



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



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

April 21, 2011

ALL COUNTY LETTER 11-27

TO: ALL COUNTY WELFARE DIRECTORS
ALL CHIEF PROBATION OFFICERS
ALL INDEPENDENT LIVING PROGRAM MANAGERS
ALL INDEPENDENT LIVING PROGRAM COORDINATORS
ALL FOSTER CARE MANAGERS

SUBJECT: NATIONAL YOUTH IN TRANSITION DATABASE DATA
IMPLEMENTATION REQUIREMENTS

REFERENCE: COUNTY FISCAL LETTER NO. 09/10-19;
ALL COUNTY INFORMATION NOTICE NO. I-07-10;
ALL COUNTY LETTERS NO. 08-31, NO 00-22, NO. 99-96,

The purpose of this All County Letter (ACL) is to provide direction regarding the National Youth in Transition Database (NYTD) Final Rule that became effective on October 1, 2010. The Final Rule <http://edocket.access.gpo.gov/2008/pdf/E8-3050.pdf> provides that California must submit semi-annual reports to the Administration for Children and Families (ACF) on the Independent Living Program (ILP) services provided to dependents and wards of the court in foster care and to ILP eligible former foster youth. The Final Rule also requires states to compile and report youth outcomes in the following life domains: educational attainment, employment, welfare dependency, homelessness, non-marital childbirth, incarceration and high-risk behaviors.

In compliance with the Final Rule, the California Department of Social Services (CDSS) is extracting case-level data regarding ILP delivered services as entered into the Child Welfare Services/Case Management System (CWS/CMS) by county child welfare, juvenile probation and ILP staff. Youth outcomes (Attachment A) will be reported through compiled responses to surveys conducted by the Center for Public Policy Research at the University of California, Davis. From these two sources, CDSS will submit semi-annual reports on ILP delivered services and youth outcomes to ACF every six months in perpetuity. These complementary efforts are detailed in Component One and Component Two as described below.

The NYTD Component One: ILP Delivered Services

The Component One objective is to ensure that CWS/CMS includes complete, up-to-date documentation of all ILP services delivered to eligible youth, including those provided to dependents and wards of the juvenile court in foster care and ILP eligible youth no longer in care. Reportable services include those provided by someone other than county staff, such as foster care providers. To reach the Component One objective, counties must continually and continuously enter the appropriate ILP delivered services listed below into CWS/CMS. The following table displays the core ILP Services that can be entered via the dropdown menu on the CWS/CMS case notebook delivered services page.

NYTD Independent Living Services Data Elements (Core Services)

- ILP - Needs Assessment
- ILP - Education
- ILP - Education/Post-Secondary
- ILP - Career/Job Guidance
- ILP - Employment/Vocational Training
- ILP - Money Management
- ILP - Consumer Skills
- ILP - Time Management
- ILP - Home Management
- ILP - Housing Options/Locations/THPP
- ILP - Health Care
- ILP - Interpersonal/Social Skills
- ILP - Parenting Skills
- ILP - Mentoring
- ILP - Transitional Housing

As county placement staff routinely conducts their monthly mandated visits, it is recommended that county staff ask caregivers about any ILP services they, or others, have provided to the youth. The ILP Activity Report (Attachment B) may be used to record services delivered by foster care providers to youth currently in care. These may include assisting the youth with opening a savings account, money management, nutrition, grocery shopping, menu planning and preparation, home management, personal hygiene and fitness and health care.

This same ILP Activity Report may also be used to record services delivered to former foster youth and to youth receiving services out-of-county or out-of-state. Delivered service(s) information should subsequently be entered into CWS/CMS.

The data extract for NYTD reporting is targeted to ILP eligible youth 16 years old and older. This includes semi-annual reporting (beginning at age 15 ½) for needs assessments conducted via the Transitional Independent Living Plan (TILP). All counties need to enter into CWS/CMS delivered ILP service information for the following:

- Foster youth with open court dependency cases;
- Newly converted probation cases in CWS/CMS;
- Former court dependency cases whereby the guardianship was entered into on or after the youth's age of eight (ACL 11-09)
<http://www.cdss.ca.gov/lettersnotices/entres/getinfo/acl/2011/11-09.pdf>);
- Guardianship cases whereby the dependency case is continued after the age of 16;
- Reunification cases whereby the youth is on a trial home visit;
- ICPC cases supervised by California;
- Closed cases (including Kinship Guardianship Assistance Payment (Kin-GAP) and finalized adoptions and aftercare) are serviced by ILP.

Each county must establish protocols to collect ILP service information from providers and enter it into CWS/CMS.

In summary, Attachment C (NYTD Data Collection and Reporting Matrix) highlights the data reporting periods for ILP delivered services. For each six-month reporting period in each federal Fiscal Year (FY), services delivered to a youth in both reporting periods are recorded separately.

