



North Carolina Department of Health and Human Services
Division of Social Services
325 North Salisbury Street • MSC 2408 • Raleigh, North Carolina 27699-2408
Courier # 56-20-25

Beverly Eaves Perdue, Governor
Albert A. Delia, Secretary

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NOVEMBER 1, 2012

DEAR COUNTY DIRECTOR OF SOCIAL SERVICES

**ATTENTION: CHILD WELFARE SERVICES STAFF
LINKS COORDINATORS**

**SUBJECT: NATIONAL YOUTH IN TRANSITION DATABASE (NYTD) FOLLOW-UP
POPULATION YOUTH OUTCOME SURVEY**

The purpose of this letter is to remind you of the statewide implementation of the National Youth in Transition Database (NYTD). Two previous Dear County Director Letters: CWS-21-10 (<http://www.ncdhhs.gov/dss/dcdl/famsupchildwelfare/CWS-21-10.pdf>) and CWS-22-10 (<http://www.ncdhhs.gov/dss/dcdl/famsupchildwelfare/cws-22-10.pdf>) were issued to counties on September 16, 2010 and October 8, 2010 respectively which describe the background and implementation process for NYTD.

As indicated in these letters, all child welfare agencies are mandated by the John H. Chafee Foster Care Independence Act of 1999 | P.L. 106-169 (<http://www.gpo.gov/fdsys/pkg/PLAW-106publ169/pdf/PLAW-106publ169.pdf>) to establish a new data collection system. The Administration for Children and Families (ACF) issued regulations in February 2008 that established the NYTD to meet this requirement. NYTD is designed to track the independent living services States provide to youth and to collect outcome information from youth transitioning out of foster care that may be used to assess the States' performance in operating their independent living programs. With the first year of data collection completed, the Children's Bureau has released a data brief highlighting national data results from FFY2011 (see attached NYTD Data Brief #1).

Effective October 1, 2012, North Carolina will re-survey those youth who completed the baseline survey in FFY2011 (see DCDL CWS-22-10), also referred to as the **Follow-Up Population**. North Carolina is required to collect survey data from the Follow-Up Population during the reporting period in which the youth turns age 19. This means that the youth may take the survey before or after he or she turns 19 as long as the survey is administered during the six-month period (October 1, 2012 through March 31, 2013 or April 1, 2013 through September 30, 2013) that includes the youth's 19th birthday. For example, if a youth turns age 19 on December 13, 2012, the youth may take the survey anytime during October 1, 2012 and March 31, 2013.

Youth will access the Youth Outcome Survey at
<http://www.ncsurveymax.com/TakeSurvey.aspx?SurveyID=n6ML468>

To enter the survey, the Follow-Up Population youth will use their unique user identification and password that was given to them to complete the baseline survey. The user identification and password is the youth's first name, last name and date of birth (in the MMDDYYYY format). The password is the youth's date of birth (in the MMDDYYYY format) and the last four digits of their social security number.

Here is an example:

Name: Jane Doe / DOB: 01-15-1993 / SSN: 123-45-6789

User ID: janedoe01051993 (not case sensitive)

Password: 010519936789

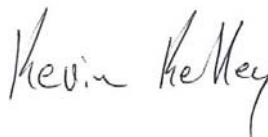
Most of the survey questions are identical to the questions the youth answered during the baseline survey with two exceptions. First, for the Follow Up Population, the survey questions related to homelessness, substance abuse referral, incarceration and children relate to the youth's experience within the past two years instead of the youth's lifetime experiences. Second, there are three additional survey questions to be asked of the Follow Up Population who are no longer in foster care related to public financial assistance, public food assistance and public housing assistance.

A hard copy of the NYTD Follow-Up Population Survey | FFY 2013 (19 Year Olds) can be found below for reference.

The Division will notify the county LINKS Coordinator(s) of youth who are eligible to participate in the follow-up survey as well as youth who complete the survey. Once the youth has completed the survey, they are eligible for a \$25 incentive, cash or gift card. It is important for counties to be consistent with their incentives. If one youth receives a gift card, then all of the youth who complete the survey should receive a gift card. Counties will be reimbursed through LINKS Special Transitional Funds. It will not be necessary to get pre-authorization to expend transitional funds for the NYTD survey incentive.

