

The Mississippi Partnership Workforce Development Area

YOUTH CONTACT AND FOLLOW-UP POLICY

Revised July 1, 2018

THE MISSISSIPPI PARTNERSHIP YOUTH CONTACT AND FOLLOW-UP POLICY

I. Scope and Purpose

The purpose of this policy is to establish guidelines by which providers may ensure that the youth they serve leave the program with all the tools they need to pursue their career goals and ultimately experience personal and professional self-sufficiency and success. This policy discusses several means of ensuring that success, including pre-exit contact, post-exit contact, and follow-up services, all of which are required for every youth served in a Mississippi Partnership WIOA program. Providers should make every effort to serve participants in a timely, courteous, and professional manner.

Pre- and post-exit contact not only aid in case management but also provides performance information used to evaluate the success of individual programs and their participants. Additionally, contact provides an opportunity to update participant information and to keep participants from being “lost.”

Follow-up services, though separate from pre- and post-exit contact, serve a similar purpose and go the additional step of assisting youth who may still need help after having completed active program participation. Considered one of the youth program elements, follow-up services must be provided to every WIOA youth for a minimum of twelve months after exit unless the participant declines to receive follow-up services or the participant cannot be located or contacted; follow-up services may last up to fifteen months after exit to ensure all performance information is reported. Case management will determine which services each individual youth should receive, as well as whether a youth requires follow-up services for more than the required twelve months.

II. Pre-Exit Contact

- A. At the time that a participant enrolls in a youth program, the provider should explain that the participant may expect to be contacted at least monthly throughout his or her participation in the program and for 12-15 months after exit. The provider should also collect appropriate contact information from the participant. Ideally, the provider should have at least two contact names and numbers for each youth.

While a youth cannot begin receiving services until the certification is complete and the youth provider receives all necessary paperwork, the youth provider should remain in contact with the youth throughout the certification process to ensure the youth does not lose interest in the WIOA youth program.

B. Contact Procedures

1. Each youth must be contacted monthly, at a minimum, throughout the course of his or her participation in the program.
2. Contacts may be made in person, by mail, or by phone.
3. All contact should be documented in MS Works or in Section 14 (providers having a computer log system in place are not required to maintain handwritten case management, contact, and follow-up notes) of the Individual Service Strategy (ISS) form (Attachment A), along with case management notes and other relevant information. Providers maintaining notes on computer logs must attach hard copies of notes to the ISS.

4. Information obtained during these contacts should be utilized to determine what additional services the youth should receive or if the youth should be exited from the WIOA youth program and begin the follow-up phase.

III. Exiting Youth

- A. The Exit Date from WIOA should be recorded as the date of last service, not the date the paperwork is completed.
- B. Youth who are in one of the following categories when exiting the program and the youth provider has the reason fully documented in the participant file, will be excluded from WIOA performance measures.
 1. Youth has become incarcerated in a correctional institution or has become a resident of an institution or facility providing 24-hour support such as a hospital or treatment during the course of receiving services as a participant.
 2. Youth is receiving medical treatment and that treatment is expected to last longer than 90 days and precludes entry into unsubsidized employment or continued participation. This does not include temporary conditions or situations expected to last for less than 90 days.
 3. Youth is deceased.
 4. Youth is a participant of the National Guard or other reserve military unit of the armed forces and is called to active duty for at least 90 days.
 5. Youth is in the foster care system and exits the program because the youth has moved from the local workforce area as part of such a program or system.
- C. Utilizing case management and information obtained during the contacts, exits should be made when a youth has finished receiving WIOA services, maximized performance, and is ready to be exited.
- D. If a youth does not receive any services for 90 consecutive days, the youth should be exited. Unsuccessful attempts at contact must be documented in case management notes on the youth's ISS; returned letters must also be kept in participant files.
- E. When a youth is exited, the provider should ensure that the youth understands that post-exit contact will continue monthly through the 12-15 months following exit.

IV. Post-Exit Contact

Post-exit contact is designed to ensure that each youth continues in their education or employment, and any necessary follow-up services (see Section V.) needed to help the youth do so should be offered.

