



CDSS

JOHN A. WAGNER  
DIRECTOR

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

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EDMUND G. BROWN JR.  
GOVERNOR

February 2, 2011

ALL COUNTY LETTER NO. 11-16

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  
COUNTY WELFARE DIRECTORS ASSOCIATION

**SUBJECT: THE ILP ANNUAL NARRATIVE REPORT AND PLAN FOR  
FEDERAL FISCAL YEAR (FFY) 2010**

REFERENCE: ALL COUNTY INFORMATION NOTICE (ACIN) NO. I-38-10

The purpose of this All County Letter (ACL) is to forward the ILP Annual Narrative Report and Plan (Report) for FFY 2010 (October 1, 2009 – September 30, 2010) 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 (THP). The Report was developed in compliance with Assembly Bill 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 436, counties participating in THP must also 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.

REASON FOR THIS TRANSMITTAL

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

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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 provide answers to all questions.

Please complete the FFY 2010 Report and submit **via e-mail** no later than **February 28, 2011**, to: [ILPPolicy@dss.ca.gov](mailto:ILPPolicy@dss.ca.gov).

Signed cover letters may be scanned and e-mailed 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: Kristine Rekdahl**

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 via e-mail at: [ILPPolicy@dss.ca.gov](mailto:ILPPolicy@dss.ca.gov).

Sincerely,

***Original Document Signed By:***

GREGORY E. ROSE  
Deputy Director  
Children and Family Services Division

Attachments

## Independent Living Program Annual Report and Plan Federal Fiscal Year (FFY) 2010

### REPORT INFORMATION

Name of County:

Name of Agency:

**Name of:**

**Person(s) completing the Narrative:**

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

**ILP Manager/Administrator:**

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

**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.

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

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

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

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

**Person (s) completing the Budget Expenditures:**

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

**Probation Officer:**

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

**Chafee ETV Point of Contact:**

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

**Chafee ETV Point of Contact Backup:**

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

# NARRATIVE

FFY 2010 (October 1<sup>st</sup>, 2009 – September 30<sup>th</sup>, 2010)

**Complete all portions of the Narrative**

## Part I – ILP Description

### A. Program Description

1. How many youth in your county were eligible for ILP participation during FFY 2010?
  - a. How many of these youth received ILP services?
  - b. How many youth who participated in services came from another state?
2. Describe your county's ILP program offerings; highlight any innovative and unique methods and strategies used with youth that complement or supplement the core ILP services your county offers.

### B. Assessments and Planning: Transitional Independent Living Plan (TILP) Implementation/ 90 Day TILP

1. List the nationally recognized or state approved assessment tool your county utilizes in creating the TILP.
2. Effective January 1, 2010, the 90-day Transition Plan is a federal requirement. Describe how your county engages youth in completing the 90-day Transition Plan.
3. Describe the methods ILP staff use to provide information to the social worker/probation officer for all TILP updates (the initial, every 6 month plan, and the 90-day Transition Plan).
4. Describe the methods used in engaging the youth who have declined to participate in ILP services to encourage rethinking their decision.

### C. Access to Services

1. Describe the way youth are made aware of ILP services/programs offered in your county.
  - a. How many tribal youth in your county were eligible for ILP?
  - b. How many tribal youth participated in ILP?
2. Describe the methods used in your county to collaborate with tribal representatives to ensure that tribal youth receive culturally appropriate services.
3. Does your county serve youth under the age of 16?  Yes  No
  - a. If yes, describe the innovative, successful and/or promising practices or programs that are beyond the core ILP services as established in Regulation.

4. List the organizations you collaborate with to provide youth with ILP services and/or mentors (such as AmeriCorps, CASA, Job Corps, etc.).
5. What strategies has your ILP implemented to provide supportive services to Lesbian, Gay, Bisexual, and Transgender (LGBT) youth?

#### **D. Unique and Special ILP Services**

1. List the programs your county offers that are innovative, successful and/or a promising practice to assist youth in obtaining ILP skills (educational/vocational goals, employment development, job experience, daily living skills, health/safety and/or any other skills or knowledge building programs for ages being served).

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

1. Describe methods, strategies used in matching a youth with a mentor (Include how the assessment and TILP tools are used in this process).
  - a. List the practices used in your county that have been most helpful in assisting youth in establishing a permanent connection with at least one dedicated adult prior to transitioning out of foster care.
2. Describe/List the problems/barriers youth are experiencing in your county with transportation needs.
  - a. Describe your plans to address your county's transportation needs.
3. How do you measure the effectiveness of your ILP program?
  - a. Describe/list the barriers your county encounters in providing ILP services to eligible youth.
  - b. Describe your plans to address these barriers.
4. List your program accomplishments and identify program struggles and challenges faced this FY (e.g., number of youth completing specific programs, success stories etc.).
  - a. Describe how these challenges will be met (planned for) in the next FFY.
5. List program improvements implemented during FFY 2010? (Please include only those improvements implemented only during FFY 2010)