North Carolina was deemed to be in compliance with its NYTD data submissions for FFY 2011. The Division would like to express its appreciation to the county departments of social services staff and Strong and Able Youth Speaking Out (SAYSO) for their combined efforts to engage youth to participate in this national data collection initiative. It is important that we continue to invite the youth voice in every aspect of child welfare. If you have any questions related to NYTD please submit them to dss.nytd.info@dhhs.nc.gov, or you may contact Danielle McConaga, State LINKS Coordinator at danielle.mcconaga@dhhs.nc.gov or 919-334-1110 or Greg Stilley of the Division's Performance Management | Reporting and Evaluation Management Section at [mailto:greg.stilley@dhhs.nc.gov?subject=NYTD Question](mailto:greg.stilley@dhhs.nc.gov?subject=NYTD%20Question) or 919-334-1035.

Sincerely,



Kevin Kelley, Section Chief
Child Welfare Services

cc: Sherry Bradsher
Jack Rogers
Kathy Sommese
Hank Bowers
Child Welfare Section Team Leaders
Local Business Liaisons

NYTD Follow-Up Population Survey | FFY 2013 (19 Year Olds)

A.

“Participating in this survey is your chance to make sure that Independent Living services (LINKS) and outcomes for youth in North Carolina are counted. The information collected in this survey is intended to help all youth in foster care. At the end of the survey you will be asked to provide your contact information in order to receive a \$25 gift for completing the survey. This survey may take 10-20 minutes to complete.”

B. The following questions will be included in the survey:

1. Are you currently employed and working at least 35 hours per week?*

Yes

No

Declined/Prefer Not To Answer

2. Are you currently employed but working less than 35 hours per week?*

Yes

No

Declined/Prefer Not To Answer

3. In the past year, did you complete an apprenticeship, internship, or other on-the-job training? (This means that you were given training specific to a job, perhaps at a local community college or on the work site) *

Yes

No

Declined/Prefer Not To Answer

4. Do you get a monthly check from the Social Security Administration? (This is a check that you receive for your support based on your own or your parent's disability, or because your parents have died) *

Yes

No

Declined/Prefer Not To Answer

5. Are you currently using a scholarship, grant, stipend, student loan, or other type of educational financial aid to pay for any educational or vocational program in which you are enrolled? (This includes but is not limited to the Pell Grant, ETV and NC Reach Scholarships) *

Yes

No

Declined/Prefer Not To Answer

6. Do you receive a check from your local county department of social services (DSS) through programs, such as TANF or Work First, to support your basic needs? *

Yes

No

Declined/Prefer Not To Answer

7. Do you receive public food assistance (including WIC vouchers or Food & Nutrition Services formerly known as "Food Stamps")? *

Yes

No

Declined/Prefer Not To Answer

8. Are you receiving public housing assistance such as Section 8, rental in a public housing unit, or receiving a housing voucher from the government? *

Yes

No

Declined/Prefer Not To Answer

9. Are you receiving any other regular and/or significant financial resources or support from any other source not previously mentioned? (This could include support from a spouse or family member, child support, or support from a legal settlement that is a regular source of income) *

Yes

No

Declined/Prefer Not To Answer

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

High School completion certificate

GED

- High school diploma
- Vocational Certificate
- Vocational License
- Associate's Degree
- Bachelor's Degree
- Higher Degree (Masters, PhD, etc.)
- None of the Above
- Declined/Prefer Not To Answer

11. Are you currently enrolled in and attending high school, GED classes, vocational training, or college? *

- Yes
- No
- Declined/Prefer Not To Answer

12. Do you have at least one adult in your life (other than your current social worker/caseworker) to whom you can go for advice, companionship, or emotional support? *

- Yes
- No
- Declined/Prefer Not To Answer

13. In the past two years, were you homeless at any time? (This means that at some point you did not have an adequate regular place to live, were staying in a homeless shelter, were living in your car or on the street, or were in other temporary shelter). *

- Yes
- No
- Declined/Prefer Not To Answer

14. In the past two years, did you refer yourself, or had someone else referred you for an alcohol or drug assessment, treatment, or counseling? *

- Yes
- No
- Declined/Prefer Not To Answer

15. In the past two years, were you confined in a jail, prison, correctional facility, or juvenile or community detention facility, in connection with allegedly committing a crime? *