NYTD Component Two: Youth Surveys

The Final Rule requires states to compile and report life domain outcomes for current and former foster youth. Component Two has two objectives: 1) to obtain youth responses within 45 days of their birthday and 2) to compile an adequate number of NYTD youth survey responses (Attachment A) from designated cohorts of ILP eligible youth. To reach those objectives, CDSS has partnered with the Center for Public Policy Research at the University of California, Davis (UC Davis). In the initial survey UC Davis will contact all youth in foster care whose 17th birthdays occur between October 1, 2010, and September 30, 2011, to solicit self-reported life domain outcomes. The survey instructions will ask youth to complete the survey, as UC Davis must collect this information within 45 days of that birthday. Survey success is contingent upon county staff confirming current contact information for 17 year-olds on their caseload and promptly entering updated information, including current mailing addresses and telephone numbers in CWS/CMS. Counties are encouraged to offer the survey to the

youth, emphasizing the importance of their survey responses in planning future ILP services to transition age youth. Youth voice is vital.

The first NYTD youth survey will establish the baseline population, and subsequent surveys will request information for that same cohort of youth when they reach ages 19 and 21. In federal FY 2013/14, a second cohort of 17 year-old youth will be surveyed and followed at ages 19 and 21, and prior to that survey CDSS will issue a subsequent ACL. This cycle will continue indefinitely. For NYTD youth survey timelines please refer to Attachment C (NYTD Data Collection and Reporting Matrix).

The UC Davis is currently using birthday cards to initially contact eligible youth. All eligible youth should be informed that they may complete the survey in any of three ways: 1) completing a paper survey (after completing the paper survey youth may return the survey by mail or by giving it to a county staff person); 2) taking the survey by phone (1-877-IAMNYTD); or 3) completing the survey online at the [California NYTD website](https://www.calnytd.org/survey.html). <https://www.calnytd.org/survey.html>.

Youth can “decline” to take the survey. If youth decide to not complete the survey, they will inform county staff who will communicate with UC Davis staff, at cal.nytd@gmail.com, regarding the youth’s choice to decline to take the survey.

Adequate survey response rates depend on the ability of UC Davis to reach 17 year-olds in foster care and subsequent cohorts of youth at 19 and 21 years of age. Therefore, CDSS requests that county staff promptly update CWS/CMS placement information, telephone numbers and mailing addresses for ILP eligible youth, including youth in care and youth who have aged out of care.

Each month, CDSS provides UC Davis with a list of the youth in foster care who are reaching their 17th birthdays and their last known addresses and phone numbers. The accuracy of these extracts will depend upon up-to-date CWS/CMS contact information. In addition to CWS/CMS entries, counties are advised that they may e-mail the updated information to NYTD@dss.ca.gov, provided that it is encrypted to avoid a breach of confidentiality. If sending unencrypted data by e-mail, the 19 digit case ID number must be used in order to maintain confidentiality. E-mailing information will enable UC Davis to more promptly interview the youth in question. To support NYTD youth survey, it is recommended county staff at monthly visits to the 17year-old youth in care, should communicate to youth and to foster care providers that participation in NYTD survey will have a significant impact on the content and delivery of ILP services plus:

- Continue to update CWS/CMS with ILP delivered services and updated placement information including phone numbers and especially provide contact information for all 17 year-olds in foster care;

- Encourage and assist youth in completing the survey without coaching or changing any responses. This will ensure that the survey accurately captures youth voice;
- Inform youth and foster care providers that youth must be offered the opportunity to take the survey. Youth need to respond no later than 45 days after their 17th birthday;
- Notify youth who complete the survey that they will be asked to respond to additional surveys at ages 19 and 21.

The CDSS' goal, in partnership with counties, is to report to ACF complete, accurate NYTD information that evidences California's successful efforts to deliver effective independent living services to eligible youth. The quarterly issued Data Quality Assurance Report highlights errors and omissions and represent a critical opportunity for counties to resolve issues of missing, inconsistent or incomplete delivered service information (see Attachment D). Successful resolution of these issues is essential to the shared effort to avoid the fiscal penalties that may be imposed for a lack of data integrity.

These reports will be ongoing, and as new youth turn 16 years of age, or as new errors are discovered, counties have a continuing need to resolve these data issues. PLEASE NOTE: that only the youth may make the choice and select a race or a Hispanic ethnicity. (Not to be done by county or UC Davis personnel.) For specific instructions on the errors and omissions report, please refer to NYTD Quality Assurance Report instructions (Attachment D) or submit questions to CWSdata@dss.ca.gov. When necessary, CDSS will generate and publish a list of frequently asked questions and responses.

Recent revisions to CWS/CMS include NYTD data entry functionality and a NYTD navigation tool. Training is currently being provided for entry of ILP delivered services information, especially for juvenile probation officers and new child welfare staff. The NYTD data entry training is now being offered through the regional academies. Counties should use their child welfare services or probation contacts to arrange for CWS/CMS training.

In summary, in order to avoid potential fiscal penalties, counties must assist CDSS by:

- Reporting ILP delivered services into CWS/CMS and in entering up-to-date placement and contact information in CWS/CMS for 17 year-old youth in foster care;
- Encouraging youth to take the survey during the routine monthly visit;
- For youth who decline, social workers, probation officers, ILP coordinators will be requested to document this response and send that information to

cal.nytd@gmail.com with appropriate encryptions to avoid transmission of personal identifying information. For all youth, please include the date the youth participated or declined;

- For all surveyed 17 year-olds, counties are requested to continuously update contact information, phone numbers, email addresses, and mailing addresses, since these youth will need to be resurveyed at the ages of 19 and 21.

For additional guidance, CDSS has posted [responses to frequently asked questions](#) regarding entry of delivered ILP services for Wards of the juvenile court in foster care and for ILP eligible former foster youth. These questions and responses will be updated as new issues arise.

Compliance with the specifics in this ACL is critical to successful NYTD data collection efforts. If California is unable to provide to ACF accurate delivered service reports, and documentation that all youth in the cohort either took the survey or declined to do so, counties risk the loss of up to one to five percent of their annual Chafee ILP funding.

Program policy and process questions can be e-mailed or phoned to Franklin Fox, NYTD Project Lead, at (916) 651-8040 or NYTD@dss.ca.gov. As we move further into NYTD implementation process, CDSS will issue ACLs and All County Information Notices to respond to county concerns. The CDSS appreciates your efforts in making the NYTD project a success.

Sincerely,

Original Document Signed By:

GREGORY E. ROSE
Deputy Director
Children and Family Services Division

Attachments

Attachment A: NYTD 22 Question Survey with contact questions

Please help us make foster care better! Take a few moments to complete this survey and return it to the Center for Public Policy Research 1632 Da Vinci Court Davis, CA 95618 as soon as possible. Even if you can't answer every question, your responses are important. You can make a difference! If you'd like to complete the survey online, go to www.calnytd.org and click on "Take the Survey" or call us toll free at 1-877-I-AM-NYTD (1-877-426-6983) to answer the questions over the phone. **If you choose to participate, you will receive a gift card, and be entered to win \$500. One lucky participant will win \$1000!**

On your 17th birthday, you became eligible to participate in a groundbreaking new project! Youth in foster care (including youth who live with relatives or in group-home care) throughout the country are taking a survey like this one. It will provide information to shape foster care and independent living services in the future. The survey is voluntary, and you can skip any question, but we need every voice to be heard, every kind of experience to be included.

Your identity and answers will be kept private. The only exception is if you report danger to yourself or others. Your answers will not be shared with any person outside the research team. Information about how to contact you will only be used to offer you the chance to continue in the NYTD project (for example, when you are 19 and 21) or to offer you the chance to be in other studies if you indicate below that you would like to be involved.

If you need assistance or support, or have any questions, please contact us at the Center for Public Policy Research toll-free at 1-877-I-AM-NYTD (1-877-426-6983) or e-mail us at cal.nytd@gmail.com. You may also contact your advocate, Karen Grace-Kaho, Foster Care Ombudsman for California, at 1-877-846-1602.

This project is an important first step in the improvement of foster care throughout the United States, and your voice needs to be heard!

IMPORTANT: What is today's date? _____
Month / Day / Year

What is your full name? Do you have a nickname or other name that you commonly use?

LEGAL NAME: _____

NICKNAME: _____

What is your date of birth? _____
Month / Day / Year

If you do not wish to participate in this survey, please check this box. _____
Make sure your name and date of birth are correct. Signature

1. Currently are you employed full-time?

- Yes
- No
- Declined

"Full-time" means working at least 35 hours per week at one or multiple jobs.

Comments/more information:

2. Currently are you employed part-time?

- Yes
- No
- Declined

"Part-time" means working no more than 34 hours per week at one or multiple jobs.

Comments/more information:

Attachment A: NYTD 22 Question Survey with contact questions

3. **In the past year, did you complete an apprenticeship, internship, or other on-the-job training, either paid or unpaid?**

- Yes
- No
- Declined

This means apprenticeships, internships, or other on-the-job trainings, either paid or unpaid, that helped you acquire employment-related skills (which can include specific trade skills such as carpentry or auto mechanics, or office skills such as word processing or use of office equipment).

