

## YOUTH OVERSIGHT COMMITTEE

September 16, 2019

8:30 A.M.

COFA Conference Room

**PRESENT:** V. Zeppelin, K. Shanks-Booth, S. Kittel

**EXCUSED:** T. Watts

**STAFF:** J. Mattick, D. Achilles, S. Alvord

### CALL TO ORDER

Ms. Shanks-Booth called the meeting to order at 8:39 a.m.

### APPROVAL OF MINUTES

It was Moved by Ms. Zeppelin and seconded by Ms. Kittel and unanimously adopted by voice vote of members present to approve the minutes of June 19, 2019.

It was Moved by Ms. Zeppelin and seconded by Ms. Kittel and unanimously adopted by voice vote of members present to approve the minutes of July 17, 2019.

### WIOA YOUTH REPORTING DOCUMENT REVIEW

Ms. Alvord reviewed the WIOA Youth Program monthly reporting document. Ms. Alvord is meeting with Ms. Mouillesseaux – WIOA Youth Program re: the data required in the form. Ms. Mattick informed the committee that the form was piloted, and there are a couple of areas we will need to clarify with Ms. Mouillesseaux. The committee had a conversation about modifications.

### DISABILITY EMPLOYMENT INITIATIVE GRANT

Ms. Mattick reviewed the DEI grant, it is a 3-year, \$500,000 grant to serve youth with disabilities ages 14 – 24. The Career Center has Federal requirements of In-school 25% and Out-school 75%. There is a slow increase with co-enrollment with the DEI grant.

Ms. Mattick reported that there will be a public relations/marketing campaign starting shortly. We have been working with Cayuga Radio and Iron design to design bus ads, brochures, and radio ads that will run for 6 months to a year.

### WIOA YOUTH EXPENDITURE UPDATE

- a) In School vs Out of School Expenditures
- b) 20% Work Experience Requirement
- c) Overall Expenditures

Ms. Mattick informed the committee that we will need to prepare and release an RFQ for job coaching services. We are seeing an increase in youth that need job coaching. Ms. Mattick will request sample job coaching RFP's from other areas, work with JobLink to assess the need and create a draft RFQ for further discussion.

### DRAFT POLICIES

**a) WIOA Youth Exit & Follow-Up Policy**  
**b) Incentives revised**

Ms. Alvord has modified the Incentive policy with a 2<sup>nd</sup> page – Skills gain section that was added with dollar amounts per State requirements. Staff are asking for the policy and the state is suggesting it is needed. The committee reviewed and suggested a couple of changes.

It was moved by Ms. Zeppelin and seconded by Ms. Kittel and unanimously adopted by voice vote of members present to approve the Incentive Policy with the suggested modifications.

Ms. Alvord reviewed the new WIOA Youth Exit and Follow up Services policy. The committee reviewed, discussed the purpose and suggested changes.

It was moved by Ms. Kittel and seconded by Ms. Zeppelin and unanimously adopted by voice vote of members present to approve the WIOA Youth Exit and Follow-up Policy with the suggested modifications.

Ms. Mattick informed the committee that NYSDOL will be finalizing the WIOA Youth Monitoring shortly. The committee will receive the final report upon its release.

**SYEP UPDATE**

Ms. Alvord will update at next meeting.

**WIOA YOUTH & SYEP RFP TIMELINE**

Ms. Mattick reminded the committee that we will need to issue a new Request for Proposals for the WIOA Youth program for services effective July 1, 2020. Ms. Mattick will send out a draft timeline for RFP's for both the WIOA Youth program and SYEP for 2020.

**DIRECTOR'S UPDATE**

No Report

**ADJOURNMENT**

Ms. Shanks-Booth adjourned the meeting at 10:17 a.m.

The next meeting is scheduled for Wednesday, October 23<sup>rd</sup> at 8:30 a.m. in the COFA conference room. This meeting was subsequently rescheduled for Tuesday, October 22 at 1:30 p.m. in the COFA conference room.

## **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 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 2<sup>nd</sup> and 4<sup>th</sup> Quarters after Exit and recording Median Earnings in the 2<sup>nd</sup> 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 one or more contacts identified by the Youth on Attachment A, in order to discuss the Youth's progress in employment and education. This contact **must** be made every other week for the **first three (3) months** after the Youth exits the program. Contact can occur via phone, email, in-person, or via social media.

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 (every other week).
- ✓ During months four through twelve (4-12) after Youth exits program, staff should attempt to contact Youth one (1) time per month.

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.

c.) During months four through twelve (4-12) of the follow-up period, staff must contact Youth, or if the Youth cannot be reached, must contact one or more contacts identified by the Youth on Attachment A, in order to discuss the Youth’s progress in employment and education as part of providing follow-up services. Contact attempts must occur at least once per month and attempts must be documented under OSOS case notes “Comments”. Contact can occur via phone, email, in-person, or via social media.

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 email or 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

**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\**



## **Attachment B**

[INSERT PROVIDER LETTER HEADER HERE]

Dear [WIOA YOUTH PARTICIPANT]:

Hello! We have been trying to reach you in order to offer you Follow-Up Services for the WIOA YOUTH 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.

This letter serves to inform you that we have made three attempted contacts and will now be discontinuing our efforts to reach you at this time. A non-response is considered to be a declination of the above offered Follow-Up Services.

