

# CareerAdvance<sup>®</sup> Implementation Study



**RMC**

Ray Marshall Center  
for the Study of Human Resources



**TEXASLBJ School**

The University of Texas at Austin  
Lyndon B. Johnson School of Public Affairs

**Findings through FY 2017**

# **CareerAdvance<sup>®</sup> Implementation Study**

## **Findings through FY 2017**

**Prepared for the Health Profession Opportunity Grant Program**  
**Administration for Children and Families**  
**U.S. Department of Health and Human Services**

Cynthia Juniper  
Christopher T. King  
Amy Anderson\*

January 2018

\*Northwestern University



---

3001 Lake Austin Blvd., Suite 3.200  
Austin, TX 78703 (512) 471-7891  
[www.raymarshallcenter.org](http://www.raymarshallcenter.org)

This report was prepared with funds provided from Grant# 90FX0045-01-01 from the Administration for Children and Families, U.S. Department of Health and Human Services. The views expressed here are those of the authors and do not represent the positions of the funding agency or The University of Texas at Austin.

## Table of Contents

<b>Glossary of Acronyms and Abbreviations</b> .....	3
<b>Acknowledgements</b> .....	4
<b>Introduction</b> .....	6
<b>Organization of Report</b> .....	7
<b>Partners</b> .....	8
<b>Community Action Project of Tulsa County (CAP Tulsa)</b> .....	8
<b>Tulsa Community WorkAdvance</b> .....	8
<b>Tulsa Tech</b> .....	9
<b>Program Components</b> .....	11
<b>Career Pathways</b> .....	11
<b>Quality Early Childhood Care and Education</b> .....	14
<b>Eligibility, Recruitment, Assessment and Selection</b> .....	15
<b>Eligibility</b> .....	16
<b>Recruitment</b> .....	17
<b>Assessment</b> .....	19
<b>Selection</b> .....	20
<b>Support Services</b> .....	23
<b>Academic Coaches and Career Advisors</b> .....	23
<b>Family Support Specialists</b> .....	23
<b>Mental Health Services</b> .....	24
<b>Curricula Elements</b> .....	24
<b>Two-Generation Programming</b> .....	24
<b>Boot Camp</b> .....	25
<b>Career Readiness Training</b> .....	26
<b>Partner Meetings</b> .....	26
<b>Financial Capability Coaching</b> .....	27
<b>Tulsa Tech Courses</b> .....	27
<b>Demographics of Participants</b> .....	27
<b>Basic Skills Assessments</b> .....	30
<b>Training Outcomes</b> .....	32
<b>CareerAdvance® Challenges and Program Modifications</b> .....	36

<b>CareerAdvance® Sustainability Planning .....</b>	<b>37</b>
<b>Conclusions.....</b>	<b>38</b>
<b>Bibliography .....</b>	<b>40</b>
<b>Appendix A: CareerAdvance® Interview Matrix.....</b>	<b>44</b>
<b>Appendix B: 2018 CareerAdvance Tracks Career Lattice.....</b>	<b>42</b>

## **List of Tables**

Table 1. HPOG II Current and Pending Career Pathway Course Offerings.....	13
Table 2. FY 207 HPOG II Eligibility, Recruitment, Assessment, and Selection of Participants.	16
Table 3. Referral Sources: FY 2017 .....	18
Table 4. HPOG II Individuals Participating in the Selection Process: May – Aug. 2016 and FY 2017.....	21
Table 5. Profile of CareerAdvance® Participants and Families, Cohorts FY 2017.....	28
Table 6. Comparison of key demographic descriptors for CA participants .....	30
Table 7. Basic Skills Assessment FY 2017 Cohorts, N=120.....	31
Table 8. HPOG II May – Aug. 2016 Completers Certification Status .....	33
Table 9. HPOG II FY 2017 Program Completers Certification Status.....	34

## **List of Figures**

Figure 1. CareerAdvance® Training Options Available to HPOG I Participants .....	11
Figure 2. HPOG II Total CAP and Non-CAP Participants.....	21
Figure 3. HPOG II Total CAP and Non-CAP Participants.....	21
Figure 4. Rate of CAP and Non-CAP Participants Assessed who Enter CareerAdvance® .....	22
Figure 5. Rate of CAP and Non-CAP Participants Assessed who Enter CareerAdvance® FY 2017 .....	22
Figure 6. Basic Skills Assessment Mean Scores Completers and Non-Completers.....	32
Figure 7. Comparison of the Rate of Completion for HPOG II CNA Participants May – Aug. 2016 and FY 2017.....	34
Figure 8. Comparison of the Rate of Certification for HPOG II CNA Completers May – Aug. 2016 and FY 2017.....	34

## Glossary of Acronyms and Abbreviations

ACF .....	Administration for Children and Families
CRT .....	Career Readiness Training
CAP or CAP Tulsa .....	Community Action Project of Tulsa County
CCDF.....	Child Care Development Fund
CDC .....	Child Development Centers
CMA .....	Certified Medication Aide
CMT .....	Certified Medical Technician
CNA.....	Certified Nurse Assistant
ECCE .....	Early Childhood Care and Education
GED.....	General Educational Development
HHS .....	U.S. Department of Health and Human Services
HPOG.....	Health Profession Opportunity Grant
LPN.....	Licensed Practical Nurse
MA.....	Medical Assisting
PCT.....	Patient Care Technician
Pharm Tech.....	Pharmacy Technician
TABE.....	Test of Adult Basic Education
TCW .....	Tulsa Community WorkAdvance
TCC.....	Tulsa Community College
Tulsa Tech.....	Tulsa Technology Center
UPS.....	Union Public Schools
Union .....	Union Adult Education Center
WIA.....	Workforce Investment Act of 1998
WIC .....	Women, Infants, and Children Program
WIOA .....	Workforce Investment Act of 2014

## **Acknowledgements**

The authors wish to thank our partners in Tulsa for their continuing support and involvement in this research. Interviews with staff at Community Action Project of Tulsa County (CAP), Tulsa Community WorkAdvance (TCW) and Tulsa Tech provided invaluable information regarding program strengths and changes. CAP staff members Steven Dow, Executive Director, Dr. Monica Barczak, Director of Strategic Partnerships, and Janae Bradford, Assistant Director Family Advancement, were particularly helpful in sharing their insights into the “big picture” and the future of *CareerAdvance*<sup>®</sup>. Grace Frey, Lead Program Specialist, in addition to offering her insights, graciously set up the interview schedule for our visit. Karen Pennington, Managing Director of TCW, provided us with the WorkAdvance perspective on the project and the upcoming project transition. Claudia Cruz with CAP pulled together the data for this report. Importantly, Amy Anderson acts as the link between Northwestern University’s on-site Tulsa research team and Ray Marshall Center staff by providing assistance with onsite interviews and insight into the day-to-day program activities.

Finally, we would like to express our sincere appreciation to Ray Marshall Center staff members who helped with this project, Patty Rodriguez, data analyst, was essential in preparing the data for this report, and Susie Riley, administrative manager.

