



Workforce Development Board

Tompkins County Workforce Development Board WIOA Youth Exit & Follow-Up Policy

Purpose

The purpose of this policy is to establish guidelines for program staff in providing follow-up services to youth program participants in a 12-month period following their program exit.

Background

Per WIOA 20 CFR 681.580 – Follow-up services are critical services provided following a youth's exit from the program to ensure the youth is successful in employment and/or postsecondary education or training. A youth's exit date should reflect the date when the last program element (activity or service) was provided to the youth. Follow-up services may begin immediately following the last expected date of service in the Youth Program and should be provided for a minimum of 12-months post-exit.

Policy

All youth participants must be offered an opportunity to receive follow-up services that align with the youth's Individual Service Strategy. All youth enrolled in the Tompkins County WIOA youth funded programs must be provided with follow-up services for a minimum of 12 months unless the participant declines services, or if the participant cannot be located or contacted after **at least three (3) consecutive** contact attempts.

Youth who are considered "successful" exits or youth who have lost contact should be exited with "Exited After 90 Days" reason in OSOS. Exceptions to this are youth who are "Institutionalized" (i.e. incarcerated, in-treatment rehab, etc.), "Health/Medical", "Deceased", or "Reservist Called to Active Duty". All youth exited with reason "Exited After 90 Days" selected in OSOS are eligible for Follow-Up Services and should complete a "**Tompkins County WIOA Youth Follow-Up Packet**" (**Attachment A**) with their Counselor. Youth will have an option to enroll in or decline follow-up services. There will be a section the Counselor may complete if the youth is "Unavailable".

Youth who choose to enroll in Follow-Up Services are required to provide their contact information, three (3) alternative personal contacts (i.e. emergency contacts, immediate family members, roommates, etc.) along with current employer or training information if applicable and should be informed that the Counselor will be retaining contact with them over a 12-month

Board Approved: 12/14/2021

period following the youth's exit date. Follow-up services begin immediately following the youth's exit date (i.e. Exit Date 6/1/19, Follow-Up starts 6/2/19).

While WIOA funds may not be spent on youth while they are in Follow-Up Services, youth can still receive incentive cards based on the current Incentive Policy.

Follow-Up Services may include regular contact with the youth participant's employer, including assistance in addressing work-related problems that arise. Follow-up services for youth may also include the following youth program elements:

- 1.) Supportive Services: *following Tompkins County's Supportive Services policy*
- 2.) Adult Mentoring
- 3.) Financial Literacy Education
- 4.) Services that provide Labor Market and Employment Information about in-demand industry sectors or occupations in the local area, such as career awareness, career counseling, and career exploration services
- 5.) Activities to support the Transition to Postsecondary Education and Training, including academic support, regular contact with the youth participants' academic advisor to address education related problems that arise, career counseling and remediation.

When these services are provided as Follow-Up Services, a case note in OSOS "Comments" button will be made to identify these services as Follow-Up Services and will be funded under "SERVICES" as a Follow-Up Service. Performance Measures required in Follow-Up period include: being employed or in education/training in the 2nd and 4th Quarters after Exit and recording Median Earnings in the 2nd Quarter after exit. These should be recorded in OSOC in Employment Outcomes, Training Outcomes, and Comments Section.

Procedure

- 1.) Upon enrollment in the WIOA Youth Job Link Program, Youth will complete a follow-up form that will provide a phone number, email address, and names of up to three additional contacts (e.g. employers, relatives, and/or educational/training organization staff) who can be contacted for information regarding the youth if the youth is not reachable. See **Attachment A** for follow-up contact form document. **Attachment A** should be reviewed and updated as needed.
- 2.) Prior to exiting the WIOA Youth Job Link Program, the follow-up procedure will be reviewed by the Youth with staff and **Attachment A** will be updated to reflect any changes. Staff and Youth will discuss and decide on appropriate follow-up services. Youth may opt to "Decline Follow Up Services" at this time.
- 3.) Should the Youth exit without reviewing procedure with staff (i.e. exit due to loss of contact, incarceration, medical, etc.), staff will need to utilize contact information as last documented in their efforts to regain or maintain contact with youth. See "REFUSAL/LOSS OF CONTACT" clause below.

4.) Follow-up services can start immediately after an Actual End Date has been entered for the last open service on the Youth's record in OSOS **and** there are no planned future services. Exit date will be generated by OSOS 90 days from the last day of service. Follow-Up Services must be entered in OSOS as "Follow-Up" in the "Program Service Type" field.