You are welcome to contact us at any time! Should you desire to continue to receive services from the WIOA YOUTH program provider, please contact us at: [phone, email, website, social media, etc.] and we will be happy to get started with you again.

We wish you all the best in your continued efforts.

Sincerely,

Provider Staff Name/Contact

**WIOA YOUTH PROGRAM  
MONTHLY REPORT**

**Tompkins County Workforce Development Board  
Youth Oversight Committee**

<p><b>For Office/Board Use only:</b> ____ Received (date/initials) ____ To Committee (date/initials)</p>
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**Reporting Month:**

- August 2019
- September 2019
- October 2019
- November 2019
- December 2019
- January 2020
- February 2020
- March 2020
- April 2020
- May 2020
- June 2020

**Due Date:**

- Monday, September 09, 2019
- Monday, October 7, 2019
- Monday, November 11, 2019
- Monday, December 09, 2019
- Monday, January 06, 2020
- Monday, February 10, 2020
- Monday, March 09, 2020
- Monday, April 06, 2020
- Monday, May 11, 2020
- Monday, June 08, 2020
- Monday, July 06, 2020

**WIOA YOUTH PROGRAM MONTHLY REPORT**

**MONTH/YEAR:**

*Youth Oversight Committee Aspirations:*

- All youth who are eligible for Job Link are enrolled
- All enrolled youth have a plan that was co-developed to meet both immediate and long-term goals
- All enrolled youth are actively engaged in services that will help them reach their goals
- All exits from the program are intentional

**SECTION I: OUTREACH**

*Please list all outreach activities conducted (may use additional sheet(s) if needed)*

Location of Outreach	Date Occurred (specify day of week as well)	Time Occurred (daytime, evening)	Type of outreach conducted (i.e. tabling, one-on-one, group, etc.)	Outcomes of outreach	Will this outreach be repeated?

*Please list all agency presentations (may use additional sheet(s) if needed)*

Location	Date	Purpose of presentation

*Please keep a running list of "Unique Community Partners" below:*

**SECTION II: ENROLLMENTS AND EXITS**

*Please tally the number of new enrollees in previous month along with their ages and school status*

	Total Youth	Total ISY	Total OSY	Total ages 16-18	Total Ages 19-21	Total Ages 22-24
<b>New Enrollees</b>						
<b>Total Enrollees YTD</b>						
<b>New Exits</b>						
<b>Total Exits YTD</b>						

*For all New Exits, please list the reason for exit. If exited due to loss of contact, please list # of attempts to engage that youth; for exits due to employment, please list details of said employment placement*

Intentional Exit (Y/N)	Reason for exit	# of exit follow up attempts	Unsubsidized Employment/Occupation	Wage Rate	# hours worked/week

**WIOA Youth Enrollments and Exits Program Totals (YTD previous month)**

	JULY 1, 2016 – JUNE 30, 2017	JULY 1, 2017 -- JUNE 30, 2018	JULY 1, 2018 –
<b>TOTAL ENROLLMENTS</b>	<b>33</b>	<b>15</b>	
TOTAL IN SCHOOL	4	2	
TOTAL OUT OF SCHOOL	29	13	
<b>TOTAL EXITS</b>	<b>28</b>	<b>50</b>	

**SECTION III: PROGRAM ACTIVITIES**

Please use this section to “bring the program to life”! Document the number of services provided in the previous month per program element in the chart below and provide one sample of a client success story

**WIOA YOUTH PROGRAM ELEMENTS**

PROGRAM ACTIVITIES TO BE PROVIDED:	TOTAL NUMBER OF SERVICES PROVIDED	
	MONTHLY:	YTD:
Tutoring, study skills training		
Alternative secondary school services		
Paid/unpaid work experience		
Occupational skills training		
Educational training		
Leadership development		
Supportive Services		
Adult mentoring		
Follow-up services		
Comprehensive guidance and counseling		
Financial literacy education		
Entrepreneurial skills training		
Labor Market and employment information		
Transition to postsecondary education and/or training		

1.) If elements have been provided by agency other than OET, please list which element(s) & provider(s):

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2.) Are all the program elements being provided as required? (Y/N) \_\_\_\_\_

Please explain answer provided below:

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3.) Please provide a brief client “success story”, keeping client confidentiality in mind.

The YOC is interested in knowing more about who is being served to better understand program needs.

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**SECTION IV: WIOA YOUTH CONTRACT EXPENDITURE RATES** *[this section to be completed by WDB Staff]*

	<b>WORK EXPERIENCE BUDGET</b>	<b>EXPENDED AS OF:</b>	<b>% EXPENDED</b>
IN SCHOOL			
OUT OF SCHOOL			
<b>TOTAL</b>			

	<b>STAFF WAGES</b>	<b>EXPENDED AS OF:</b>	<b>% EXPENDED</b>
IN SCHOOL			
OUT OF SCHOOL			
<b>TOTAL</b>			

	<b>SUPPORTIVE SERVICES</b>	<b>EXPENDED AS OF:</b>	<b>% EXPENDED</b>
IN SCHOOL			
OUT OF SCHOOL			
<b>TOTAL</b>			

	<b>OVERALL BUDGET</b>	<b>EXPENDED AS OF:</b>	<b>% EXPENDED</b>
IN SCHOOL			
OUT OF SCHOOL			
<b>TOTAL CONTRACT EXPENDED</b>			