see question #12.)
14. If your county serves pregnant/parenting youth, are parenting skills/classes offered?
  - a. If yes, please describe what services you offer:
  - b. If no, how do you ensure the needs of these youth are met?
15. Do you offer any help/support for child care for parenting youth?
  - a. If yes, please describe what services you offer:
  - b. If no, how do you ensure the needs of these youth are met?

16. If you do not serve pregnant/parenting youth, please describe your county's plan for meeting the housing needs of pregnant/parenting youth:

### **E. Host Family Model**

17. Does your county utilize the Host Family Model for THPP/THP-Plus?  Yes  No

18. What has been successful in utilizing that model?

19. What could be changed to improve this model?

### **F. Evaluation & Program Improvements**

20. How do you know that your ILP programs are effective? Provide some examples of success stories from youth or comments from evaluations youth completed.

21. Provide some examples of any constructive comments/suggestions received from youth evaluations and explain how your county is incorporating any suggestions into future classes or programs.

22. What is your county actively doing to improve the THPP/THP-Plus?

# FFY 2009 BUDGET EXPENDITURES

## Part IV – Independent Living Program Accounting of Funding Allocation

Name of County: \_\_\_\_\_

Total ILP Allocation: \_\_\_\_\_

### ILP Services Expenditures (CDSS Program Code 184)

Services (ILP)	County Expenditures	Contracted Expenditures
Personnel Salaries (Include- position, classification, FTE, PTE)		
Education/Vocational Training		
Employment Training		
Daily Living Skills Training		
Mentoring		
Transportation		
Health and Safety Activities		
<b>Total Cost</b>		

## Part V – Emancipated Youth Stipend

Total EYS Allocation: \_\_\_\_\_

### EYS Expenditures (CDSS Program Code 111)

Stipend Needs (ILP)	County Expenditures	Contracted Expenditures
Transportation Assistance		
Work Activities Expense/ Non-Assistance		
Health Related – Non-Medical		
Cost Related to the Child(ren) Of the Emancipated Youth		
Housing Assistance Services		
Emancipated Youth Aftercare Services		
<b>Total Cost</b>		

## Part VI – Housing Programs

	Budgeted County Cost	County Expenditures
Chafee 30 percent housing for emancipated foster youth only		
THPP		
Other Transitional Housing Programs		
<b>Total Cost</b>		

## FFY 2008 STATISTICAL INFORMATION

If you responded “unknown”, “do not track”, “N/A” or similar responses to any question(s) below, please attach a full explanation for each incomplete question and how you propose to begin capturing this data.

### Part VII – Outcomes for After Care Youth

1. How many youth received after care services during FFY 2008?	
2. How many of these youth, during FFY 2008 received: a. SSI funds b. Scholarship funds c. Stipend funds d. TANF funds e. Chafee room and board f. Other funds	a. b. c. d. e. f.
3. How many youth reported they had at least one adult they could depend on for emotional support and/or guidance?	
4. How many youth reported that they have experienced a period of time when they did not have enough money to buy food or cover other basic needs?	
5. How many youth who received aftercare services during the reporting period received their health, including mental health, records at the time of discharge from foster care?	
6. How many youth in aftercare during the reporting period had health insurance during the entire reporting period?	
7. How many youth receiving after care services became incarcerated during the reporting period?	

## Part VIII – Transitional Housing Placement Program (THPP) Transitional Housing Program Plus (THP-Plus)

Please note THPP/THP-Plus data is collected for the State Fiscal Year (SFY) July 1, 2008 – June 30, 2009

FY 2008/09 Allocation for THPP \_\_\_\_\_ THP-Plus \_\_\_\_\_

FY 2008/09 Total Expenditures for THPP \_\_\_\_\_ THP-Plus \_\_\_\_\_

(Entered in, Main Payroll and THPP Rate Increase lines on the CA 800 FC, CA 800 FC Non-Fed, and CA 800A Fed Assistance Claims)

Please indicate the number of participants served that apply to each category

Category	THPP	THP/Plus
Ethnicity		
a. American Indian or Alaskan Native	a.	a.
b. Asian	b.	b.
c. Black or African American	c.	c.
d. Hispanic or Latino	d.	d.
e. Pacific Islander	e.	e.
f. White	f.	f.
g. Other (not listed above, please input here)	g.	g.
Gender breakdown		
a. Male	a.	a.
b. Female	b.	b.
LGBTQ		
Parenting Teens		
Youth with Disabilities		

Category	THPP	THP-Plus	Comments
<b>YOUTH PARTICIPATION</b>			
a. How many youth entered during the year?	a.	a.	
b. How many youth exited during the year?	b.	b.	
c. How many youth are continuing Participation from FY 2007/08?	c.	c.	
d. How many youth are participating who came from another county?	d.	d.	
e. How many youth completed the two-year program in FY 2008/09?	e.	e.	
Number of providers of THPP/THP-Plus services			

### THP-Plus Participants Only

(THPP Information can be obtained from the SOC 405E Form, Exit Outcomes for Youth Aging Out of Foster Care statistical Report)

Category	THP-Plus	Comments
<b>Educational and/or Vocational Training</b>		
<p>How many youth have the goal of or are currently participating in the following programs?</p> <ul style="list-style-type: none"> <li>a. Enrolled in a GED Program</li> <li>b. Completed a GED Program</li> <li>c. College</li> <li>d. Vocational Training</li> <li>e. Military</li> <li>f. Other (If Other, enter types of training in comment section)</li> <li>g. How many did not graduate or receive a GED prior to emancipation?</li> </ul>	<ul style="list-style-type: none"> <li>a.</li> <li>b.</li> <li>c.</li> <li>d.</li> <li>e.</li> <li>f.</li> <li>g.</li> </ul>	
<b>Employment</b>		
<ul style="list-style-type: none"> <li>a. How many youth were employed prior to participating in the program?</li> <li>b. How many youth found employment as the result of receiving transitional housing services?</li> <li>c. How many youth were employed upon exiting the program?</li> <li>d. How many youth were not able to participate in employment?</li> <li>e. How many youth participated in some sort of apprenticeship</li> <li>f. How many youth worked in a volunteer capacity?</li> </ul>	<ul style="list-style-type: none"> <li>a.</li> <li>b.</li> <li>c.</li> <li>d.</li> <li>e.</li> <li>f.</li> </ul>	
<b>Housing</b>		
<ul style="list-style-type: none"> <li>a. How many youth were homeless prior to entering the program?</li> <li>b. How many came from temporary housing/emergency shelter care?</li> <li>c. How many youth came from a temporary living arrangement with a friend or relative?</li> <li>d. How many youth were homeless upon exiting the program?</li> </ul>	<ul style="list-style-type: none"> <li>a.</li> <li>b.</li> <li>c.</li> <li>d.</li> </ul>	