5.) CONTACT EFFORTS:

a.) In providing follow-up services, staff must contact the Youth, or if the Youth cannot be reached, must contact the "alternative contacts" identified by the Youth on Attachment A, in order to discuss the Youth's progress in employment and education. Contact attempts must occur following the schedule listed below (section 5b). Contact can occur via phone (call and/or text), email, in-person, or via social media. Attempts to reach a youth must be documented under OSOS case notes "Comments". All efforts to reach a youth must be exhausted before sending a Final Notice Letter (see Section 7 "Refusal/Loss of Contact").

Note: If the Youth contacts the Staff, and they receive follow-up services outlined in this policy, this will count as follow-up and should be entered in OSOS as a "Follow-Up" case note and as a "Follow Up Service" in the "Services" tab.

b.) Contact should be attempted on the following schedule:

- ✓ During the first three (3) months after youth exits program, staff should attempt to contact the youth every two (2) weeks (i.e. every other week). If the youth cannot be reached, contact efforts should also be made with each alternative contact.
- ✓ During months four through twelve (4-12) after Youth exits program, staff should attempt to contact Youth one (1) time per month. If the youth cannot be reached, contact efforts should also be made with each alternative contact.

Note: Please refer to Procedure Section 7 (Refusal/Loss of Contact) below for instructions on what to do in the event that youth are unable to be located.

Note: OSOS can be used to assist staff in setting reminders to contact Youth. Reminders can be scheduled using the "Next Contact Date" option on the Services tab in OSOS. In addition, staff should create a case note using the "Comments" button when entering a follow-up service that includes the next date that staff will attempt to contact the Youth.

6.) If staff contacts Youth and the Youth reports no need for follow-up services during that contact, this should be fully documented as a case note in OSOS "Comments"; however, no funded follow-up service activity can be put in the "Services" section, as no actual services were provided. Follow-up Services should continue to be offered following the schedule above to continue to monitor the Youth's status and needs.

7.) **REFUSAL/LOSS OF CONTACT:** Staff may end a Youth's follow-up services in less than twelve (12) months if the staff is unable to contact the Youth for **three (3)** consecutive attempts as outlined in above schedule (Procedure Section 5), or if staff receives **one (1)** rejection from

the Youth (either in completing their paperwork during a planned exit, or via contact attempts made following the follow-up procedure steps).

Upon **three (3)** consecutive contact attempts, a “Final Notice” Letter will be sent to the youth via both an email and mailing address to establish loss of contact clause has been initiated and the youth will no longer be receiving follow up services, with instructions for what to do should they wish to re-enroll. (See Attachment B).

Contact dates and information must be entered as case notes in the OSOS “Comments” button to show that the contact policy threshold was reached or that the Youth declined to receive additional services during the follow-up period.

8.) EXEMPTIONS/EARLY TERMINATION:

WIOA EXEMPT: Not all Youth exiters are required to be provided with Follow-Up Services. The following reasons are exclusions from performance measures that do not require follow-up of the Youth. The reason for the exclusion **must be** documented in OSOS “Comments” button as case notes. A Youth may be exempt from or not need follow-up services if the Youth is:

- a.) Incarcerated/Institutionalized: The participant exits the program because they have become incarcerated in a correctional facility or have become a resident of an institution or facility providing 24-hour support, such as a hospital or treatment center, while receiving services as a participant
- b.) Deceased: participant is deceased
- c.) Medical Treatment: participant exits the program because of medical treatment and that treatment is expected to last longer than 90 days and precludes entry into unsubsidized employment or continued participation in the program
- d.) Reservist Called to Active Duty: participant exits the program because they are a member of the National Guard or other reserve military unit of the armed forces and are called to active duty for at least 90 days.
- e.) Foster Care: participant is in the foster care system (45 CFR 1355.20(a) definition) and exits the program because they have moved from the local workforce area as part of such a program or system

References: 20 CFR 681.580; TEGL 21-16, TEGL 10-16 Change 1

ATTACHMENT A

Tompkins County WIOA YOUTH Job Link Follow-Up Services Packet

Youth: _____ NY#: _____

Counselor: _____

WIOA Youth Exit Date: _____ Follow-up Start Date: _____

Circle 2nd and 4th Quarters after exit:

Jan Feb March

April May June

July August Sept

Oct Nov Dec

_____ I would like to enroll in WIOA Youth Follow-up Services and maintain contact with the Youth Counselor throughout the next 12 months. I understand by enrolling in Follow-up Services, I can continue to receive approved assistance with work and training related needs and earn incentive cards. I understand I must provide the Youth Counselor with reliable and updated contact information. I also understand I can opt out of Follow-up Services at any time by notifying my Counselor or failure to maintain contact with the youth counselor will result in my follow-up services being terminated.

