



CDSS

WILL LIGHTBOURNE
DIRECTOR

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

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



EDMUND G. BROWN JR.
GOVERNOR

REASON FOR THIS TRANSMITTAL

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

February 23, 2012

ALL COUNTY LETTER NO. 12-11

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

SUBJECT: THE INDEPENDENT LIVING PROGRAM ANNUAL NARRATIVE
 REPORT AND PLAN FOR FEDERAL FISCAL YEAR (FFY) 2011

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

The purpose of this All County Letter is to forward the ILP Annual Narrative Report and Plan (Report) for FFY 2011 (October 1, 2010 – September 30, 2011) 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-11-06, 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 Annual Progress and Services Report (APSR), required under Title IV-B under the Chafee Foster Care Independence Program (CFCIP) and the Education and Training Vouchers (ETV) program and may be shared with other counties and stakeholders for the purpose of identifying promising practices.

Under Senate Bill 436 (Chapter 629, Statutes 2005), counties participating in housing programs, must also provide a description of the services currently available to pregnant

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or parenting foster youth and report on plans for meeting any unmet transitional housing needs of this population.

The questions contained in the report have reduced in number and revised to focus on the information required by ACYF, to clarify the information submitted by the counties and to reduce duplication of work. Please answer all questions.

Please complete the FFY 2011 Report and submit **via e-mail** no later than **April 25, 2012**, to: 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: Theresa Thurmond**

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. Since these capped funds are passed through counties, fewer funds will be available if such a penalty is assessed against the state.

If you have any questions regarding the Report, please contact the ILP Policy Unit via e-mail at: ILPPolicy@dss.ca.gov.

Sincerely,

Original Document Signed By:

GREGORY E. ROSE
Deputy Director
Children and Family Services Division

Attachment

Independent Living Program (ILP) Annual Report and Plan

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 Transitional Housing Placement Program (THPP)/
Transitional Housing Program (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 Education Training Voucher (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

SFY 2011 (October 1st, 2010 – September 30th, 2011)

Complete all portions of the Narrative

ILP Program Description

1. 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.

Collaboration

1. Describe your county's activities in the ongoing process of coordination and collaboration efforts conducted across the entire spectrum of the child and family services delivery system.
2. List the organizations you collaborate with to provide youth with ILP services and/or mentors.

Program Support

1. Describe your county's technical assistance to be provided in the upcoming year.

Coordination with Tribes

1. Describe the methods used in your county to collaborate with Tribal representatives to ensure that Tribal youth receive culturally appropriate services.
 - a. How many Tribal youth in your county were eligible for ILP?
 - b. How many Tribal youth participated in ILP?

Part I: Program Plan Narrative

1. Describe how your county helps youth make the transition to self-sufficiency?
2. Describe how your county helps youth receive the education, training, and services necessary to obtain employment?
3. Describe how your county helps youth prepare and enter post-secondary training and educational institutions?
4. Describe how your county provides personal and emotional support to youth through mentors and the promotion of interactions with dedicated adults?

5. Describe how your county provides financial, housing, counseling, employment, education, and other appropriate support and services to former foster care recipients between 18-21 years of age to complement their own efforts to achieve self-sufficiency and to assure that program participants recognize and accept their personal responsibility for preparing and then making the transition into adulthood.
6. Describe how your county provides services to youth who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption?
7. Describe how your county improves outcomes for youth aging out of foster care?

Part II: Coordinating Services with other Federal and State Programs

1. Describe your county's activities performed and planned to coordinate services for youth (especially transitional living programs, abstinence programs, local housing programs, programs for disabled youth, sheltered workshops, and school to work programs) offered by the high schools or local workforce agencies.

Part III: Training

1. Describe your county's specific training that was planned and conducted for State Fiscal Year (SFY) 2011 to help foster parents, adoptive parents, workers in group homes, and case managers understand and address the issues confronting adolescents preparing for independent living.

Part IV: The National Youth in Transition Database

1. Describe your county's outreach methods in informing youth of the National Youth in Transition Database (NYTD) survey.

Part V: Education and Training Voucher Program/Statistical & Supporting Information

1. Describe your county's outreach methods in informing youth of the Chafee ETV program.
2. Describe how your county makes vouchers available for education and training, including post-secondary education to youth who aged out of foster care?

Evaluation & Program Improvements (Transitional Housing Program)

1. Describe your county's efforts in receiving comments and suggestions from youth to improve THPP/THP-Plus.

2. Describe how your county receives constructive comments/suggestions from youth and explain how your county is incorporating those suggestions into future classes or programs.

3. Describe how your county measures the successes and challenges of your THPP/ THP-Plus Program in terms of their effectiveness. Provide some examples of success stories from youth or comments from youth and any barriers.

SFY 2011 BUDGET EXPENDITURES

Part III – Independent Living Program Accounting of Funding Allocation

Name of County: _____

Total ILP Allocation: _____

Part IV – Housing Programs

Please explain if left blank

	Budgeted County Cost	County Expenditures
Chafee 30 percent housing for emancipated foster youth only		
Total Cost		

SFY 2011 STATISTICAL INFORMATION

****IF ANYTHING LEFT BLANK: please attach a full explanation for each incomplete question and how you propose to begin capturing this data.**

Part V – ILP Services for youth 16-18 in Foster Care

1. How many youth in your county were eligible for ILP	
2. How many youth in care received ILP services last year?	
3. How many Tribal youth participated in the ILP program?	
4. How many youth under 16 years old were served?	
5. How many youth who participated in services came from	

Part VI – Outcomes for After Care Youth

6. During SFY 2011, how many youth were eligible to	
7. How many youth received after care services during	
8. How many youth who received after care services during	
9. How many of these youth during SFY 2011 received:	a. b. c. d. e. f.
10. How many of these youth, during SFY 2011:	a. b. c.
11. How many youth reported they had at least one adult they	
12. How many youth reported that they have experienced a	
13. How many youth who received aftercare services during	
14. How many youth in aftercare during the reporting period	

15. How many youth receiving after care services became incarcerated during the reporting period?	
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Part VII –THPP/THP-Plus

Please note THPP/THP-Plus data is collected for the State Fiscal Year (SFY) July 1, 2010 – June 30, 2011

SFY 2010/11 Allocation for THPP _____ THP-Plus _____

SFY 2010/11 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.
Lesbian, Gay, Bisexual, Transgender, or Questioning		
Parenting Teens		
Youth with Disabilities		

Category			
YOUTH PARTICIPATION			
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 SFY 2009/10?	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 SFY 2010/11?	e.	e.	
Number of providers of THPP/THP-Plus			

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