Contact Procedures

- A. Each youth must be contacted monthly in person, by phone, or by mail (see Attachment B for a sample contact letter), beginning the first month after exit. Subsequent post-exit contacts should be made monthly through the twelfth month after exit.
- B. All contact, both pre and post exit, must be documented in MS Works or in Section 14 (providers having a computer log system in place are not required to maintain handwritten case management, contact, and follow-up notes) of the ISS or other approved documents, such as computer logs. Additionally, copies of contact letters must be kept in participant files.
- C. If a provider learns that an exited youth has become unemployed or has left school or training, the provider must immediately make efforts to contact the youth and take steps to help the youth enroll in school or training or find new employment.

V. Follow-Up Services

Follow-up services and post-exit contact are separate program components. Whereas contact procedures are designed to keep track of participants and their progress, follow-up services are part of the required program elements and are intended to provide participants the additional tools they may need to meet their career goals after they exit a youth program. Follow-up services are critical services provided following a youth's exit from the program to help ensure the youth is successful in employment and/or post-secondary education and training.

A. Types of Follow-Up Services

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

1. Supportive services;
2. Adult mentoring;
3. Financial literacy education;
4. services that provide labor market and employment information about in demand industry sectors or occupations available in the local area, such as career awareness, career counseling, and career exploration services; and
5. Activities that help youth prepare for and transition to postsecondary education and training.
6. Regular contact with a youth participant's employer, including assistance in addressing work-related problems that arise

Paid work experience is not allowable follow-up services. Any funds spent during a youth's follow-up phase for paid summer or regular work experience are considered disallowed cost.

B. Requirements

1. At the time of enrollment, youth must be informed that follow-up services will be provided for 12-15 months following exit.
2. Every youth exiting a WIOA youth program must be provided follow-up services of some type for at least twelve to fifteen months after exit, although some youth may need additional follow-up services. If at any point in time during the follow-up period the youth requests to opt out of follow-up services, the youth may do so. In this case, the request to opt out or discontinue follow-up services made by the youth must be documented in the participant's case file.
3. Follow-up services that align with the individual service strategy must be offered during every post-exit contact.
4. The types of services provided and the duration of services must be determined based on the needs of the individual and therefore, the type and intensity of follow-up services may differ for each participant.
5. Follow-up services must include more than only a contact attempted or made for securing documentation in order to report a performance outcome.
6. Supportive services may be provided during follow-up in accordance with the Mississippi Partnership Policy for Supportive Services.
7. All follow-up services must be document in the participant file.

VI. Performance

Successfully meeting WIOA performance standards means ensuring that all youth attains the appropriate measurable skill gains, credentials/certificates/degree, enter military service or employment, or enroll in post-secondary school or other training that will help them attain better-

paying jobs. Regular post-exit contact will not only provide performance information but will also provide an avenue to ensure that the youth receive all needed follow-up services to meet their career goals.

VII. Monitoring

Pre- and post-exit contact and provision of follow-up services should be meticulously documented in MS Works or the participant files and will be reviewed regularly by monitors. Providers having a computer log system in place are not required to maintain handwritten case management, contact, and follow-up notes, but hard copies of such notes should be attached to the ISS and placed in the participant file for local and state monitoring.

VIII. This policy is revised effective July 1, 2018.

ATTACHMENTS

- A Youth Individual Service Strategy (ISS)
- B Sample Follow-Up Letter

**The Mississippi Partnership
WIOA Youth Programs
INDIVIDUAL SERVICE STRATEGY FORM
Revised July 2018**

1. First Name	2. Last Name	3. Social Security # (or last 4 digits)
4. Date of Participation	5. Date of Birth	6. Gender <input type="checkbox"/> Female <input type="checkbox"/> Male

7. Education History

Last High School Attended & Dates: _____

Highest Grade Completed: 6 7 8 9 10 11 12

College Attended & Dates: _____

Major: _____

Years Completed: 1 2 3 4

Received High School Diploma
 Received Cert. of Attendance/Completion
 Received H.S. Equivalency Diploma
 Received Associate/Bachelor Degree
 Received other Occupational Degree/Certificate

8. Employment History

Has the youth ever been employed? Yes No

If yes, please enter the employment history below:

Employer Name:		City, State:	
Job Title:	Start Date:	End Date:	Reason for Leaving

Employer Name:		City, State:	
Job Title:	Start Date:	End Date:	Reason for Leaving

