



# NYTD Partner and Supplemental Data Survey

## Goals for the Sessions

- To gather feedback from state users on survey administration and third-party partnerships.
- To understand the processes and techniques used by third-party survey administrators.
- To learn more about states that currently supplement their NYTD data with additional data elements.
- To explore the potential benefits of integrating supplemental NYTD data into current NYTD data analysis.

## Survey Administration

- Email NYTD Authorized Officials to introduce survey and schedule an interview date for a zoom or phone call.
- During a second contact attempt, a link will be offered for self-administered survey.
- During the final contact attempt, a follow up phone call will be placed in an attempt to administer the survey by phone.

### Introduction: 2 minutes

Introduce caller and the purpose for the call and what we hope to achieve. Additionally, we will explain the voluntary nature of this survey and notify them of survey privacy protocols.

### Survey: 10-15 minutes

Provide a short survey that asks authorized official or assigned state contact for their feedback on third-party survey partners and supplemental NYTD data.

### Conclusion: 2 minutes

Wrap up the session by summarizing next steps and providing interviewer contact information for additional feedback or follow up questions.

## NYTD Partner and Supplemental Data Survey

### Survey Partners:

1. Does your state child welfare agency currently utilize a third-party state, organization or university contracted partner to collect NYTD Outcomes Survey Data from eligible youth?
  - a. No, our surveys are administered by internal state child welfare staff.  
(If no, please skip to Question 4.)
  - b. Yes
2. If yes, please identify the category that best applies:
  - a. State agency (please identify: \_\_\_\_\_)
  - b. For-profit or Non-profit organization (please identify: \_\_\_\_\_)
  - c. University (please identify: \_\_\_\_\_)
  - d. Other (please identify: \_\_\_\_\_)
3. Please briefly describe how the partnership operates. Include the following elements as applicable: how partners identify young people who need to be surveyed; how partners contact survey participants; how many attempts are made to contact young person; and what instruments (iPad/CATI/weblink/text, etc.) or social media (Instagram, Threads, X formerly Twitter, Facebook, etc.) are used to contact the young person or complete the survey.  
  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Are incentives provided to youth respondents?
  - a. No (If no, please skip to Question 6.)
  - b. Yes
5. If yes, please describe the incentive (include the type, USD value and mode of delivery).

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to learn about state child welfare agency third-part survey administrators and NYTD Plus supplemental data collection efforts. Public reporting burden for this collection of information is estimated to average 15-20 minutes per respondent, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a voluntary collection of information. agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0531 and the expiration date is 9/30/2025. If you have any comments on this collection of information, please contact Telisa Burt at [Telisa.Burt@acf.hhs.gov](mailto:Telisa.Burt@acf.hhs.gov).

## Supplemental NYTD Data:

6. Does your state child welfare agency currently collect supplemental NYTD or youth data? (Note: Supplemental NYTD data (occasionally referred to as NYTD Plus data) are additional demographic, service subscription or outcomes survey data elements used to supplement your federally regulated NYTD data collection per 45 CFR 1356.83(g))
  - a. No (If no, please skip to Question 10.)
  - b. Yes
7. When did your state child welfare agency begin collecting supplemental NYTD or youth data?  
\_\_\_\_\_
8. What is the frequency in which you collect supplemental NYTD data?
  - a. Each semiannual submission period
  - b. Other (please describe frequency: \_\_\_\_\_)
9. Are you willing to share your supplemental NYTD data collection instrument?
  - a. No  
If no, would you feel comfortable sharing your reason for declining?  
\_\_\_\_\_
  - b. Yes  
If yes, please email your collection instrument(s) to \_\_\_\_\_.
10. How are your supplemental NYTD data reports formatted?
  - a. Data sets
  - b. Data analysis reports
  - c. Other: \_\_\_\_\_
  - d. N/A (If N/A, please skip to question 12.)

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11. Are you willing to share the supplemental NYTD data referenced in Question 10?

a. No

If no, would you feel comfortable sharing your reason for declining?

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b. Yes

12. Are you willing to serve on a NYTD data collection/data quality workgroup at a future date?

a. No

b. Yes

This concludes the survey. Thank you so much for your time. Updates will be forthcoming, but please contact [Telisa.Burt@acf.hhs.gov](mailto:Telisa.Burt@acf.hhs.gov) if you have any additional questions about this survey.

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