- Yes
- No
- Declined/Prefer Not To Answer

16. In the past two years, did you give birth to or father any children that were born?*

- Yes
- No
- Declined/Prefer Not To Answer

17. If you answered yes to the last question, were you married to the child's other parent at the time of the birth? (If you answered "No" to the last question, then check "Not Applicable") *

- Yes
- No
- Not Applicable
- Declined/Prefer Not To Answer

18. Are you currently receiving Medicaid coverage?*

- Yes
- No
- Do Not Know
- Declined/Prefer Not To Answer

19. Do you have any other health insurance other than Medicaid?*

- Yes
- No
- Do Not Know
- Declined/Prefer Not To Answer

20. Does your health insurance include coverage for medical services (such as visits to a doctor's office or clinic, routine medical care, emergency or hospitalization, etc.)? *

- Yes
- No
- Do Not Know

Declined/Prefer Not To Answer

21. Does your health insurance include coverage for mental health services (such as counseling, therapy, case management, in-patient or out-patient treatment, etc.)? *

Yes

No

Do Not Know

Declined/Prefer Not To Answer

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

Yes

No

Do Not Know

Declined/Prefer Not To Answer

The following seven questions will gauge how well prepared you are (or were) to handle your own life when you leave (or left) foster care. Please use the scale below as a guide when responding to the next seven questions

0 = Not at all prepared

1 = Not too prepared

2 = Not Sure

3 = Somewhat prepared

4 = Prepared

5 = Very well prepared

6 = Declined/Prefer Not To Answer

23. While you were in foster care, or since you've exited care; do you feel that you were/are prepared to locate and secure a safe and stable place to live?*

0 = Not at all prepared

1 = Not too prepared

2 = Not Sure

3 = Somewhat prepared

4 = Prepared

5 = Very well prepared

6 = Declined/Prefer Not To Answer

0 1 2 3 4 5 6

24. How prepared do you feel that you are/were to financially meet your basic needs once you exit foster care or since you've been out on your own? *

0 = Not at all prepared

1 = Not too prepared

2 = Not Sure

3 = Somewhat prepared

4 = Prepared

5 = Very well prepared

6 = Declined/Prefer Not To Answer

0 1 2 3 4 5 6

25. Do you feel that you received the appropriate education/job training to prepare you to obtain a good paying job? *

0 = Not at all prepared
1 = Not too prepared
2 = Not Sure
3 = Somewhat prepared
4 = Prepared
5 = Very well prepared
6 = Declined/Prefer Not To Answer

0 1 2 3 4 5 6

26. Do you feel that you are/were prepared with a strong personal support network, to include people you can depend on and that will listen to you and provide advice/assistance in an emergency? *

0 = Not at all prepared
1 = Not too prepared
2 = Not Sure
3 = Somewhat prepared
4 = Prepared
5 = Very well prepared
6 = Declined/Prefer Not To Answer

0 1 2 3 4 5 6

27. Do you feel that you are/were prepared to postpone parenthood until you are/were emotionally and financially able to parent? *

0 = Not at all prepared
1 = Not too prepared
2 = Not Sure
3 = Somewhat prepared
4 = Prepared
5 = Very well prepared
6 = Declined/Prefer Not To Answer

0 1 2 3 4 5 6

28. Do you feel that you are/were prepared to abstain from high risk activities and interests that would be dangerous to yourself or others (for example: drugs, alcohol, unprotected sex, gambling, etc)? *

0 = Not at all prepared
1 = Not too prepared
2 = Not Sure
3 = Somewhat prepared
4 = Prepared
5 = Very well prepared
6 = Declined/Prefer Not To Answer

0 1 2 3 4 5 6

29. Do you feel that you are/were prepared to know how to access/find medical care, dental care and mental health services so that you can stay healthy? *

- 0 = Not at all prepared
- 1 = Not too prepared
- 2 = Not Sure
- 3 = Somewhat prepared
- 4 = Prepared
- 5 = Very well prepared
- 6 = Declined/Prefer Not To Answer

0 1 2 3 4 5 6

Now that you've successfully completed the survey please take a moment and provide your contact information (complete mailing address) in the text box below so that you can receive your \$25 incentive.

30. First Name: *

31. Middle Initial:

32. Last Name: *

33. Address Line 1: *

34. Address Line 2:

35. City: *

36. State: *

37. Zip: *

38. Email: