



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

March 26, 2014

ALL COUNTY LETTER NO. 14-31

TO: ALL COUNTY WELFARE DIRECTORS
 ALL COUNTY WELFARE FISCAL OFFICERS
 ALL CHIEF PROBATION OFFICERS
 ALL INDEPENDENT LIVING PROGRAM MANAGERS
 ALL ILP COORDINATORS
 COUNTY WELFARE DIRECTORS ASSOCIATION
 ALL TITLE IV-E AGREEMENT TRIBES

SUBJECT: THE INDEPENDENT LIVING PROGRAM (ILP) ANNUAL NARRATIVE
 REPORT FOR FEDERAL FISCAL YEAR (FFY) 2013

REFERENCE: ALL COUNTY LETTER NO. 13-34

The purpose of this All County Letter (ACL) is to provide the updated requirements for the ILP Annual Narrative Report (Report) for FFY 2013 (October 1, 2012 – September 30, 2013) for completion by counties. The information in 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 Instructions (PI) ACYF-CB-PI-13-04, requesting details associated with your county's ILP and Transitional Housing Programs (THP). The California Department of Social Services (CDSS), in consultation with the counties, has used the federal PI to compile the questions listed in this ACL¹. If additional information is needed, CDSS will contact counties directly to obtain the information.

The county information will be included in California's Federal Annual Progress and Services Report (APSR) and the Children and Family Services Plan, which is required under Title IV-B of the Social Security Act and can be found in the Chafee Foster Care Independence Program chapter and the Education and Training Vouchers program sections of the APSR, which is posted annually on CDSS' website at <http://www.childsworld.ca.gov/res/TitleIV-B/APSR2012.pdf>. The information collected through the Report may be shared with other counties and stakeholders for the purpose of identifying promising practices.

¹ These reporting requirements were developed in compliance with Welfare and Institutions Code (W&IC) section 10609.4.

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Please complete the FFY 2013 Report (attached), answering all questions and submit it **via e-mail** no later than **April 15, 2014**, 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. 8-13-66
Sacramento, California 95814
ATTN: Theresa Thurmond**

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 Federal Fiscal Year (FFY) 2013

REPORT INFORMATION

Name of County:

Name of Agency:

Name of Person(s) completing the Narrative (if more than one person completed the narrative please include information for each person):

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 number 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.

After 18 Coordinator

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

County Transitional Housing Program Coordinator:

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.

NYTD Coordinator:

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

NARRATIVE

FFY 2013 (October 1st, 2012– September 30th, 2013)

Complete and answer all portions of the Narrative

Part 1: ILP Program Overview

1. Please briefly describe one or two innovative, successful, and/or promising practices/programs that go beyond the provision of the cores services as outlined in the regulations. This can include any aspect of ILP services/outreach to youth including community based volunteer programs, new programs to address sexually exploited youth (human trafficking), education services or employment services. Include transitional housing programs if applicable.
2. Describe any unique accomplishments achieved in your ILP and Transitional Housing Program(s).
3. Describe any planned improvements over the next fiscal year for ILP service delivery, improved outcomes for youth, and transitional housing program.

Transitional Housing Programs:

GENERAL HOUSING QUESTIONS:

1. Please describe the training your county provides to social workers, probation officers, providers, other community organizations, and any other service provider regarding the housing programs you offer in your county.
2. Please describe the outreach efforts for informing youth about the types and availability of housing programs in your county.

TRANSITIONAL HOUSING PLACEMENT PROGRAM (THPP)

1. If your county certifies Transitional Housing Placement Program(s) (THPP) available to youth age 16-18, please describe the following:

Please answer each question:

- a. How youth are informed about the program;
 - b. The county process through which youth are referred to the THPP (including admission and screening processes),
 - c. The housing models used,
 - d. The services provided, and the role of the Transitional Independent Living Plan (TILP) in this process, (was it created with the youth, was it updated after admission, etc.),
 - e. Eligibility requirements for the THPP (other than age and status in foster care),
 - f. Any grievance procedures available to THPP for a youth who is denied admission into THPP after being identified as eligible by the county or for a youth who has been removed from the program by the provider for any reason (include who would participate in the grievance process),
 - g. The THPP's process for providing notice of the grievance procedures and the participant's right to request a grievance prior to any loss of services,
 - h. Upon exiting THPP, please describe the housing to which youth are transitioning, (e.g. college dorm, Transitional Housing Program-Plus Foster Care (THP+FC), on their own in an apartment, etc.).
2. If your County does **not** certify any THPP, please explain the barriers to offering THPP in your County.

