

GRETHEN WHITMER GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF TALENT AND ECONOMIC DEVELOPMENT

STEPHANIE BECKHORN ACTING DIRECTOR

OFFICIAL Policy Issuance: 19-07

Date: March 15, 2019

To: Michigan Works! Agency (MWA) Directors

From: Joe Billig, Division Administrator SIGNED

Targeted Services Division Workforce Development Agency

Subject: Fiscal Year 2019 Summer Youth Employment Program (SYEP) for

Chafee-Eligible Foster Youth

Programs

Affected: SYEP for Chafee-Eligible Foster Youth

Rescissions: None

References: The Workforce Innovation and Opportunity Act (WIOA) of 2014

Background: Several MWAs will offer a summer program that provides meaningful

employment opportunities for youth in foster care. The SYEP for Chafee-Eligible foster youth will be in effect from April 1, 2019 to

Charee-Eligible foster youth will be in effect from April 1, 2019 to

August 31, 2019. The SYEP may include any combination of allowable WIOA Youth Services that occur during the summer period, as long as it includes a work experience component, as defined under the WIOA at

20 Code of Federal Regulations 664.460. This program is being implemented at the request of the Michigan Department of Health and

Human Services (MDHHS).

Policy: Foster Care SYEP

The SYEP will provide summer employment opportunities and workforce development activities (work readiness) to approximately 250–275 current

Chafee-Eligible Foster Care Youth, ages 14–20.

Program Dates

June 3, 2019 – the first day participants can begin summer employment.

July 12, 2019 – the last day for MWAs to accept SYEP referrals.

August 31, 2018 – the last day for summer employment.

Funding

The MDHHS will provide \$600,000 of Chafee (Youth-In-Transition) funds to finance the project staff and services. No more than 10 percent (10%) of the allocated amount can be spent on administrative costs. In addition, expenditures must be aligned to the percentage of youth served; however, the amount allocated to administrative expenses and staffing costs will not be reduced pursuant to the number of youth served.

Additionally, the MDHHS will provide \$28,000 of Temporary Assistance for Needy Families (TANF) supportive services funding to support the SYEP. The funding levels are being distributed at the request of the MWAs. No administrative costs are allowed for supportive services. This funding can be utilized for transportation and uniform assistance, as well as other supportive services. The TANF supportive services funding and the Chafee funding must both be spent by August 31, 2019.

Eligibility and Referral

Eligibility for the SYEP is restricted to "open case" foster youth, ages 14 and older. The MDHHS shall be responsible for determining participant eligibility and referring eligible youth to the MWAs for enrollment. All referrals to the MWAs must be generated from the MDHHS, not private agencies unless the local MDHHS has indicated that the private agency will submit referrals. However, in Wayne County, the referral may come from the MDHHS Agency Purchase of Service monitor or the Educational Planner staff. The MWAs should work with the local MDHHS partners to coordinate the referral process and timeline for referrals. The MWAs that have not enrolled at least 50 percent (50%) of their youth to be served by June 28, 2019, should contact the Michigan Talent Investment Agency/ Workforce Development Agency (TIA/WDA) immediately for assistance.

Please Note: The referral form, DHS 348, is attached. The utilization of this form is mandatory. Substitute or replacement forms or documents *are not* acceptable.

SYEP Components

The MWAs shall provide SYEP participants work experience and employment development opportunities that include work readiness training. The MWAs shall provide a minimum of two weeks job readiness training to all participants. The MWAs shall provide summer employment opportunities to SYEP participants for a minimum of six weeks, at least 20 hours per week, at no less than minimum wage. If the MWA does not reach the number of youth required to serve, they may increase the hours worked to 30 for those youth enrolled in the program.

The SYEP participants may take part in all summer youth program activities that are available to the WIOA youth participants, including all WIOA summer youth employment program activities. The SYEP participants shall receive minimum wage or the amount paid to the WIOA youth participants for equivalent summer employment, whichever is greater.

For each participating MWA, the MDHHS shall designate an SYEP case manager/contact person. This person shall be responsible for providing the MWAs all participant information and other assistance, as necessary, as well as ensuring caseworkers are informed and providing support to participants.

In the event that disciplinary action is necessary to address negative behavior, or barriers to successful participation in the program are identified, the MWAs should contact the MDHHS case manager/contact person to provide assistance. The MDHHS case manager/contact person shall contact the caseworker who shall provide assistance.