Comments/more information:

4. **Currently are you receiving social security payments (Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), or dependents' payments)?**

- Yes
- No
- Declined

These are payments from the government to meet basic needs for food, clothing, and shelter of a person with a disability. You may be receiving these payments because of a parent or guardian's disability (rather than your own), or due to a parent's death.

Comments/more information:

5. **Currently are you using a scholarship, grant, stipend, student loan, voucher, or other type of educational financial aid to cover any educational expenses?**

- Yes
- No
- Declined

Scholarships, grants, and stipends are funds awarded for spending on expenses related to gaining an education. "Student loan" means a government-guaranteed, low-interest loan for students in post-secondary education. This includes the Education and Training Voucher (or ETV).

Comments/more information:

6. **Currently are you receiving any periodic and/or significant financial resources or support from another source not previously indicated and excluding paid employment?**

- Yes
- No
- Declined

This means periodic and/or significant financial support from a spouse or family member (biological, foster or adoptive), child support that you receive, or funds from a legal settlement. Not included are occasional gifts, such as birthday or graduation checks or small donations of food or personal items, child care subsidies, child support for your child, or other financial help that does not benefit you directly in supporting yourself.

Comments/more information:

7. **Currently are you receiving ongoing welfare payments from the government or CalWORKs to support your basic needs?**

- Yes
- No
- Declined

This refers to ongoing welfare payments from the government to support your basic needs. Do not consider payments or subsidies for specific purposes, such as unemployment insurance, child care subsidies, education assistance, food stamps, or housing assistance in this category.

Comments/more information:

Attachment A: NYTD 22 Question Survey with contact questions

8. **Currently are you receiving public food assistance?**

- Yes
- No
- Declined

Public food assistance includes food stamps, which are government-issued coupons or debit cards that recipients can use to buy eligible food at authorized stores. Public food assistance also includes assistance from the Women, Infants, and Children (WIC) program.

Comments/more information:

9. **Currently are you receiving any sort of housing assistance from the government, such as living in public housing or receiving a housing voucher?**

- Yes
- No
- Declined

Public housing is rental housing provided by the government to keep rents affordable for eligible individuals and families, and a housing voucher allows participants to choose their own housing while the government pays part of the housing costs. This does not include payments from the child welfare agency for room and board payments.

Comments/more information:

10. **What is the highest educational degree or certification that you have received?**

- High school diploma/GED
- Vocational certificate
- Vocational license
- Associate's degree (e.g., A.A.)
- Bachelor's degree (e.g., B.A. or B.S.)
- Higher degree
- None of the above
- Declined

“Vocational certificate” means a document stating that you have received education or training that qualifies you for a particular job, e.g., auto mechanics or cosmetology.

“Vocational license” means a document that indicates that the State or local government recognizes you as a qualified professional in a particular trade or business.

An Associate’s degree is generally a two-year degree from a community college, and a Bachelor’s degree is a four-year degree from a college or university.

“Higher degree” indicates a graduate degree, such as a Masters or Doctorate degree.

“None of the above” means that you have not received any of the above educational certifications.

Comments/more information:

11. **Currently are you enrolled in and attending high school, GED classes, post-high school vocational training, or college?**

- Yes
- No
- Declined

This means both enrolled in *and attending* high school, GED classes, or postsecondary vocational training or college. You are still considered enrolled and attending if you are currently on a school break and will be returning to school at the end of the break (for example, spring break or summer vacation).

Comments/more information:

12. **If you are currently attending school, what is the name of your school and the city and state in which it is located?**

Attachment A: NYTD 22 Question Survey with contact questions

13. **Currently is there at least one adult in your life, other than your caseworker, to whom you can go for advice or emotional support?**

- Yes
- No
- Declined

This refers to an adult you can go to for advice or guidance when there is a decision to make, a problem to solve, or for companionship to share personal achievements. The adult must be easily accessible to you either by telephone or in person. This does NOT refer to spouses, partners, boyfriends / girlfriends, or current caseworkers.

Comments/more information:

14. **Have you ever been homeless?**

- Yes
- No
- Declined

'Homeless' means that you had no regular or adequate place to live. This includes living in a car, or on the street, or staying in a homeless or other temporary shelter.

Comments/more information:

15. **Have you ever referred yourself or has someone else referred you for an alcohol or drug abuse assessment or counseling?**

- Yes
- No
- Declined

This includes either self-referring or being referred by a social worker, school staff, physician, mental health worker, foster parent, or other adult for alcohol or drug abuse assessment or counseling. Alcohol or drug abuse assessment is a process designed to determine if someone has a problem with alcohol or drug use.

Comments/more information:

16. **Have you ever been confined in a jail, prison, correctional facility, or juvenile or community detention facility, in connection with allegedly committing a crime?**

- Yes
- No
- Declined

This means that you were confined in a jail, prison, correctional facility, or juvenile or community detention facility in connection with a crime (misdemeanor or felony) allegedly committed by you.