TRANSITIONAL HOUSING PROGRAM-PLUS

1. If your County certifies any Transitional Housing Program-Plus (THP-Plus) for exited foster youth age 18-24, please describe the following:

Please answer each question:

- a. How youth are informed about the program;
- b. The county process through which youth are referred to THP-Plus (including any admission and screening processes for the program),
- c. The housing models used,
- d. The services provided, and how the TILP is utilized in this process, (was it created with the youth, was it updated after admission, etc.),
- e. Eligibility requirements for the THP-Plus (other than age and status as a former foster youth who exited care after turning 18),
- f. Any grievance procedures provided by the THP-Plus for a youth who is denied admission into the THP-Plus Program after being identified by the county as eligible or for a youth who has been removed from the program by the provider for any reason (please include who would participate in the grievance process),
- g. The THP-Plus's process for providing notice of the grievance procedures and the participant's right to request a grievance prior to any loss of services,

3. Please describe how your county informs youth about their health care eligibility after leaving foster care and the Covered California program (How youth are informed about this program and any challenges identified in this process).
4. Please describe the training you provide to social workers, probation officers, community providers, and any other service provider (i.e. nurses, high school counselors, etc.) regarding the services available for youth (in care, exiting from care, and exited from care) in your county and the needs and issues facing this population. (include how you train on new programs, new legislation, new requirements, certification, etc.).
5. Please describe how your county ensures foster youth aged 16 and older receive assistance in interpreting their credit reports and resolving any inaccuracies.
6. Please describe the efforts of your county in continuing to encourage NMDs to obtain their credit reports and informing them of the importance of doing so in the event that they refuse to request the credit reports.
7. Describe/list all barriers youth are experiencing in your county that may prevent youth from accessing/receiving services (e.g. housing, transportation, health care coverage, CalFresh, educational services, etc.).
 - a. Describe your plans to address each of these barriers.

Part 2: Specific Accomplishments in Achieving the Purpose of the ILP

1. Describe how your county helps in-care youth make the transition to self-sufficiency.
2. Describe how your county helps in-care youth receive the education, training, and services necessary to obtain employment.
3. Describe how your county helps in-care youth prepare and enter post-secondary training and educational institutions.
4. Describe methods or strategies your county uses to provide personal and emotional support to in-care youth through mentors and the promotion of interactions with dedicated adults.
 - a) Identify the one practice used in your county that has been most helpful in assisting youth in establishing a permanent connection with at least one dedicated adult prior to transitioning out of foster care.
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 informs youth of their ILP eligibility and provides services when they have left foster care for guardianship, or adoption.

Part 3(a): Coordination with Tribes

1. How many Tribal youth in your county were eligible for ILP?
2. How many Tribal youth participated in ILP?
3. Describe the methods used in your county to collaborate with Tribal representatives to ensure that Tribal youth receive culturally appropriate services as well as access to the same services as other youth.

Part 3(b) Specialized Programs/Coordinating with other Federal or State programs

1. Does your county offer any specialized programs for the following (check all that apply)
 - Pregnant/parenting youth
 - Lesbian, Gay, Bisexual, and Transgender youth (LGBT)
 - Homeless youth
 - Disabled youth
 - Abstinence program
 - Local housing program (Not THPP/THP-Plus or THP+FC)
 - School-to-work programs
 - Child care program
 - Other (Describe below. Include any collaboration with other state, county or federal programs)
2. Please describe what services/programs you offer for each checked category.
3. If applicable, please describe what other county resources exist to meet the needs of youth if your county does not offer specialized programs or services. If no program exists, but there is a need in your county, please describe efforts that will be made to address the needs of the youth.

Part 4: Training

1. Describe your county's specific training that was planned and conducted for FFY 2013 to help foster parents, adoptive parents, workers in group homes, and case managers understand and address the issues confronting adolescents preparing for independent living.
2. Please describe your county's specific training surrounding extended foster care, housing programs for this population, ILP, and credit reporting.
3. Describe any additional training needs in your county:

- a. Describe how you will address those additional training needs in FFY 2014.

Part 5: The National Youth in Transition Database

1. Describe your county's process of informing eligible youth (current and former) of their ability to take the National Youth in Transition Database (NYTD) survey.
2. Please describe how your county provides opportunities for youth to take the survey in the county's child welfare or probation offices.
3. Please describe examples of best practices in engaging youth to take the survey, maintaining contact information and providing youth with the recommended incentive.