Procurement

To ensure swift implementation of the SYEPs, the MWAs may modify or expand existing competitively procured contracts that provide the same set of services. If existing competitively procured contracts do not exist, the competitive bid process must be utilized to select an SYEP provider.

Data Entry

All SYEP participants must be entered into the One-Stop Management Information System (OSMIS). A special initiative indicator has been added to the WIOA registration page called "Foster Youth Summer Employment." This indicator must be set to "Yes" for any participant under this program. If the MDHHS case closes after the participant has been enrolled, services should still be provided until the program ends. The SYEP participants may be dually enrolled as WIOA year-round youth and foster youth.

- Funding From the OSMIS "Funding Source/Program" screen, select "Foster Youth Summer Employment" under the "Other MWA Programs" field. This will identify the youth as being funded by the Chafee Foster funds. If this is the only funding source selected, the youth will not be included in local performance. If the youth is to be dually enrolled in the WIOA year-round youth program, the MWA should also set the "Youth (Local) WIOA" field to "Yes" on the funding source screen. This will indicate the youth is in the year-round program and will include the youth in local performance measures.
- <u>Activities</u> Under the "Activities" section in the OSMIS, staff should select "Alternative Secondary School Services" for youth participating in credit recovery and/or "Paid and Unpaid Work Experience" for youth participating in summer youth employment, as applicable.
- <u>SYEP Enrollment</u> If an SYEP participant is enrolled only as a foster youth, activities should be ended at the end of the program. The participant should be exited at the end of the activities. These youth will be excluded from performance requirements.
- <u>Dual Enrollment</u> If an SYEP participant is dually enrolled as both WIOA year-round youth and SYEP, all WIOA performance measures will apply, and all WIOA youth sections must be completed. The MDHHS referrals for the SYEP may be accepted to meet the requirements for a parent/guardian signature for enrollment in the

year-round WIOA program. The WIOA funds may be used to supplement wages and provide other services, but youth served with WIOA-funds must be dually enrolled.

- <u>Supportive Services</u>: If supportive services are provided to the SYEP participants, documentation must be noted in the OSMIS. Case notes should be utilized to document what supportive services were provided individually.
- Every effort should be made to enroll at least 50 percent (50%) of program participants into the year-round WIOA program.

Program Reporting

The MWAs shall provide the following reports to the WDA:

Year-End Report

The year-end report shall be submitted on the 2019 Foster Care Summer Youth Employment Year-End Report template (attached). The year-end report must include the name, date of birth, start and end date of each SYEP participant, along with the following performance measures and service recommendations:

- The youth met job readiness measures.
- The youth entered a WIOA program at the completion of SYEP.
- Recommendations for future services.

The report must be submitted by Excel spreadsheet to the WDA to the attention of Mr. Gary Clark by email at ClarkG1@michigan.gov. by September 27, 2019.

Follow-Up Report

The follow-up report shall be submitted on the 2019 Foster Care Summer Youth Employment Follow-Up Report template (attached). The follow-up report must include the name, date of birth, start and end date of each SYEP participant, along with the individual participant-level performance measures and the retention status in the WIOA Youth Program at 6 and 12 months after completion of the program.

Follow-up reports must be submitted to the WDA on March 24, 2020, and September 11, 2020. The SYEP participants that **are not** enrolled in the year-round WIOA youth program **should not** be included in the follow-up reports. The follow-up reports must be submitted by Excel spreadsheets to Mr. Gary Clark by email at ClarkG1@michigan.gov. The Excel spreadsheets are attached to this email.

Participant Survey

Prior to their completion of the SYEP, each participant must complete an on-line, five question survey pertaining to their experience in the SYEP. The SYEP Survey must be accessed on-line and cannot be provided to the SYEP participant in any other format. The survey may be accessed at the following address:

https://www.surveymonkey.com/r/2019 SummerYouthEmploymentProgram ParticipantFeedback.

Fiscal Requirements and Reporting

A fiscal report for the period ending June 30, 2019, is due through the Management of Awards to Recipients System (MARS) on or before July 19, 2019.

A fiscal report for the period ending August 31, 2019, is due through MARS within 20 days of the end of the program, or on or before, October 4, 2019. Financial reporting to the MDHHS will be based on the information submitted in this report. Therefore, reasonable and conservative estimates should be used if the final financial information is not available. A final financial closeout report is due through MARS 60 days after the program's end, by October 31, 2019. Expenditures in excess of what has been represented in the previous report are not allowed.

Action:

The MWAs must submit a Foster Care SYEP Plan consisting of a Plan Narrative, Plan Signature Page, and two Budget Information Summaries within 30 days from the date of this policy. Plans are to be submitted by email to TED-TSDIV@michigan.gov.

Inquiries:

Questions regarding this policy should be directed to Mr. Gary Clark by telephone at 517-930-4749 or email at ClarkG1@michigan.gov.

This policy is available for downloading from the WDA's website.

The information contained in this policy will be made available in alternative format (large type, audio tape, etc.) upon special request to this office. Please contact Ms. Pamela Vance at 517-241-9834 for details.

Expiration Date:

September 30, 2020

JB:YH:pv Attachments

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•	Michigan Depart	tment of Health and H	uman Services		
completed for all active age 14, the referral mus	chigan Works! Agency (MW! foster care youth without a gi t be completed at case open se file, with documentation o	oal of reunification upon ing. Upon completion of	turning 14. If the y	outh enters fo	ster care after
Please check what you	are referring the youth to:				
	or WIOA youth program. Thi at be told he/she is being refe			r older without	a reunification
offered during speci enrollment in the S county that offers a	r Youth Employment Program fic time-frames. A foster care FYEP can only take pursuar SYEP. The youth must be to egardless of Permanency G	youth may be dually en nt to a MDHHS referral Id he/she is being referr	rolled in a WIOA p . Only check this b	rogram and th ox if the youth	e SYEP, but resides in a
OUTH INFORMATION	: Be sure that all youth conta	act information is up-to-	date.		
Name (Last, First, M.I.)	ame (Last, First, M.I.)			Sex	
Addesses		011-		Male Male	Female
Address		City		State	Zip
Telephone Number	Race		Ethnicity		
			Hispanic or Latino	Ethnicity	Yes N
MISACWIS Person ID	Legal Status				
outh Federal Goal					
Education Level	ion Level Education Status				
	_			I =	
Name of School Youth Attends				This youth has no income	
FOSTER CARE AGEN	CY INFORMATION			•	
Agency Name					
Agency Address					
Foster Care Worker's Name	Foste	er Care Worker's Email Addres	58	Telephone Number	
MICHIGAN WORKS!/W	ORKFORCE INNOVATION	AND OPPORTUNITY A	CT INFORMATIO	N	
Agency Name					
Agency Address					
Agency Contact Name		Agency Teleph	one Number		
Youth Signature				Date	
Foster Care Worker Signature					
Foster Care Supervisor Signature					
	Health and Human Sendres /MDHH	HS) does not discriminate agai	inst any individual or	Authority:	

DHS-348 (Rev. 4-18) Previous edition obsolete.

Distribution: Youth Case File Michigan Works Agency

DHS-348 Form for Foster Care Youth

Policy/Modification Approval Request Instructions

- 1. Michigan Works! Agency (MWA): Enter the name and number assigned to the MWA.
- 2. <u>Plan Title</u>: Enter the appropriate title(s) for the plan being submitted. "Foster Care Summer Youth Employment Program (SYEP)" has been pre-printed.
- 3. <u>Policy/Modification Number</u>: Each policy number will begin with the calendar year, i.e., 19. The modification will begin with 00, and subsequent changes will be next in sequence from 00, i.e., 10-01, 10-02, etc. "19-07" has been pre-printed.
- 4. <u>Program Period</u>: Identify the program period covered by this plan. "04/1/19 through 08/31/19" has been pre-printed.

Approval Request Form

1. Michigan Works! Agency (MWA) Name and Number:						
2. Plan Title(s): Summer Youth Employment Plan (SYEP)						
3. Policy Issuance Number: 19-07						
4. Plan Period: 04/1/19 through 08/31/19						
The Chief Elected Official(s) and Workforce Development Board hereby request approval of this document. Please insert the printed name for each signature provided below.						
Signature of Authorized Chief Elected Official	Date:					
Printed Name:						
Signature of Authorized Chief Elected Official	Date:					
Printed Name:						
Signature of Authorized Chief Elected Official	Date:					
Printed Name:						
Signature of Workforce Development Board Chairperson	Date:					
Printed Name:						

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Budget Information Summary Instructions Summer Youth Employment Program (SYEP) Fiscal Year (FY) 2019

Section I - Identification Information

Michigan Works! Agency (MWA) Name: Enter the name of the MWA.