## Part II – ILP Aftercare/Transitional Housing Placement Program (THPP) Transitional Housing Program Plus (THP-Plus)

### A. Access to Aftercare/Probation ILP Services

1. Are you identifying and providing accessible services for youth with disabilities? Describe the methods used.
2. Describe the process in use for verifying a youth's eligibility for the Extended Medi-Cal Program.
  - a. Describe the process for determining youths' annual eligibility so they can continue in extended Medi-Cal.
3. Describe your process of referring youth to the Social Security Administration for Social Security Insurance benefits.
4. Describe your county's outreach methods in informing youth of the National Youth in Transition Database (NYTD) survey.

### B. Transitional Independent Living Plan (TILP) – THPP/THP-Plus

1. Does your county provide Transitional Housing Placement Program (THPP) or Transitional Housing Program–Plus (THP-Plus) to youth?  Yes  No
  - a. If no, please describe how your county assists emancipated youth to meet housing related needs.
  - b. If no, please describe the way your county assists emancipated youth who are in need of basic necessities such as food.
2. If a youth whose foster care case resides in another county participates in THPP in your county, how do you ensure that the youth has a TILP and that the goals and objectives are met?

For THP-Plus participants:

1. Describe the assessment process and instruments used that are incorporated into the STEP-TILP for THP-Plus eligibility.
2. Describe methods and practices used to ensure each program participant has a STEP-TILP.

### **C. THPP/THP-Plus and ILP Services**

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

1. Describe the methods used to determine if youth are participating in or have successfully completed ILP services prior to entering into, or while participating in THPP.
2. List and describe any additional services (beyond the core services) provided to youth in either/both THPP/THP-Plus that are utilized to help youth fulfill the goals of their TILP.

### **D. Providers**

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

1. Describe the process used to resolve participant issues (grievance process) if they cannot be resolved at the provider level.
2. Describe the methods of oversight your county provides in assessing if service providers are fulfilling their contractual obligations.

### **E. Specialized Programs/Pregnant and Parenting Youth**

1. Does your county serve pregnant/parenting youth? Yes \_\_\_ No \_\_\_

Are parenting skills/classes offered? Yes \_\_\_ No \_\_\_

- a. If yes, please describe what services you offer.
  - b. If no, please describe what other, if any county resources exist to meet the needs of these youth.
2. Describe the transitional housing resources your county provides to pregnant/parenting youth.
  3. Do you offer any help/support for child care for parenting youth?
    - a. If yes, please describe what services you offer.
    - b. If no, please describe what other, if any county resources exist to meet the needs of these youth.



## F. Host Family Model

1. Does your county utilize the Host Family Model for THPP/THP-Plus?  Yes  No
2. What has been successful in utilizing that model?
3. What could be changed to improve this model?

## G. Evaluation & Program Improvements

1. Describe how your county measures the successes and challenges of your THPP/THP-Plus programs in terms of their effectiveness. Provide some examples of success stories from youth or comments from evaluations youth completed and any barriers.
2. Provide examples of constructive comments/suggestions received from youth evaluations and explain how your county is incorporating those suggestions into future classes or programs.
3. Describe your county's efforts to actively improve the THPP/THP-Plus.

## FFY 2010 BUDGET EXPENDITURES

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

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

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

### Part IV – Housing Programs

	Budgeted County Cost	County Expenditures
Chafee 30 percent housing for emancipated foster youth only		
<b>Total Cost</b>		

## FFY 2010 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 V – Outcomes for After Care Youth

1. During FFY 2010 how many youth were eligible to receive aftercare?	
2. How many youth received after care services during FFY 2010?	
3. How many youth who received after care services during FFY 2010 came from out of state?	
4. How many of these youth, during FFY 2010 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.
5. How many of these youth, during FFY 2010: a. Graduated from high school b. Attended post-secondary educational institution or received vocational training c. Were employed part-time or full-time	a. b. c.
6. How many youth reported they had at least one adult they could depend on for emotional support and/or guidance?	
7. 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?	
8. 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?	
9. How many youth in aftercare during the reporting period had health insurance during the entire reporting period?	
10. How many youth receiving after care services became incarcerated during the reporting period?	

### Part VI – 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, 2009 – June 30, 2010

FY 2009/10 Allocation for THPP \_\_\_\_\_ THP-Plus \_\_\_\_\_

FY 2009/10 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			
<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 2008/09?	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 2009/10?	e.	e.	
Number of providers of THPP/THP-Plus services			
<b>THP-Plus Participants Only</b>			
r			
Category	THP-Plus		
Educational and/or Vocational Training			
How many youth have the goal of or are currently participating in the following programs?			
a. Enrolled in a GED Program	a.		

<ul style="list-style-type: none"> <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>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>	