## Fulton, Montgomery, and Schoharie Counties Workforce Development Board, Inc. 2620 Riverfront Center Contact: Gail Breen 518-842-3676 Ext. 3017

### YOUTH FOLLOW-UP POLICY

BY 2017 - 03

**PURPOSE:** To clarify and provide guidance to program staff (or "Staff") in providing follow-up services to youth program participants (or "Youth"). Follow-up services help ensure that Youth continue to succeed in employment and educational goals after completion of participation in the youth program.

**REQUIRED**: Per WIOA, youth follow-up services must be provided for 12 months following their exit from the youth program. The services Youth receive while in follow-up status can be the same as services they received while active in the year-round program (e.g., adult mentoring). Examples of these services are outlined in the "Services" section below. Providing these follow-up services does not require Staff to create a new WIOA enrollment. However, if Staff feel as though the Youth would benefit from more rigorous services (e.g., occupational skills training), they can re-enroll the Youth into the year-round program.

**POLICY:** All Youth enrolled in Fulton, Montgomery and Schoharie Counties Workforce Development Board WIOA funded youth programs must be provided with follow-up services for not less than 12 months after the completion of WIOA Youth Program participation.

All Youth must receive some form of follow-up services; the types, scope, and duration of services must be based on the individual needs of each Youth.

Follow-up services may end prior to the 12 month requirement, so long as Staff follows the follow-up protocol outlined below and documents outreach in the One Stop Operating System (OSOS) as services and case notes.

**SERVICES:** Follow-up services (or "Services") are individualized to Youth customers. Services should provide continued assistance as needed after participation and assist Youth with transition to or retention in employment or further education.

Follow-up services may include but are not limited to:

1) Leadership development and supportive services:

- a) Leadership development includes opportunities that encourage responsibility, employability and other positive social behaviors, such as:
  - Exposure to postsecondary educational opportunities;
  - Community and service learning projects;
  - Peer-centered activities, including peer mentoring and tutoring;
  - Organizational and team work training, including team leadership training;
  - Training in decision making, including determining priorities; and
  - Citizenship training, including life skills such as parenting, work behavior training, and budgeting of resources.
- b) Supportive services include:
  - Linkages to community services;
  - Assistance with transportation;
  - Assistance with child care and dependent care;
  - Assistance with housing;
  - Referrals to medical services; and
  - Assistance with uniforms or other appropriate work attire and work related tools, including items such as eye glasses and protective eye gear.
- 2) Academic support and advancement including tracking the progress of Youth in education, including regular contact with Youth participant's academic advisor, to address education related problems that arise; career counseling and remediation.
- 3) Employment support and assistance including assistance in retaining, securing, upgrading jobs, career development and advisement.
- 4) Work-related peer support groups.
- 5) Adult mentoring.

#### PROCEDURE:

- 1) Upon enrollment in the Year Round WIOA 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 education/training organization) who can be contacted for information regarding youth (if the youth is not reachable). See **ATTACHMENT A** for this document for follow-up contact information.
- 2) Prior to exiting the Year Round Program, the follow-up procedure will be reviewed with the Youth. Staff and Youth will discuss and decide upon appropriate follow-up services. ATTACHMENT A should be reviewed and updated as needed.

3) 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. There is no need to wait for OSOS to generate the exit date (90 days from the last date of service) to provide follow-up services. Follow-up services do not extend the enrollment or create a new enrollment, as long as they are entered as "Followup" in the "Program Service Type" field in OSOS.

#### 4) Contact:

a) In providing follow up services, Staff must contact Youth or (if Youth cannot be reached) one or more of the contacts the Youth identified on **ATTACHMENT A** to discuss Youth's progress in employment or education; this contact must be made every other week for the first three months after youth exits program e.g., phone, email, in-person, or through social media.

**Note:** If the Youth contact Staff, this will count as follow-up and should be entered in OSOS as a follow-up service.

b) During months four through twelve (4-12) of the follow-up period, Staff must contact Youth or (if Youth cannot be reached) one or more of the contacts the Youth identified on Attachment A to discuss Youth's progress in employment or education as part of providing follow-up services; this contact must occur on a monthly basis e.g., phone, email, in-person, or through social media.

The OSOS can be used to help Staff set 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 a comment as to the next date that the Staff will attempt to contact the Youth.

5) If Staff contacts Youth and Youth reports no need for services during that contact, this should be fully documented as a follow-up service in OSOS and should also be captured in a case note in the OSOS "Comments" button. Follow-up services should continue to be offered following the schedule above to monitor the Youth's status and needs.

**REFUSAL/LOSS OF CONTACT**: Staff may end a Youth's follow-up services in less than twelve (12) months if Staff is unable to contact the Youth for three (3) consecutive attempts as outlined below or if Staff receives one rejection from the Youth. Contact should be attempted on the following schedule:

1) During the first three (3) months after youth exits program, Staff should attempt to contact Youth every two (2) weeks.

2) During months four through twelve (4-12) after Youth exits program, Staff should attempt to contact Youth every month. Contact dates and information must be entered as case notes in the OSOS "Comments" button to show that the contact policy threshold was reached.

#### **EXEMPTIONS/ EARLY TERMINATION:**

- a) WIOA Exempt: Not all Youth exiters are required to be provided 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/Case notes. A Youth may be exempt from or not need follow up if the Youth:
  - Is institutionalized;
  - Is deceased:
  - Is undergoing health/medical or family medical care;
  - Is a member of Reserved Armed Forces called to Active Duty;
  - Has relocated or been transferred to a Mandated Program.

### **ATTACHMENT A**

# Follow- Up Contacts and General Release of Information

| 1)   | nonth follow-up period:  Name:  Relation:         |                     |
|------|---|---------------------|
|      | Name:<br>Relation:                                |                     |
|      | Relation:   |                     |
|      |   |                     |
|      | Address:  |                     |
|      | Phone(s):   |                     |
|      | Email:  |                     |
| 2)   | Name:   |                     |
|      | Relation:   |                     |
|      | Address:  |                     |
|      | Phone(s):   |                     |
|      | Email:  |                     |
| 3)   | Name:   |                     |
|      | Relation:   |                     |
|      | Address:  |                     |
|      | Phone(s):   |                     |
|      | Email:  |                     |
| I gi | ve permission to the above to provide information | tion on my personal |
|      | ory and current/future status to include: medic   |                     |
| fina | ncial, and current address/phone.                 |                     |
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