Employer Name:		City, State:	
Job Title:	Start Date:	End Date:	Reason for Leaving

Employer Name:		City, State:	
Job Title:	Start Date:	End Date:	Reason for Leaving

**The Mississippi Partnership
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INDIVIDUAL SERVICE STRATEGY FORM
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9. Basic Skills Assessment:

Current GPA: _____ (ISY only)

TABE:	Scale Score	Grade Level
Reading		
Total Math		
Language		

WorkKeys:	Scale Score	Level
Applied Math		
Workplace Documents		

10. Short-Term Goals
(Goals to be achieved within 12 months)

<input type="checkbox"/> Complete Essential Job Skills Training	<input type="checkbox"/> Obtain CRC
<input type="checkbox"/> Receive Paid Work Experience	<input type="checkbox"/> Enter Employment
<input type="checkbox"/> Obtain High School Diploma or Equivalent	<input type="checkbox"/> Enter Military
<input type="checkbox"/> Remain in High School	<input type="checkbox"/> Enter College
<input type="checkbox"/> Obtain Other Occupational Degree/Certificate (Type: _____)	<input type="checkbox"/> Enter Advanced Training or Occupational Skills Training

Long-Term Employment Goals

11. Challenges to Education/Employment (check all that apply)

<input type="checkbox"/> Deficient in Basic Literacy Skills	<input type="checkbox"/> Lacks Work History
<input type="checkbox"/> English Language Learner	<input type="checkbox"/> Pregnant or Parenting
<input type="checkbox"/> Family/Personal Problems	<input type="checkbox"/> Public Assistance Recipient
<input type="checkbox"/> Foster Child, include aging foster child	<input type="checkbox"/> Requires additional assistance to complete an educational program
<input type="checkbox"/> Has a Disability	<input type="checkbox"/> Requires additional assistance to obtain or retain employment
<input type="checkbox"/> Health/Medical Problems	<input type="checkbox"/> School Dropout
<input type="checkbox"/> Lacks a Driver's License	<input type="checkbox"/> Under Employed
<input type="checkbox"/> Lacks High School Diploma or Equivalent	<input type="checkbox"/> Unemployed
<input type="checkbox"/> Lacks Transportation	

12. Career Pathway Connection. Please describe the career pathway that is developed for this participant and describe how this program will assist with the career pathway development. If the participant's career is one of the Sector Strategy Industries please indicate the sector.

<input type="checkbox"/> Advanced Manufacturing	<input type="checkbox"/> Healthcare	<input type="checkbox"/> Information Technology	<input type="checkbox"/> Logistics, Transportation, Distribution
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13. Participant Commitment and Statement of Understanding: This plan has been developed through mutual cooperation and agreement between the service provider and the participant. The participant certifies that:

- The full array of services offered by the Mississippi Partnership Workforce Area has been discussed with me.
- I am willing and able to complete the activities in this plan, including Essential Job Skills Training.
- I agree to remain in contact with _____ for a period of one year after completion in this program.
- I understand that a lack of commitment or participation may result in my termination from this program.

Participant Signature	Date	Youth Provider Signature	Date
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SAMPLE CONTACT LETTER

July 1, 2018

Participant Name
Street Address
City, State Zip Code

Dear Youth Participant:

I would like to take this opportunity to personally thank you for using the services of [INSERT NAME OF SERVICE PROVIDER]. I trust your experience with us has been a positive one and that you will share information about our program with others who may benefit from our services.

Even though you are now [in school, in the military, employed, etc.], we will still continue to contact you on a monthly basis to offer assistance. A wide variety of services are available to youth who have participated in [INSERT NAME OF SERVICE PROVIDER] activities, including:

- tutoring,
- information about additional educational opportunities,
- additional career planning and counseling,
- assistance with work-related problems,
- job referrals, for those who may have become unemployed,
- referral to other agencies for supportive services, and
- other services, as appropriate, that may help ensure success.

If you have need of any of these services, or if you have other needs with which we may provide assistance, please contact us at [INSERT PHONE NUMBER] and ask to speak with me. Your success is extremely important to me; if you are not successful, then my job hasn't been completed.

I look forward to hearing from you.

Sincerely,

[CASE MANAGER]