Policy Issuance: "19-07" has been pre-printed.

Grant Name: "FY19 DHHS Chafee Funding" has been pre-printed.

Project Name: "Foster Care SYEP" has been pre-printed.

Plan Period: "04/01/19 – 08/31/2019" has been pre-printed.

CFDA Number: "93.674" has been pre-printed.

Section II - Total Funds Available

Beginning Allocation: Enter the amount of the beginning allocation.

Additional Allocation: Enter the amount of additional allocation.

<u>Total FY Funding</u>: The aggregate total of the beginning and additional allocations. The Excel spreadsheet will automatically calculate.

Section III - Current FY Planned Expenditures by Cost Category

<u>Administration-MWA Level</u>: Enter the amount transferred to local administration for the Youth program. Not more than 10 percent of the total allocation may be used for administration.

<u>Paid Work Experiences</u>: Enter the amount of the allocation planned for Paid and Unpaid Work Experiences. At least 20 percent of the adjusted award must be used to provide Paid and Unpaid Work Experiences. The 20 percent minimum is not applied separately for ISY and OSY.

<u>Total Planned Costs</u>: The Excel spreadsheet will automatically calculate all of the total planned costs entered for the Youth program.

Section IV - Limitation Percentages

This section was developed to assist MWA staff and state coordinators with reviewing planned expenditures versus expenditure requirements and limitations. The cells will automatically calculate.

The Talent Investment Agency, in compliance with applicable federal and state laws, does not discriminate in employment or in the provision of services based on race, color, religion, sex, national origin, age, disability, height, weight, genetic information, marital status, arrest without conviction, political affiliation or belief, and for beneficiaries only, citizenship or participation in any federally assisted program or activity.

Budget Information Summary Instructions Temporary Assistance for Needy Families (TANF) SYEP SUPPORTIVE SERVICES Fiscal Year (FY) 2019

Section I - Identification Information

Michigan Works! Agency (MWA): Enter the name of the MWA.

Policy Issuance: "19-07" has been pre-printed.

Grant Name: "FY19 TANF – Supportive Services" has been pre-printed.

Project Name: "SYEP Supportive Services" has been pre-printed

Plan Period: "04/01/19 – 08/31/2019" has been pre-printed.

CFDA Number: 93.558 has been pre-printed.

Section II - Total Funds Available

<u>Beginning Allocation</u>: Enter the amount of the beginning allocation.

Additional Allocation: Enter the amount of additional allocation, if applicable.

De-obligation: Enter the de-obligation amount, if applicable.

<u>Total Funds Available</u>: This cell will automatically calculate.

Section III - Planned Expenditures by Cost Categories

Supportive Services:

<u>Public Transportation</u>: Enter the cumulative amount planned for Public Transportation. This amount includes any fees related to open-door public transportation, such as bus tokens, taxi fares, etc.

<u>Auto-Related Expenses</u>: Enter the cumulative amount planned for Auto-Related Expenses. This amount includes automobile repairs, participant mileage reimbursement, license and registration fees, etc.

<u>Other Supportive Services</u>: Enter the cumulative amount planned for Other Supportive Services. This amount includes mileage paid to volunteer drivers, clothing/uniform allowances, professional tools, business start-up expenses, moving expenses, etc.

Total Supportive Services: This cell will automatically calculate.

Total Planned Expenditures: This cell will automatically calculate.

Section IV – Limitation Percentages

This section was developed to assist MWAs and state coordinators to review planned expenditures and to ensure they are in line with limitations. The cell will automatically calculate.

Fiscal Year 2019 Foster Care Summer Youth Employment Program Allocations

Michigan Works! Agency	Number of Youth To Be Served	Chafee Allocation	Supportive Services Allocation	Total Program Allocation
West Michigan Works!	50	\$111,100	\$5,050	\$116,150
Capital Area Michigan Works!	15	\$33,340	\$1,050	\$34,390
GST Michigan Works!	20	\$44,450	\$1,500	\$45,950
Detroit Employment Solutions Corporation. Inc.	100	\$222,210	\$8,100	\$230,310
Macomb/St. Clair Workforce	30	\$66,670	\$5,050	\$71,720
Development Board Oakland County	10	\$22,230	\$1,050	\$23,280
Southeast Michigan Community Alliance	45	\$100,000	\$6,200	\$106,200
Total	270	\$600,000	\$28,000	\$628,000