_____ I would NOT like to enroll in WIOA Youth Follow-up Services and maintain contact with the Youth Counselor throughout the next 12 months. I understand by NOT enrolling in Follow-up Services, I can NOT continue to receive approved assistance with work and training related needs or earn incentive cards.

_____ Youth Unavailable Reason: _____

Please fill out all information below

Youth's Current Contact Information:

Phone #: _____ Cell House Other: _____

Voice Mail Set-up: Yes No Texting OK: Yes No

Email Address: _____

How Often Email is Checked: _____

Mailing Address: _____

I give permission to the contacts listed below to provide information on my personal history and current/future status to include: medical, family, legal, employment, financial, and current address/phone information. Initial: _____ Date: _____

Alternative Contact #1: _____

Individual's Name: _____ Relationship to Youth: _____

Phone #: _____ Voicemails OK: Yes No Texting OK: Yes No

Email Address: _____

Alternative Contact #2: _____

Individual's Name: _____ Relationship to Youth: _____

Phone #: _____ Voicemails OK: Yes No Texting OK: Yes No

Email Address: _____

Alternative Contact #3:

Individual's Name: _____ Relationship to Youth: _____

Phone #: _____ Voicemails OK: Yes No Texting OK: Yes No

Email Address: _____

Current Employer Information:

Employer: _____ Supervisor: _____

Current Position: _____ Phone #: _____

Start Date: _____ Hours per week: _____ Hourly Wage: _____

Current Education/Training Information:

Provider: _____ Contact Person: _____

Phone #: _____ Start Date: _____ Expected End Date: _____

Type of Schooling/Training: _____

Hours per week: _____

Any additional employment goals over next 12 months:

Any additional education/training goals over next 12 months:

Youth's Signature: _____ Today's Date: _____

Counselor's Signature: _____ Today's Date: _____

Provide youth with copy of this packet

2nd Quarter Employment Information:

Today's Date: _____

Employer: _____ Start Date: _____ End Date: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Wage: _____ Wage Unit (Hourly, Weekly, etc.): _____

Related Services: _____

2nd Quarter Education/Training Information:

Today's Date: _____

Category: *Postsecondary Education or Occ Skills/Advanced Training*Type: *HSE or Continuation of Alternative School*

Enrollment Date: _____ Completion Date: _____

Attainment Status: *In Process no intended Credential In Process intended Credential**Completed attained intended Credential Completed did not attain or intend Credential Incomplete*

Major/Program: _____ Deg/Cert/Cred: _____

School/Institute: _____ Hours per week: _____

Skills Gain: *Lit/Num Gain (HSE students only) Postsecondary Transcript**Training Milestone Skills Progression***4th Quarter Employment Information:**

Today's Date: _____

Employer: _____ Start Date: _____ End Date: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Wage: _____ Wage Unit (Hourly, Weekly, etc.): _____

Related Services: _____

4th Quarter Education/Training Information:

Today's Date: _____

Category: *Postsecondary Education or Occ Skills/Advanced Training*Type: *HSE or Continuation of Alternative School*

Enrollment Date: _____ Completion Date: _____

Attainment Status: *In Process no intended Credential In Process intended Credential**Completed attained intended Credential Completed did not attain or intend Credential Incomplete*

Major/Program: _____ Deg/Cert/Cred: _____

School/Institute: _____ Hours per week: _____

Skills Gain: *Lit/Num Gain (HSE students only) Postsecondary Transcript**Training Milestone Skills Progression*

Board Approved: 12/14/2021

Attachment B

[INSERT PROVIDER LETTER HEADER HERE]

Dear [PROGRAM PARTICIPANT]:

Hello! We have been trying to reach you in order to offer you Follow-Up Services for the [INSERT PROGRAM NAME HERE] program. Follow-up Services allow program participants to continue to receive approved assistance with work and training related needs and earn incentive cards for their efforts.

When you started our program, you expressed interest in the following goals [list participant goals here]. You have worked hard at achieving these goals – and we are here to help you continue!

You are welcome to contact us at any time! Should you desire to continue to receive services from the [PROGRAM NAME], please contact us at: [phone, email, website, social media, etc.] and we will be happy to get started with you again. If we do not hear from you, we will take that to mean that you are no longer interested in participating in our program.

We wish you all the best in your continued efforts.

Sincerely,

Provider Staff Name/Contact