Comments/more information:

17. **Have you ever given birth or fathered any children that were born?**

- Yes
- No
- Declined

This means giving birth to or fathering at least one child that was born. If you do not know, answer "No."

Comments/more information:

18. **If you responded yes to the previous question, were you married to the child's other parent at the time each child was born?**

- Yes
- No
- Declined

This means that when **every** child was born you were married to the other parent of the child.

Comments/more information:

19. **Currently are you on Medicaid (Medi-Cal in California)?**

- Yes

Medicaid (called Medi-Cal in California) is the state's health insurance program, funded by the government.

Attachment A: NYTD 22 Question Survey with contact questions

- No
- Don't know
- Declined

Comments/more information:

20. **Currently do you have health insurance, other than Medicaid (Medi-Cal in California)?**

- Yes
- No
- Don't know
- Declined

"Health insurance" means having a third party (employer, school, etc.) pay for all or part of health care. You may be covered by your parents' insurance.

You might also have an individual policy that covers medical and/or mental health care and/or prescription drugs, or have access to free health care through a college, Indian Tribe, or other source.

Comments/more information:

21. **Does your health insurance include coverage for medical services?**

- Yes
- No
- Don't know
- Declined

If you responded "No" to questions #19 AND #20, please select the "declined" option and write "does not apply" in comment box.

If you responded "Yes" to question #19, these expenses are covered by Medicaid or Medi-Cal, so please select the "Yes" option.

If you responded "Yes" to question #20, your coverage may include medical services. Please select the answer for your health insurance.

Comments/more information:

22. **Does your health insurance include coverage for mental health services?**

- Yes
- No
- Don't know
- Declined

If you responded "No" to questions #19 AND #20, please select the "declined" option and write "does not apply" in comment box.

If you responded "Yes" to question #19, these expenses are covered by Medicaid or Medi-Cal, so please select the "Yes" option.

If you responded "Yes" to question #20, your coverage may include mental health services. Please select the answer for your health insurance.

Comments/more information:

23. **Does your health insurance include coverage for prescription drugs?**

- Yes
- No
- Don't know
- Declined

If you responded "No" to questions #19 AND #20, please select the "declined" option and write "does not apply" in comment box.

If you responded "Yes" to question #19, these expenses are covered by Medicaid or Medi-Cal, so please select the "Yes" option.

If you responded "Yes" to question #20, your coverage may include prescription drugs. Please select the answer for your health insurance.

Comments/more information:

As an important part of this study, we hope to find out how you are doing when you are older (age 19 and age 21). We need to know how to contact you, so the next few questions are

about ways to reach you and about people who may help us to get in touch. Please answer as many questions as you can; even incomplete information may be important. We will only use this confidential information to stay in touch with you. We will not ask any of these people for any other information about you, and we will never share any of what you tell us today or in the past with anyone. Our historical national study continues until you are 21 years of age.

1. May we contact you in the near future about other studies? We may be able to **pay for your time** or offer incentives (gift cards, cash, etc.) for being in additional studies. You can always decline to participate later. We also can be of help to you if you are having difficulties.
- Yes
 - No
 - Maybe
 - Don't know

2. Where and how do you think we will be able to reach you at age 18, 19?

Address:
City/State/ZIP:
Phone number:
E-mail address:
Best method (E-mail, mail, or phone):

3. If you left foster care or your current residence TODAY, where and how are you most likely to be reached?
(Please provide as much information as possible.)

<input type="checkbox"/> Biological parent <input type="checkbox"/> Former foster parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other relative <input type="checkbox"/> Friend <input type="checkbox"/> Military <input type="checkbox"/> College <input type="checkbox"/> Job Corps or other residential program <input type="checkbox"/> Own apartment <input type="checkbox"/> Shelter <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Don't know <input type="checkbox"/> Declined (Check all that apply and provide information below)
<input type="checkbox"/> Other: (please describe)
Full name of person or place:
Address:
City/State/ZIP:
Phone number:

Attachment A: NYTD 22 Question Survey with contact questions

4. Please provide your personal telephone/cell phone number(s):

Best number: _____-_____-_____

What number is this? Cell Home Friend Parent Relative Other _____

Do you have any other phone number(s)? _____

What number is this? Cell Home Friend Parent Relative Other

5. Please provide us with your personal E-mail address(es)

Checked most often: _____ @ _____ . _____

Other E-mail: _____ @ _____ . _____

6. Do you use a MySpace account?

- Yes
- No
- Don't know
- Declined

If yes, would you please share your user name?

7. Do you use a Facebook account?

- Yes
- No
- Don't know
- Declined

If yes, would please you share your user name?

8. Do you use any other social media? LinkedIn Twitter other _____

If yes please share your user name(s): _____

9. Do you have any relatives you are close with?

- Yes
- No
- Don't know
- Declined

If yes, who are you closest with?

Mother Father Brother Sister Aunt Uncle Cousin Grandmother Grandfather Godparent

Other relative (please describe)

Full name:

His/Her address:

City/State/ZIP:

His/Her phone number:

His/Her E-mail address:

Are you in contact with this person? Yes No How Often? _____

10. Do you have any other relatives, friends, or other adults you are close with?

Attachment A: NYTD 22 Question Survey with contact questions

- Yes
- No
- Don't know
- Declined

If yes, who are you closest to?

<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Cousin <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Godparent <input type="checkbox"/> Friend <input type="checkbox"/> Other adult(s)
<input type="checkbox"/> Other relative (please describe)
Full name:
His/Her address:
City/State/ZIP:
His/Her phone number:
His/Her E-mail address:
Are you in contact with this person? <input type="checkbox"/> Yes <input type="checkbox"/> No How often? _____

11. Where did you live before your current residence? Please check one

<input type="checkbox"/> Biological parent <input type="checkbox"/> Foster parent <input type="checkbox"/> Other relative <input type="checkbox"/> Friend <input type="checkbox"/> Shelter <input type="checkbox"/> Detention <input type="checkbox"/> Street <input type="checkbox"/> I haven't lived anywhere else <input type="checkbox"/> Other: (please describe: before current residence _____)
Full name of person or place:
Address:
City/State/ZIP:
Phone number:

12. Where do you live now?

<input type="checkbox"/> Biological parent <input type="checkbox"/> Foster parent <input type="checkbox"/> Group home <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Shelter <input type="checkbox"/> Detention <input type="checkbox"/> Street <input type="checkbox"/> Other: (Please describe)
Full name of person or place:
Address:
City/State/ZIP:
Phone number:

Just three more questions will be helpful for us in our research efforts to talk to you again when you are ages 19 and 21. This is an historic nationwide study and your input is most valuable to us and hopefully to all other foster care youth across the country.

1. We'd like to be sure that we have a correct social security number for you. _____
Just as a reminder, all information you provide is held in strict confidence and not shared with others outside the research team.

2. We'd like to be sure that we have a correct CA ID or CA Driver's License number for you.

Your number is _____ Expiration date _____

3. When you are 19 years old, we will need to reach you again to find out how you are doing. What do you think will be the best of possible ways to get in touch with you then? Take a guess--

<input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> E-mail <input type="checkbox"/> Don't know <input type="checkbox"/> Declined (check all that apply and provide information below)
Mailing address:
City/State/ZIP:
Phone number:
E-mail address:

Thank you so much for sharing this information with us. You have contributed to a groundbreaking national effort. We are deeply grateful for your time and attention to this important project. We would like to express our thanks by sending you a gift card.

Where should we send the gift card?

<input type="checkbox"/> E-mail <input type="checkbox"/> My house <input type="checkbox"/> Parent <input type="checkbox"/> Other Relative <input type="checkbox"/> Friend <input type="checkbox"/> Put it toward the drawing <input type="checkbox"/> Give the gift card to other foster youth in this study <input type="checkbox"/> Other describe:
E-mail (this will be the fastest method):
Full name:
Mailing address (this method may take longer):
City/State/ZIP:

Thanks for your participation in this historic research project. When the study is complete, the federal government will share the findings of this study conducted on millions of foster care youth like you who have taken the survey (no one's names will ever be used).

This information will be used to assist youth across the nation in helping them have access to and in reaping the rewards of independent living programs in the transition to a secure, safe, connected, and rewarding adulthood.

ATTACHMENT B ILP ACTIVITY REPORT

**Independent Living Program (ILP) Delivered In-Care and Aftercare Services
Report for Youth from Another County/State**

County/State of Jurisdiction: _____ County of Residence: _____

- 1st Quarter (Oct - Dec) 2nd Quarter (Jan - Mar)
 3rd Quarter (Apr - Jun) 4th Quarter (Jul - Sep)

Client active to:

- Child Welfare Services (CWS) Probation
 Aftercare CWS Aftercare KinGAP/Guardianship Aftercare Probation

Case Carrying/Placing worker/DPO: _____ Date placed: _____

Client name: _____ DOB: _____

Race _____ Ethnicity _____

Enrolled or eligible for membership in federally recognized tribe Yes No

Male Female Parenting # of children _____

During reporting period:

- Highest grade level completed _____ Received Special Education Services
 Completed any post secondary non-college training/education
 Completed as least one college/university quarter/semester

SERVICES RECEIVED- Service Type	Date(s)	COMMENTS
<input type="checkbox"/> ILP Needs Assessment		
<input type="checkbox"/> ILP Education		
<input type="checkbox"/> ILP Post Secondary Education		
<input type="checkbox"/> ILP Career/Job Guidance		
<input type="checkbox"/> ILP Employment/Vocational Training		
<input type="checkbox"/> ILP Money Management		
<input type="checkbox"/> ILP Consumer Skills		
<input type="checkbox"/> ILP Time Management		
<input type="checkbox"/> ILP Home Management		
<input type="checkbox"/> ILP Housing Options / Locations/THPP		
<input type="checkbox"/> ILP Health Care		
<input type="checkbox"/> ILP Interpersonal/Social Skills		
<input type="checkbox"/> ILP Parenting Skills		
<input type="checkbox"/> ILP Mentoring		
<input type="checkbox"/> ILP Transitional Housing		
<input type="checkbox"/> ILP Room and Board Financial Assistance		
<input type="checkbox"/> ILP Education Financial Assistance		
<input type="checkbox"/> ILP Transportation		
<input type="checkbox"/> ILP Financial Assistance		

Completed by: _____

Date of Report: _____

- Provider Staff Person Service Provider
 Collateral Substitute Care Provider

Agency: _____

NYTD Data Collection and Reporting

Submission Date to ACF by CDSS	Reporting Period	ILP Services Data	Survey Data Age 17*	Survey Data Age 19**	Survey Data Age 21**
May 15, 2011	Oct 1, 2010-Mar 31, 2011	X	X (Cohort 1)		
Nov 15, 2011	Apr 1, 2011-Sept 30, 2011	X	X (Cohort 1)		
May 15, 2012	Oct 1, 2011-Mar 31, 2012	X			
Nov 15, 2012	Apr 1, 2012-Sept 30, 2012	X			
May 15, 2013	Oct 1, 2012-Mar 31, 2013	X		X (Cohort 1)	
Nov 15, 2013	Apr 1, 2013-Sept 30, 2013	X		X (Cohort 1)	
May 15, 2014	Oct 1, 2013-Mar 31, 2014	X	X (Cohort 2)		
Nov 15, 2014	Apr 1, 2014-Sept 30, 2014	X	X (Cohort 2)		
May 15, 2015	Oct 1, 2014-Mar 31, 2015	X			X (Cohort 1)
Nov 15, 2015	Apr 1, 2015-Sept 30, 2015	X			X (Cohort 1)
May 15, 2016	Oct 1, 2015-Mar 31, 2016	X		X (Cohort 2)	
Nov 15, 2016	Apr 1, 2016-Sept 30, 2016	X		X (Cohort 2)	
May 15, 2017	Oct 1, 2016-Mar 31, 2017	X	X (Cohort 3)		
Nov 15, 2017	Apr 1, 2017-Sept 30, 2017	X	X (Cohort 3)		

*Survey data collection within 45 days following the youth's birthday.

**Survey data collection within the reporting period of the youth's birthday.

National Youth in Transition Database (NYTD) Quality Assurance (QA) Report

Description:

The QA reports are Excel tables containing county-specific records of youth who received ILP services during the most recent six-month period, or foster care youth reaching age 17 during the NYTD report period. All of these youth are potentially eligible for federal NYTD reporting, and therefore subject to mandatory data quality standards. In this QA report, data elements that appear to be missing, inconsistent, or incorrect are highlighted in either yellow or red shading, to be reviewed or corrected by the county if needed. The reports are shared with counties each quarter, starting July 2010. Data corrections need to be entered into CWS/CMS prior to the date of data extraction from CWS/CMS. For the current reporting period, October 1, 2010 through March 31, 2011, review/corrections are due by April 30, 2011.

- Reporting Period 1: October 1st through March 31st
(Data are extracted from CWS/CMS on May 1st)
- Reporting Period 2: April 1st through September 30th
(Data are extracted from CWS/CMS on November 1st)

Report Populations:

NYTD collects data on youth receiving ILP services and/or foster care youth that are turning age 17. Both of these populations have data elements that must be reported in each reporting period and are included in the QA report. This report also contains probation case records in addition to county welfare supervised cases.

Data to be Reviewed:

The following information needs to be reviewed in the corresponding section of CWS/CMS. In Release 6.4 the Closed Case/Referral Update privilege is changed to include the ability to update information in closed cases.

- 1) Date of birth -- Client notebook, ID page, Client Information frame
- 2) Gender -- Client notebook, ID page, Client Information frame
- 3) Race/ethnicity -- Client notebook, ID page, Race/Ethnicity frame
 - “Primary Ethnicity” field
 - “Hispanic or Latino Origin” field
- 4) Education -- Education notebook, Grade Level Information page
 - “Grade” field
 - “Start Date” field

Types of Problems:

The following defines what is meant by missing data, out-of-range, and internally inconsistent data.

- **Missing** data is any element that has a blank or missing response. Missing data is not valid for gender, date of birth, or race.
 Example: No category has been selected in the Hispanic or Latino Origin field.
- **Out-of-range** data is any element that contains a value that is outside the parameters of acceptable responses or exceeds, either positively or negatively, the acceptable range of response options.
 Example: A two-year-old child received independent living services.
- **Internally inconsistent** data is any element that fails an internal consistency check designed to evaluate the logical relationship between elements in each record.
 Example 1: A two-year-old child is reportedly in 8th grade.
 Example 2: “Mexican” is selected as Primary Ethnicity.
 “Mexican” is not a valid category for NYTD reporting, therefore race status is considered inconsistent for this client. More details about such ethnicity categories and valid options are found in the “How to Make Corrections” section.

How to Make Corrections:

In the tables below, what is indicated in the QA reports are shown in the column labeled “QA report,” followed by a brief description of the problem and instructions for how to correct data.

“ILP_SERVICE” identifies records of the youth who received an ILP service during the period. If a youth received a service, this column shows “Yes.”

1) Date of Birth

QA report	Action
Date of Birth field indicates “Missing”	Information has not been entered. Enter date of birth.
Age_status indicates “Check”	The existing birth date results in the age that is either out-of-range (14-20) or internally inconsistent. Confirm the date of birth and make corrections if necessary.

2) Gender

Select either male or female. NYTD does not allow for any other values.

QA report	Action
Gender field indicates “Missing”	No selection has been made. Select either ‘male’ or ‘female.’

3) Race/Ethnicity

Two fields in CWS/CMS (‘Primary Ethnicity’ and ‘Hispanic or Latino Origin’) are combined to determine race and ethnicity values for NYTD reporting, therefore, information needs to be entered in these fields.

There are seven NYTD-reportable Race categories. Any response with an asterisk in CWS/CMS is acceptable.

<u>NYTD categories</u>	<u>CWS/CMS Primary Ethnicity</u>	
American Indian or Alaskan Native	Alaskan Native*	American Indian*
Asian	Asian Indian* Cambodian* Chinese* Filipino* Japanese* Other Asian*	Korean* Laotian* Hmong* Guamanian* Vietnamese*
Black or African	Black*	Ethiopian*
Native Hawaiian or Other Pacific Islander	Hawaiian* Polynesian*	Samoa* Other Pacific Islander*
White	White* White – Armenian* White – Central American* White – European* White – Middle Eastern* White – Romanian*	
Unknown	Unable to Determine*	
Declined	Declines to State*	

- a. It should be noted that if the Primary Ethnicity category selected is among ‘Hispanic,’ ‘Caribbean,’ ‘Central American,’ ‘Mexican,’ or ‘South American,’ then race is considered to be inconsistent for NYTD reporting and will have a highlighted “CHECK” flag. This means that if the client reported any other ethnicity in one of the seven categories, it should be entered. If the client only reported Hispanic and nothing else, then “declines to state” would also be acceptable, and no change is required. These ethnicity types will be automatically interpreted as ‘Declined’ for

Attachment D NYTD Q/A Report

race, which is a valid NYTD response. If this is not correct, enter a valid category as indicated by an asterisk. Otherwise, no action is required.

- b. At least one category needs to be checked in the field ‘Hispanic or Latino Origin.’ Any response with an asterisk in CWS/CMS is reportable.

QA report	Action
Race_status indicates “Missing”	Review Primary Ethnicity. Select an applicable category that is valid (with an asterisk).
Race_status indicates “Check”	Race is considered to be inconsistent, see 3a above. If a staff can confirm an alternative category that is reportable (with an asterisk), enter that category. Otherwise, no action is needed.
Race_status is blank but Primary Ethnicity is highlighted	Primary Ethnicity has an invalid category, but Secondary Ethnicity has a valid category. The Secondary Ethnicity will be automatically reported. No action is needed.
Hispanic_origin indicates “Missing”	Review Hispanic or Latino Origin. Select one of the categories.

4) Education

All youth who receive ILP services during the report period will need to have grade information.

QA report	Action
Grade_status indicates “Missing”	Client has received ILP services, but no grade information has been entered. Enter grade information.
Grade_status indicates “Check”	<ol style="list-style-type: none"> 1. The last grade on file appears to be inconsistent with the client’s age. Check the date of birth, grade level, and grade start date for accuracy. Make corrections if necessary. 2. The grade start date is older than one year prior to the start of the current report period. Update the grade level and/or grade start and end dates, if appropriate.

- For more detailed instructions with screen shots for data entry, go to the CWS/CMS web site at: http://www.hwcws.cahwnet.gov/releases/major_6.4.asp
- If you have any questions about the NYTD QA report, please send an email message to CWSdata@dss.ca.gov