---

*“The one thing we hear ... over and over again is: ‘I want to do this to show my kids that if you put your mind to it, if you can dream it, if you work hard, if you pursue, anything is possible.’ ... ‘I want to do this for my child, I want to show my child there is a way, if you work hard, if you go to school, you’re going to be rewarded with a good career.’ We hear this during orientation, during the interview, while they’re in training and after they get their job.”*

---



## Introduction

CareerAdvance<sup>®</sup> began in Tulsa in 2009 as the parent employment training portion of a two-generation strategy to end the cycle of poverty in families with a child enrolled in Community Action Project of Tulsa County (CAP) Early Childhood Education programs. Launched and administered by CAP, CareerAdvance<sup>®</sup> offered training for parents targeted in selected healthcare occupations that offer opportunities for career advancement into well-paying jobs with benefits. The driving theory of change behind CareerAdvance<sup>®</sup> is that family economic success will protect and enhance gains made through high-quality early childhood programs even after children transition into the public school system and beyond.<sup>1</sup>

After a year as a pilot program, CareerAdvance<sup>®</sup> moved into regular operations in September 2010, at which time funding from the Health Professional Opportunities Grant (HPOG I) program from the Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services (HHS) enabled the program to expand and scale-up. In September 2015, CAP Tulsa received a second Health Professional Opportunities Grant (HPOG II) from HHS to support and expand program operations for another five years.

CareerAdvance<sup>®</sup> is a health care sector-focused career training approach that was originally organized as a progressive, stackable series of trainings, with each step resulting in a credential valued by local employers. The program model, training offerings, participant eligibility, support services and other program features have evolved throughout the implementation of the HPOG I program and continue to be refined, in some cases substantially, with the implementation of HPOG II. Modifications have been driven by diverse factors, including the needs of participants, labor market demands, policy changes by training providers, and funding limitations. Since the inception of CareerAdvance<sup>®</sup>, CAP has functioned as the agent of change among partners to shift the “business as usual” focus from the individual to an understanding that each individual functions as a member of a family: relationships that drive decisions related to education and employment. As this tenet becomes increasingly imbedded in

---

<sup>1</sup> For more information about CareerAdvance<sup>®</sup> see: <http://captulsa.org/our-programs/family-advancement/careeradvance/>

the approach of education and workforce development partners, the roles and responsibilities of HPOG II partners are also shifting.

The *CareerAdvance*<sup>®</sup> program is the subject of a longitudinal, multi-methods evaluation, the CAP NU2Gen Study (a randomized control trial experiment). The CAP NU2Gen study includes implementation, outcomes, and impacts analysis components, and is led by researchers at the Institute for Policy Research at Northwestern University in partnership with the Ray Marshall Center at The University of Texas at Austin, Columbia University, and New York University. Previous reports from the *CareerAdvance*<sup>®</sup> implementation evaluation are available on the Ray Marshall Center website at [www.raymarshallcenter.org](http://www.raymarshallcenter.org). A full list of reports on the CAP NU2Gen Study can be found on the CAP Tulsa and Northwestern University websites: <https://captulsa.org/our-impact/research-innovation> and <http://www.ipr.northwestern.edu/research-areas/child-adolescent/NU2gen/publications-and-reports.html>.

## **Organization of Report**

This report examines the implementation of *CareerAdvance*<sup>®</sup>, particularly focusing on how and why the program changes and adjusts to meet the requirements of HPOG II, while responding to the needs of the participants being served, the local job market, and the partners working together to implement the program. This report draws from previous *CareerAdvance*<sup>®</sup> reports, information on the HPOG II program, participants and their families, and interviews with CAP, Tulsa Tech and Tulsa Community WorkAdvance staff. First, this report briefly describes the organizations partnering to implement HPOG II version of *CareerAdvance*<sup>®</sup>. It then examines changes made to the program components, including the eligibility requirements, recruitment, assessment, and selection process, support services, training options, and other program elements. Also, it describes the HPOG II FY 2017 (September 1, 2016 – August 31, 2017) cohorts enrolled in training, including assessment scores and detailed demographic information on participants and their families, as well as program completion and certification attainment of all HPOG II participants (April 2016 – August 31, 2017).

## **Partners**

### **Community Action Project of Tulsa County (CAP Tulsa)**

CAP Tulsa, an anti-poverty agency, works to promote the healthy development of young children to break the intergenerational cycle of poverty. Through a two-generation approach, early childhood education acts as a gateway to providing integrated program options for the adults in low-income families, aiming to prepare not only young children for future success in school but also their parents through programs designed to increase parenting skills and family financial stability. CAP's vision for the future is that all children served by CAP reach their full developmental potential and achieve economic success so that future generations are not born into poverty. The agency works to achieve that vision by ensuring children receive high-quality education and care services, partnering with families to create a nurturing and secure environment for their children, and working collectively with other organizations to improve the broader system supporting child and family success.<sup>2</sup>

Under HPOG II, CAP continues to operate as the administrative and fiscal agent for the program. Specific program implementation tasks include the recruitment of current, former and prospective CAP families; coordination of "boot camp" (a day long training that introduces participants to the program partners and their roles); development of relationships and contracts with area child care centers and before- and after-school child care providers; working with Tulsa Tech to implement class scheduling and cohort enrollment; providing case management services; and each cohort is supported with an Academic Coach to coordinate services with Tulsa Tech, arrange partner meetings, mental health and financial literacy services.

### **Tulsa Community WorkAdvance**

Tulsa Community WorkAdvance (TCW), a subsidiary of Madison Strategies Group in New York City, is a sector-based, career advancement program in Tulsa that provides unemployed and under-employed individuals with high-quality training, job placement and advancement services that are designed to respond to the needs of the city's transportation, aerospace manufacturing and healthcare sectors. The *CareerAdvance*<sup>®</sup> partnership is the first

---

<sup>2</sup> For more information on CAP Tulsa see: <https://captulsa.org/>

effort by TCW to work with the healthcare sector. TCW began operating in 2012 working in aerospace manufacturing, transportation, computer numerical control (CNC) machining, diesel maintenance, welding and supervisory leadership programs. TCW recruits employers, develops partnerships and places participants: serving as the link between participant and employer. TCW entered the HPOG II partnership with a commitment to meeting the needs of employers as well as participants and reports achieving a 64% job placement rate over the past several years.<sup>3</sup>

TCW began partnering with CareerAdvance<sup>®</sup> to provide a number of workforce supports that were previously provided directly by CAP under HPOG I. TCW works with Tulsa-area employers, recruits non-CAP participants from the broader community, provides follow-up to interested individuals, presents a program orientation, conducts assessments with prospective participants, coordinates the interviewing and participants in the selection process. TCW participates in “boot camp”, provides Career Readiness Training, and a pre-training computer and customer service class (which includes CPR training). CAP Academic Advisors hand-off each cohort to TCW Career Advisors as the cohort enters clinical training. Career Advisors guide participants through resume writing, interviewing and the hiring process, and provide follow-up services for nine months.<sup>4</sup>

## **Tulsa Tech**

HPOG I provided education and training through three community partners: Union Public Schools, Tulsa Community College, and Tulsa Tech.<sup>5</sup> Under HPOG II, all course work is now provided through Tulsa Tech. Tulsa Tech, a public independent school district, is the largest technology center in Oklahoma’s Career Tech System. Tulsa Tech builds partnerships with businesses and industry in the Tulsa area that create opportunities for student placement and work-based experience.

---

<sup>3</sup> Hendra, R., et al. (2016). Encouraging Evidence on a Sector-focused Advancement Strategy: Two-year impact from the WorkAdvance demonstration. mdr. Available at: <https://www.mdr.org/publication/encouraging-evidence-sector-focused-advancement-strategy-0>.

<sup>4</sup> For more information on TCW see: <http://www.workadvance.org/>

<sup>5</sup> During HPOG I, Union Public Schools (UPS) partnered with CareerAdvance<sup>®</sup> to provide adult basic education, reading, math, and English language skills. The Oklahoma state budget crisis in the mid-2010s, an approximate 8% decrease in state funding, affected UPS and their ability to partner with CareerAdvance<sup>®</sup> to provide these services. UPS continues to provide English language skills classes to CAP families under CAP ESL, which now operates independently of the CareerAdvance<sup>®</sup> program.

Under HPOG II, Tulsa Tech provides all the classes for each *CareerAdvance*<sup>®</sup> course of study. Traditionally, the courses for most of the options available through *CareerAdvance*<sup>®</sup> were conducted at Tulsa Tech through the Business and Industry Services (BIS) department. Under HPOG II Tulsa Tech transferred the coordination of classes to the Adult Career Development (ACD) department. Many of the classes are available only to *CareerAdvance*<sup>®</sup> participants and follow curriculum specific to their training track. Students have access to support services through Tulsa Tech, including math and writing tutoring, counseling, and career services.<sup>6</sup>

During FY 2017, the need for additional health skills lab space was resolved through the Tulsa Tech CAP partnership. Tulsa Tech provided the physical space and CAP financed the conversion of the space into a health skills lab. CAP provides ongoing funding for the needed supplies and the position of a Health Lab Technician. The technician serves as a liaison between CAP and Tulsa Tech: provides weekly course updates to key HPOG II partners, creates procedures for the use of the lab, and maintains the lab equipment, supplies and schedule.

---

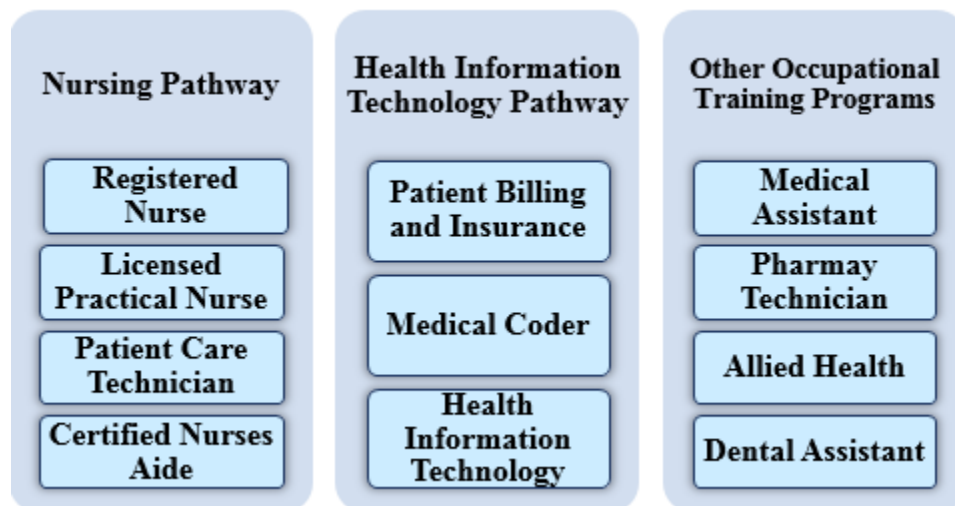
<sup>6</sup> For more information on Tulsa Tech see: <http://tulsatech.edu/>

## Program Components

### Career Pathways

Originally, the HPOG I program offered career pathways in three areas: nursing, health information technology and other health occupations (Figure 1).

**Figure 1. CareerAdvance® Training Options Available to HPOG I Participants**



In an effort to increase the number of participants served and placed in jobs during the grant period, career pathways that required lengthy education and training, such as Registered Nurse, have been dropped from the pathways and more “one-and-done” trainings have been added, including Phlebotomy (13 weeks) and Certified Medication Aide (8 weeks). These short-term training options are targeted at participants who want and need a quicker connection with employment and the resulting earnings to support their family. However, it is important to note that in the Tulsa area these training options lead to jobs with average wages that tend to be lower (\$12.92/hour for Phlebotomy, \$13.18/hour for Certified Medication Aide)<sup>7</sup> than starting wages for most of the CareerAdvance® career pathways previously offered.

Basic education courses, English as a Second Language (ESL) and bridge classes, (courses designed to transition students to fill the knowledge and skill gaps between the two courses of study), were not originally offered through HPOG II. However, in October 2016, CAP

<sup>7</sup><https://www.indeed.com/salaries/Phlebotomist-Salaries,-Tulsa%2C+OK>  
<https://www.indeed.com/salaries/Certified+Medication+Aide-Salaries,-Tulsa%2C+OK>. Accessed: December, 2017.

reestablished an opportunity for participants in need of remediation by adding a skill building course for remedial training in math, reading, and writing, and/or GED completion at the Union Adult Education Center (Union). Participants who score below the acceptable threshold on the *Kenexa Prove It* assessment are offered an opportunity to take a TABE<sup>®</sup> assessment (Test of Adult Basic Education) at Union. If the participant scores above a 7<sup>th</sup> grade level on the TABE<sup>®</sup> assessment they can continue with TCW in their chosen course of study, if they score below the 7<sup>th</sup> grade level, the participant will continue to receive educational services at Union and encouraged to come back to TCW once their scores reach the 7<sup>th</sup> grade level. The skill building course is an eight-week, self-paced adult basic education/high school equivalency course with a Union instructor for six hours a week, and a Tulsa Community College healthcare contextualized Success Strategies course for 3 hours a week.

Efforts to meet enrollment totals have opened the possibility of offering additional training tracks in medical coding, medical health records clerk, monitor technician (EKG), surgical technician, and central services technician. Table 1 identifies changes in training programs offered as HPOG II evolves, including the anticipated future courses that are pending HHS/ACF approval. The pending courses of study are not embedded in a training career ladder; however, as established occupations within a highly regulated and certified field of employment, each training does support a career ladder within the medical profession (see Appendix A). Furthermore, most of the pending trainings do not require access to a health services lab, nor do they include clinical-based, intensely supervised training, both of which are in limited supply.

**Table 1. HPOG II Current and Pending Career Pathway Course Offerings**

Course of Study	Length of Class/Weeks	First Offered	Pending ACF Approval
Nursing Pathway			
• Certified Nurse Assistant (CNA)	6	June 2016	
• Patient Care Technician (PCT)	32	July, 2016	
• Certified Medication Aide (CMA)	8	June, 2017	
• Licensed Practical Nurse (LPN)	64	March, 2017	
Health Information Technology Pathway			
• Medical Assistant (MA)	49	October, 2016	
• Medical Coding	TBD		X
• Medical Health Records Clerk	TBD		X
Other Occupational Training Program			
• Pharmacy Technician	15	May, 2016 (discontinued 2017)	
• Dental Assisting	40	January, 2017	
• Phlebotomy	13	May, 2016	
• Monitor Technician (EKG)	17		X
• Surgical Technician	40		X
• Central Services Technician	16		X
Basic Skills Building	8	October, 2016	

The change to tracks that require less adult basic education under HPOG II, and the decision to enroll into Certified Nurse Assistant (CNA) training individuals without a GED or High School diploma who score a minimum of 40 on the *Kenexa Prove It (Prove It)* assessment, has provided opportunities to enter the healthcare career track that were previously unavailable to some participants.<sup>8</sup> The participants who complete the CNA training and do not have a High

---

<sup>8</sup> *Kenexa Prove It* assessments assess traits, skills and measure the capability and capacity of an individual to learn and perform well in training programs and the workplace.



School diploma or GED are offered an opportunity to enter Basic Skills Building at Union to gain the education needed to continue their training along the nursing career pathway.

Another change that distinguishes HPOG II from HPOG I is the introduction of an employment period before enrollment in a course of study outside of a participants' original career path choice. Participants who complete a training course now must first work nine months in their certified field prior to returning to CareerAdvance® to be assessed for additional training outside of their original career track choice. Within a career track, a participant can advance to the next course of study along a pathway without an employment requirement; for example, participants who complete the Certified Nursing Assistant course are immediately eligible to enroll in the Patient Care Technician or Certified Medication Aide course.

### **Quality Early Childhood Care and Education**

A key feature of CareerAdvance® is its commitment to providing quality early childhood care and education (ECCE). Under HPOG I, CAP only enrolled families who received services from one of their high-quality child development centers, most are accredited by the National Association for the Education of Young Children (NAEYC), the gold standard in the field of early childhood education.<sup>9</sup> These centers are funded through Early Head Start/Head Start and the Oklahoma Early Childhood Program. CAP continues to recruit families from their ECCE programs, while children in non-CAP families receive care through community-based child development centers (CDC) that have been vetted by CAP.<sup>10</sup> Before and after care for school-aged children is coordinated with a number of CDC sites and public school programs. Families recruited through the Educare program receive high-quality ECCE through Educare.<sup>11</sup> Educare is a comprehensive, full-day and year-round early childhood education program for children from birth to five and their families designed to promote healthy development and school

---

<sup>9</sup> CAP Tulsa's early childhood education programs have been the subject of rigorous longitudinal evaluations over many years that have demonstrated that participation yields near- and long-term impacts, both cognitive and non-cognitive. For example, see: Phillips, Deborah, William Gormley, and Sara Anderson (2016). "The Effects of Tulsa's CAP Head Start Program on Middle-School Academic Outcomes and Progress." *Developmental Psychology* 52(8): 1247-1261.

<sup>10</sup> CAP requires participating child care programs to be licensed by DHS, and maintain specific levels of building and transportation insurance.

<sup>11</sup> Both CAP and Educare participate of the NAEYC accreditation process; two of the three Tulsa Educare sites are currently listed as accredited by NAEYC and eight out of eleven CAP sites are currently listed as accredited by NAEYC. There are three Educare Centers in Tulsa, all of which are served by CareerAdvance®. Prior to 2010, Educare Centers in Tulsa were operated by CAP Tulsa.

readiness for families at or below the federal poverty level. Educare services are provided through an innovative partnership including philanthropists, Head Start/Early Head Start, Tulsa Public School officials and community partners.

CAP Early Childhood Education (ECE) programs, and Educare enroll children and provide ongoing care throughout their programs enrollment periods independent from the parent's enrollment and participation in the HPOG II program. All eligible HPOG II families are encouraged to apply for CAP ECE services and receive priority for selection as slots become available. Families who receive services from the other community sites are provided child care throughout their HPOG II training period, followed by two additional weeks for employment interviewing and four weeks of care upon entering employment. Currently, there is no continuity of care nor transition planning for children receiving care from these community-based sites.

Non-CAP families are also encouraged to apply for a child care subsidy provided by the Oklahoma Department of Human Services through the Child Care and Development Fund (CCDF). CCDF funding is very limited and maintains a lengthy wait list in the local area. For families who obtain subsidies, the assistance can cover some or all of the cost of care, with families contributing a copayment. As family income increases, the amount of the copayment increases. When income exceeds a certain limit, families are no longer eligible for subsidized care. At this point, families may see relatively small increases in income coupled with large increases in child care costs.

## **Eligibility, Recruitment, Assessment and Selection**

The transition from HPOG I to HPOG II put into place a number of changes in eligibility, recruitment, assessment, and selection of participants. Table 2 presents the current HPOG II eligibility, recruitment, assessment, and selection of participants followed by a discussion of the changes over time for each component. The selection process includes an interview matrix and interview definitions developed in FY 2017 by partners, CAP, TCW and the Institute for Policy Research at Northwestern University. These documents support the intention of the project to serve families and individuals who are both in need of *CareerAdvance*<sup>®</sup> services, are likely to benefit from the two-generation approach, and experience a wage impact (Appendix B).

**Table 2. FY 207 HPOG II Eligibility, Recruitment, Assessment, and Selection of Participants**

	<b>HPOG II</b>
<b>Eligibility</b>	English proficiency
	U.S. Citizen or legal resident for 5 years
	185% FPL
	CAP, non-CAP parents and others
	Prioritizing parents of children: ages 0-8
<b>Recruitment</b>	CAP and Educare parents
	CAP waitlist and alumni parents
	Partner school districts (e.g., Tulsa, Union, and Sand Springs)
	General community recruitment through ads on Craigslist and Facebook
	Other social service and workforce development organizations
<b>Assessment</b>	Kenexa Prove It assessment math and reasoning, and reading assessments
	<b><i>TABE<sup>®</sup> assessment</i></b>
	Customer service survey
	Administrative selector survey (a behavior assessment)
	Timed dexterity test
	Interview
<b>Selection</b>	Selection by a team of CAP and TCW staff, including Academic Coach and Career Advisors using a <b><i>selection criteria matrix (Appendix B)</i></b> .

Note: FY 2017 changes in program design are italicized and bold.

### **Eligibility**

Certain CareerAdvance<sup>®</sup> program eligibility criteria remained the same for both HPOG I and HPOG II. Program participants must be willing to participate in a criminal background check and drug screen, must be English-proficient and a U.S. citizen or legal resident for the past five years. Families participating in CAP ECE ranged in income up to 185% of the federal poverty guidelines (FPG). HPOG II maintains the 185% FPG income eligibility. HPOG II

broadened eligibility criteria to serve CAP, non-CAP parents and others.<sup>12</sup> Parents of young children ages 0-8 receive priority for selection into the program.

## **Recruitment**

One major change in the HPOG II approach is the integration of a professionally developed marketing campaign to effectively recruit sufficient numbers of program participants from both CAP families and the larger Tulsa community. The marketing campaign was developed using the results from extensive focus groups conducted by Lake Research Partners of Washington, D.C. with both CAP and non-CAP families in Tulsa. Results from these focus groups revealed that the CAP “brand” inspires trust in individuals and that people want minimal, honest information that depicts individuals similar to themselves as successful in the program. The use of the word “career” instead of “work or job” was preferred, and focus group participants expressed a need for a limited time frame for completion of the program: a maximum of two years. Based on the focus groups results, a professional marketing firm, GMMB, was contracted to develop an effective messaging and outreach strategy to inform and support the new participant recruitment model.

Income eligibility at 185% FPG, facilitates a number of Tulsa educational and social service organizations serving clients with with this same income eligibility requirement to recruit for *CareerAdvance*<sup>®</sup>, including Educare, and other local schools and social service programs.

Table 3 presents the various referral sources of prospective participants contacting TCW during FY 2017. Forty-four percent of the individuals contacting TCW learned about *CareerAdvance*<sup>®</sup> from CAP and 33% reported learning about the program through social media. The range of specific referrals sources participants identified reveals that the Tulsa community is well informed about the *CareerAdvance*<sup>®</sup> program. Referral sources ranged from the Unemployment Insurance office and job fairs, to a local public library and a Women, Infants and Children (WIC) program office.

---

<sup>12</sup> It is important to note that for purposes of this report, the term “others” includes three groups of individuals: individuals who are not parents, non-custodial parents, and parents of children who are older than 15 years of age. Available data currently do not separate for identification these three groups of individuals.

**Table 3. Referral Sources: FY 2017**

<b>Referral Source</b>	<b>Count</b>	<b>Percentage</b>
<b>CAP Tulsa</b>	376	44%
<b>Family/Friend</b>	114	13%
<b>Social Media/Internet</b> Facebook, Google, Internet, Internet Search, Online, Search Engine, TCW Website	283	33%
<b>Workforce Development</b> Unemployment Office, Ticket To Work Employment Resources, Resource Center Apache Manor, Job Fair - Comanche Park, Indeed, Community Voicemail Job Alerts, Workforce Tulsa, Workforce Oklahoma, Workforce, TCW	11	1%
<b>Educational Institutions</b> Tulsa Community College, Tulsa Public School, Soonerstart, Educare, Public Library, High School Teacher, Greater Beginnings Program/Parent Child Center, Granddaughter's Elementary School	9	1%
<b>Social Service Organizations</b> WIC, Tulsa County Health Department, Domestic Violence Intervention Services, Center for Therapeutic Intervention (CTI), Brightwater Apartments, Central State Community Services of Oklahoma, Great Beginning Program/ Parent Child Center, 211, Case manager at Inspire, Crossover Health Systems	38	4%
<b>Other</b> Tulsa World, Flyer, Called and asked about the program, Came in and signed up, , Walk In	15	2%
<b>Unspecified</b>	11	1%
<b>Total</b>	857	99%*

\*Percentages do not sum to 100% due to rounding.

CAP families receive CareerAdvance® recruitment messages through flyers sent home in their children’s backpacks, conversations with Family Support Specialists, a call-blast system (robo calls), and the CAP Facebook page. Most followers on the CAP Facebook page are CAP families and staff, and individuals interested in CareerAdvance® can click a link to a form to submit their name, phone number, and email address to receive a follow-call from TCW. According to CAP staff, CAP waitlist families responded well to a letter campaign whereas CAP alumni families are being reached through the elementary schools. CAP staff identified the elementary schools that most CAP alumni families attend and focused recruitment efforts on these campuses. CAP staff work to inform the elementary school parent educators about

CareerAdvance<sup>®</sup> as well as working with each district to send home electronic flyers through the districts' electronic messaging systems.<sup>13</sup>

## Assessment

As the HPOG II training tracks were changed to include many “one-and-done” career options, the previous HPOG I requirement for all participants to be assessed through the COMPAS<sup>®</sup> basic education exam has been eliminated. TCW administers a number of assessments: the *Prove It*, timed math and reasoning, and reading assessments; a customer service survey; a timed dexterity test; and an administrative selector survey (a behavior assessment). TCW provides prospective participants opportunities to complete tutorials onsite, encourages retesting and is sensitive to the needs of participants who may need additional time to demonstrate their knowledge and skills. For example, CAP staff described an HPOG I single mother of five children who struggled in Adult Basic Education (ABE) classes to meet the requirements to enter CNA training. Under HPOG II, TCW was flexible to meet the needs of this participant and suspended the *Prove It* time limitation. Without the time limitation, the participant was able to demonstrate her ability to perform at the minimal score required to enter CNA training. Incorporating this type of flexibility to offer prospective participants the support needed to demonstrate their knowledge and skills may provide an opportunity to individuals who may not have succeeded under HPOG I.

During FY 2017 prospective participants who score below the required levels for entry into Tulsa Tech training are offered an opportunity to enter CareerAdvance<sup>®</sup> and pursue remediation at the Union Adult Education Center where the TABE<sup>®</sup> reading and math assessment is administered to assess remediation needs. Participants who score on a 7<sup>th</sup> grade equivalency level are invited to continue their education and training at Tulsa Tech.

Following the skills assessment process, eligible candidates are interviewed by a small team of CAP and TCW partners to discuss their strengths and available supports, and to determine challenges the candidate may face in pursuing their education and career goals. CAP and TCW partners complete the interview matrix to rate potential candidates regarding a number

---

<sup>13</sup> Tulsa schools use an electronic message system called *Peach Jar* in lieu of paper flyers being sent home with students. Some districts allow community organizations to send messages through *Peach Jar* and others do not.

of factors determined to be impactful of participant success, such as; available transportation and support network; work history and motivation to participate in the program (Appendix B).

## **Selection**

Coordinating the visions of the two programs—CAP, an anti-poverty program focused on the overall wellbeing of families with young children, and TCW, a workforce training program focused on the needs of employers for qualified individuals with few barriers to employment—has presented challenges in the process of selecting participants for the program. The ongoing tension between serving those most in need and those most likely to benefit has been a tension long expressed by many social service and workforce development programs intended to create conditions for low-income families to move toward economic self-sufficiency.<sup>14</sup> The changes in eligibility criteria allow the program to serve more participants who can be identified as employment-ready, yet staff must be cautious to systematically include families and individuals with “coachable” barriers who will benefit, yet at first glance, may not appear so (e.g., families with very young children, individuals with little work experience). The ongoing structuring of supports to meet participant needs can ensure that a range of participants along the eligibility continuum are selected to participate in the program and supported to succeed. The interview matrix (Appendix B) was developed during the second year of HPOG II to reinforce the intention of the program.

Table 4 presents the numbers of individuals who scheduled and then attended orientation, the number of CAP and non-CAP participants who completed the assessment process, interviewed, were randomly selected to enter either the treatment or control groups, and finally entered *CareerAdvance*<sup>®</sup> from April – August, 2016, and the FY 2017 (Figures 2 and 3).

---

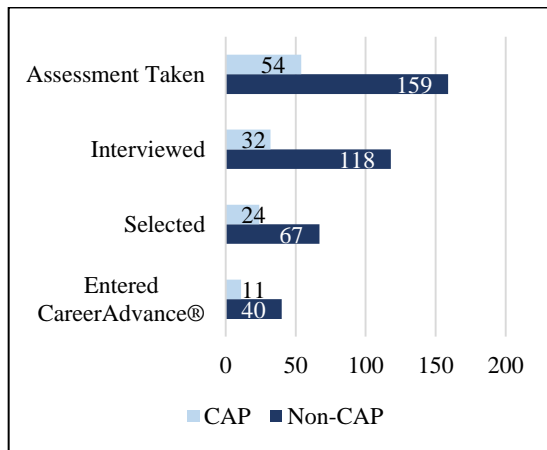
<sup>14</sup> For example, the phrase “most-in-need and most-able-to-benefit” was explicit in the eligibility language of the Job Training Partnership Act of 1982.

**Table 4. HPOG II Individuals Participating in the Selection Process: April – Aug. 2016 and FY 2017**

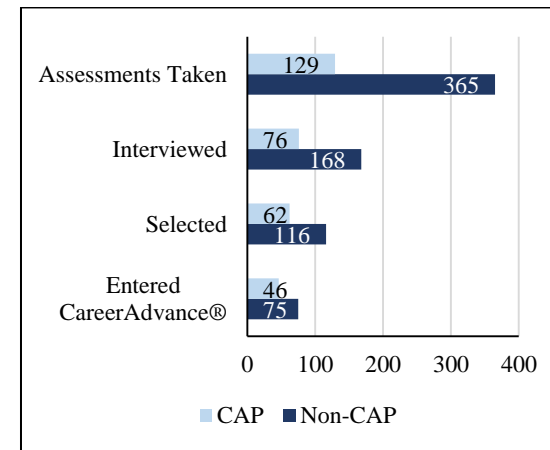
HPOG II Intake Information	April -Aug. 2016 Totals		FY 2017								All Quarters FY 2017
			Quarter 1		Quarter 2		Quarter 3		Quarter 4		
			9/1/2016 - 11/30/2016		12/1/2016 - 2/28/2017		3/1/2017 - 5/31/2017		6/1/2017 - 8/31/2017		
Scheduled for Orientation	487		247		258		417		465		1,387
Attended Orientation	232		137		104		173		207		621
	CAP	Non-CAP	CAP	Non-CAP	CAP	Non-CAP	CAP	Non-CAP	CAP	Non-CAP	Total
Assessments Taken	54	159	47	62	34	70	30	116	18	117	494
Interviewed	32	118	22	29	18	27	25	42	11	70	244
Selected for CareerAdvance® treatment*	24	67	17	21	16	19	22	32	7	44	178
Entered CareerAdvance®	11	40	13	18	12	11	14	22	7	24	121

\*The CAPNU2Gen Study, a randomized control trial experiment, selects individuals from this group to enter either the control or the CareerAdvance® treatment groups.

**Figure 2. HPOG II Total CAP and Non-CAP Participants April through August 2016**



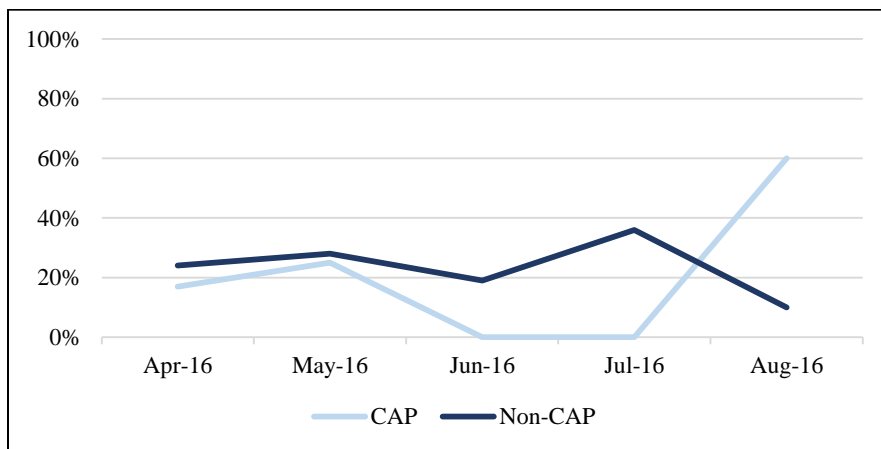
**Figure 3. HPOG II Total CAP and Non-CAP Participants FY 2017**



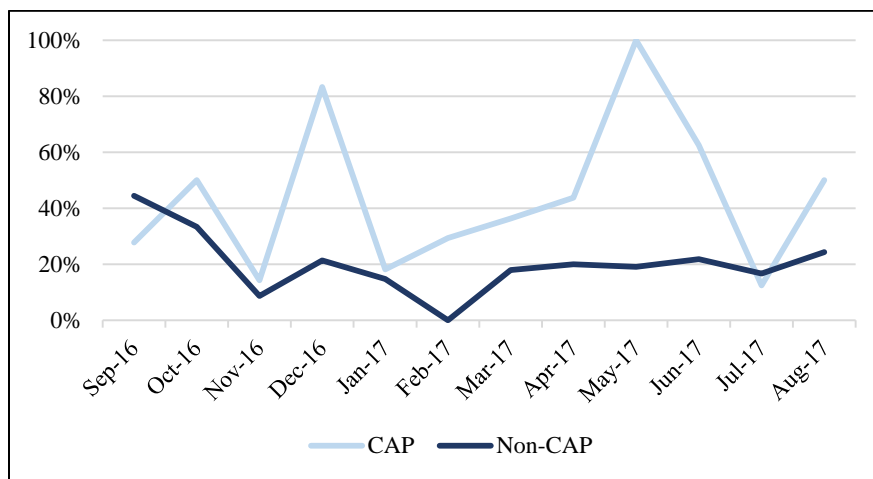


Overall, during the first five months of HPOG II (April-August, 2016) nearly 75% of participants entering CareerAdvance® were non-CAP families and individuals. Again in FY 2017, the majority of the participants were non-CAP, 62%. Yet, figures 4 and 5 illustrates a shift in the rate of non-CAP and CAP participants entering CareerAdvance®. During the first few months of HPOG II non-CAP participants entered at a higher rate than CAP participants. In FY 2017, as staff worked to create the interview matrix that systematically prioritized families with young children, CAP families were more likely to be selected, and receive priority to enter the program. These figures may also reflect the change in CAP procedure to prioritize CareerAdvance® participants for Early Childhood Care and Education services.

**Figure 4. Rate of CAP and Non-CAP Participants Assessed who Enter CareerAdvance® April-August, 2016**



**Figure 5. Rate of CAP and Non-CAP Participants Assessed who Enter CareerAdvance® FY 2017**



## **Support Services**

### **Academic Coaches and Career Advisors**

HPOG I utilized CAP Career Coaches who provided a number of support services to participants. Career Coaches worked individually with each participant to secure the necessary supports for their success, such as before-and after-care for school-age children, and worked closely with CAP family support staff to resolve problems that threatened to impede success in participants' education and training. Career Coaches also worked with employers and provided training specific to employment and job readiness, including resume writing and interviewing skills.

Under HPOG II, these responsibilities are shared between the CAP staff who are now titled Academic Coaches and the TCW Career Advisors. The Coaches and Advisors act as mentors, guides, and advocates for participants, helping them negotiate the world of postsecondary education as well as employment. Both Coaches and Advisors are involved in the interviewing and selection process; from there, the Academic Coaches lead partner meetings (described in more detail further in this report), coordinate child care, and provide ongoing support throughout the training cycle to secure the supports necessary for participant success. TCW Career Advisors also attend partner meetings and begin one-on-one work with participants when they enter clinical training or begin job shadowing. Career Advisors work with employers and provide training on resume writing and interviewing skills. TCW Career Advisors continue to be available and provide follow-up services up to twelve months post training completion, including monthly contact attempts, job placement, assistance with performance evaluations and wage negotiation, and additional employment-related workshops.

### **Family Support Specialists**

Under HPOG I, CAP Family Support Specialists were available to all participants through their affiliated ECCE programs. As the program expanded eligibility criteria under HPOG II to include non-CAP participants, the family support services offered to participants were differentiated for CAP and non-CAP participants. CAP participants received more extensive support services through their ECCE programs, while non-CAP participants received light-touch case management services from the CareerAdvance<sup>®</sup> Family Support Specialist. Due

to the complexity of providing different levels of services to the two groups of CAP and non-CAP participants, CareerAdvance® responded by offering the same level of case management services to all participants through the CareerAdvance® Family Support Specialist. The CareerAdvance® Family Support Specialist completes a case management assessment with each participant and then follows up with participants during each partner meeting. The Family Support Specialist is available as needed to offer support and referral services throughout the program and up to 90 days post training completion.

## **Mental Health Services**

Previously under HPOG I, mental health services were available through specialists at the ECCE sites for CAP families, a resource that continues to be available to CAP families participating in HPOG II. Non-CAP participants originally received referrals for community-based mental health services.

HPOG II support staff identified mental health services as a priority need for participants and during FY 2017, HPOG II contracted with Family & Children’s Services to coordinate a 20-hour-a-week mental health therapist to work with non-CAP participants. Family & Children’s Services provide behavioral health care and family services in Tulsa and surrounding communities. The mental health specialist is woven into the program through her participation in boot camp, partner meetings, and other program functions providing the knowledge and support to assist participants in coping with stress and other mental health issues.

## **Curricula Elements**

### **Two-Generation Programming**

A two-generation model of service delivery was the foundation of the original CareerAdvance® pilot program.<sup>15</sup> The driving theory of change behind CareerAdvance® is that family economic success will protect and enhance gains made through high-quality early childhood programs even after children transition into the public school system. As

---

<sup>15</sup> King et al. (2009). *The CareerAdvance® Pilot Project: Recommended Jobs Strategy for Families Served by the Community Action Project of Tulsa County*. Available at: <http://raymarshallcenter.org/2015/01/29/the-careeradvance-pilot-project-recommended-jobs-strategy-for-families-served-by-the-community-action-project-of-tulsa-county/>

CareerAdvance<sup>®</sup> transitioned to HPOG II, various program changes have occurred to promote the program to the larger Tulsa community<sup>16</sup>. Fewer CAP families have enrolled during the first months of program offerings: approximately 20%, increasing to 38% during FY 2017. Although the child care provided to non-CAP families has been vetted by CAP, such care is only provided to families during training, two weeks post training for interviewing and one additional month to support parents during their first month of employment. There is no continuity of care nor transition planning for the care of the non-CAP children. Family Support Specialists and Academic Coaches encourage eligible families to apply for CAP ECCE services where they are now prioritized for slots that become available.

As CareerAdvance<sup>®</sup> expanded eligibility criteria to include non-CAP families, the challenge of weaving two-generation programming, based on the premise that children receive quality ECCE that includes parents active support in their children's education, becomes increasingly disparate for the enrolled participants who are parenting. Both CAP and Educare have quality educational programs with high standards for parent engagement in their early education programs. The quality of the educational and parent engagement activities provided by the other ECCE and public school sites is unknown.

The majority of the HPOG II CareerAdvance<sup>®</sup> families receive short-term child care services and not the quality of care assumed in the original two-generation model of service delivery that was the foundation of the original CareerAdvance<sup>®</sup> pilot program. There is simply a dearth of quality child care slots available in the community to adequately address this need.

## **Boot Camp**

FY 2017 saw the addition of an eight-hour *boot camp*, where participants complete the required program paperwork, and are introduced to the various organizations and individuals involved in supporting them through their education and career progress. Participants complete

---

<sup>16</sup> For more on these changes over time, see the Ray Marshall Center series of implementation reports, including: CareerAdvance<sup>®</sup> Implementation Report (2010); Expanding the CareerAdvance<sup>®</sup> Program in Tulsa, Oklahoma (2012); The Evolution of the CareerAdvance<sup>®</sup> Program in Tulsa, Oklahoma (2012); CareerAdvance<sup>®</sup> Implementation Study Findings through July 2013; CareerAdvance<sup>®</sup> Implementation Study Findings through July 2014; CareerAdvance<sup>®</sup> Implementation Study Findings through July 2015; and CareerAdvance<sup>®</sup> HPOG II Transition and Expansion (2017).

goal-setting exercises and participate in an activity designed to teach them which support service and person is available to assist with different types of situations and issues. Staff commented that boot camp was helpful in introducing participants to the various partners, particularly for the participants of shorter training tracks like CNA.

### **Career Readiness Training**

Career Readiness Training (CRT), a week-long experiential training of 35 hours provided by TCW, focuses on preparing participants to compete in the job market and perform in the workforce. The curriculum includes the following modules: looking for a job; completing an application; writing a resume; finding three professional references; interviewing; workplace communication; emotional intelligence (how to manage emotions, understand and interpret the emotions of those around them and how to handle stressful situations); understanding and using an employee handbook; how to read and understand a paycheck; teamwork; conflict resolution; and other relevant topics. The TCW CRT curriculum has been developed over time in other sectors and has been adapted for healthcare sector training. CRT is followed by a day of computer skills and customer service training, including CPR certification.

### **Partner Meetings**

CAP Academic Coaches facilitate partner meetings, which provide a forum for participants to reflect on their experiences, conduct group problem-solving sessions, hear guest speakers address a variety of topics, including two-generation programming and the Financial Capabilities program (described in more detail further in this report), and practice other skills. Under HPOG I, most partner meetings were scheduled weekly and functioned as a key element in building group cohesion within the cohort and provided peer support. HPOG II has responded to participant concerns that partner meetings, though helpful, were too frequent and placed an additional strain on already pressed schedules of school, parenting, and for some, work. Further, much of the training provided during the HPOG I partner meetings is now provided during TCW CRT. Currently, HPOG II provides CNA partner meetings on a weekly basis; for lengthier training tracks, fewer meetings are scheduled.

Going forward, options for partner meeting topics may evolve to be driven more by the expressed needs of the participants themselves. *CareerAdvance*<sup>®</sup> staff are considering providing

each cohort with a survey listing various options of available topics for partner meetings and providing those workshops selected by the cohort. Workshops will continue to be provided by Family & Children's Services (including parenting and mental health), and the Financial Capability Coach (see below).

### **Financial Capability Coaching**

A CAP Financial Capability Coach was available to participants on a demand or as-needed basis during HPOG I. Comments from HPOG I participants requesting more opportunities to receive financial coaching motivated the integration of such services into the HPOG II partner meetings. Under HPOG II, the financial coach administers an intake form for all participants during an early partner meeting presentation to assess participant's needs and goals and offers one-on-one follow-up services. Depending on the length of the training track, the financial coach presents at partner meetings up to three times.

### **Tulsa Tech Courses**

Under HPOG I, courses for most of the options available through *CareerAdvance*<sup>®</sup> were conducted at Tulsa Tech through the BIS department. Under HPOG II, Tulsa Tech transferred the coordination of classes to the Adult Career Development (ACD) department. HPOG II students receive the same curriculum as students enrolled at Tulsa Tech from the general public. Tulsa Tech staff have noticed in a few cases HPOG II participants expressing a lack of confidence regarding the testing for certification following the completion of their course requirements. Tulsa Tech staff explained that some test preparation is built into all classes, including practice tests. Staff expressed being open to providing an additional test prep component to courses for HPOG II participants in order to build their confidence. Further, Tulsa Tech campuses offer literacy and math tutoring, as well as a counselor.

## **Demographics of Participants**

Table 5 provides a demographic snapshot of the 129 participants and families enrolled in *CareerAdvance*<sup>®</sup> during FY 2017. Across all cohorts, 92% are women, 57% are unemployed (at entry), the average age is 29, and 90% are parenting. There are 23 duplicates represented in these data: these are individuals who moved along the training pathway to enroll in two training tracks over time.

**Table 5. Profile of CareerAdvance® Participants and Families, Cohorts FY 2017**

	Certified Medication Aide	Certified Nursing Assistant			Dental Assistant	LPN		Medical Assistant		Patient Care Technician	Pharmacy Technician	Phlebotomy		Skill Building		Total	%
Cohort	C1	C4	C5	C6	C7	C8	C9	C10	C11	C13	C15	C17	C18	C19	C20		
Number of Adults	8	12	9	16	13	2	1	12	12	9	3	12	13	6	1	129	129
<b>Gender</b>																	
Female	8	12	8	15	10	2	1	10	12	9	3	11	11	6	1	119	92%
Male	0	0	1	1	2	0	0	0	0	0	0	1	1	0	0	6	5%
Unspecified	0	0	0	0	1	0	0	2	0	0	0	0	1	0	0	4	3%
<b>Race/Ethnicity</b>																	
White	4	2	2	4	9	0	0	4	6	1	2	4	8	2	0	48	37%
Black or African American	3	7	5	9	2	2	1	4	5	8	1	6	3	3	1	60	47%
Hispanic or Latino	0	1	2	0	1	0	0	1	0	0	0	0	0	1	0	6	5%
American_Indian	0	1	0	1	0	0	0	1	1	0	0	1	0	0	0	5	4%
Asian	0	1	0	2	0	0	0	1	0	0	0	1	1	0	0	6	5%
Pacific_Islander	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1%
Unspecified	0	0	0	0	1	0	0	1	0	0	0	0	1	0	0	3	2%
<b>Education Level</b>																	
Less than High School Diploma/GED	1	5	1	1	0	0	0	0	0	0	0	0	0	4	1	13	10%
High School Diploma/GED	1	2	2	9	5	0	1	6	5	2	2	2	8	0	0	45	35%
Some College or Advanced Training	5	5	3	3	2	2	0	3	5	5	0	5	3	2	0	43	33%
Associate Degree	0	0	0	2	2	0	0	0	0	0	0	2	1	0	0	7	5%
Vocational School Diploma	1	0	1	0	2	0	0	2	1	1	1	3	0	0	0	12	9%
Under Graduate/Graduate Degree	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	2	2%
Unspecified	0	0	1	1	2	0	0	1	1	0	0	0	1	0	0	7	5%
<b>Employment Status</b>																	
Full Time	2	1	0	1	0	0	1	1	2	2	1	2	4	0	0	17	13%
Part Time	2	0	2	5	2	0	0	4	3	3	0	5	4	0	1	31	24%
Unemployed	4	10	6	10	9	2	0	6	7	4	2	5	3	5	0	73	57%
Other	0	1	1	0	0	0	0	0	0	0	0	0	0	1	0	3	2%
Unspecified	0	0	0	0	2	0	0	1	0	0	0	0	2	0	0	5	4%
<b>Income Level</b>																	
\$0 to \$1,000	1	5	2	5	5	0	0	1	3	2	0	2	2	4	0	32	25%
\$1,001 to \$10,000	1	1	1	4	2	1	0	2	3	2	0	3	2	1	0	23	18%
\$10,001 to \$20,000	3	3	0	2	1	1	0	4	4	1	0	0	2	0	1	22	17%
\$20,001 to \$30,000	1	1	2	3	2	0	0	2	2	1	1	6	6	0	0	27	21%
Over \$30,000	1	2	3	2	1	0	0	1	0	1	2	1	0	1	0	15	12%
Unspecified	1	0	1	0	2	0	1	2	0	2	0	0	1	0	0	10	8%
<b>Mean Adult Age</b>	31	28	30	28	30	30	36	31	32	29	25	31	29	27	22	Average = 29	

	Certified Medication Aide	Certified Nursing Assistant			Dental Assistant	LPN		Medical Assistant		Patient Care Technician	Pharmacy Technician	Phlebotomy		Skill Building		Total/ % of Total
Cohort	C1	C4	C5	C6	C7	C8	C9	C10	C11	C13	C15	C17	C18	C19	C20	
<b>Number of Adults</b>	8	12	9	16	13	2	1	12	12	9	3	12	13	6	1	129
<b>Number of Children Per Household</b>																
0	0%	0%	0%	31%	15%	0%	0%	8%	8%	0%	0%	8%	23%	0%	0%	6%
1	50%	17%	44%	31%	15%	0%	0%	33%	25%	22%	67%	25%	46%	0%	100%	32%
2	25%	42%	0%	19%	46%	50%	0%	25%	50%	22%	33%	17%	23%	50%	0%	27%
3	13%	25%	33%	6%	8%	0%	100%	25%	17%	33%	0%	50%	0%	33%	0%	23%
4	13%	8%	11%	6%	8%	50%	0%	0%	0%	0%	0%	0%	0%	17%	0%	8%
5	0%	8%	11%	6%	0%	0%	0%	0%	0%	22%	0%	0%	0%	0%	0%	3%
Unspecified	0%	0%	0%	0%	8%	0%	0%	8%	0%	0%	0%	0%	8%	0%	0%	2%
<b>Mean Number of Children</b>	1.9	2.5	2.4	1.4	1.8	3.0	3.0	1.7	1.8	2.8	1.3	2.1	1.0	2.7	1.0	2.0
<b>Number of Children Under 15</b>																
0	0%	0%	0%	31%	15%	0%	0%	8%	8%	0%	33%	8%	31%	0%	0%	9%
1	50%	17%	44%	31%	23%	0%	0%	33%	25%	22%	67%	25%	54%	0%	100%	33%
2	38%	50%	22%	19%	38%	50%	0%	25%	50%	22%	0%	17%	8%	67%	0%	27%
3	0%	17%	11%	6%	8%	0%	100%	25%	17%	33%	0%	50%	0%	17%	0%	19%
4	13%	8%	11%	6%	8%	50%	0%	0%	0%	0%	0%	0%	0%	17%	0%	8%
5	0%	8%	11%	6%	0%	0%	0%	0%	0%	22%	0%	0%	0%	0%	0%	3%
Unspecified	0%	0%	0%	0%	8%	0%	0%	8%	0%	0%	0%	0%	8%	0%	0%	2%
<b>Mean Children Under 15</b>	1.8	2.4	2.2	1.4	1.7	3.0	3.0	1.7	1.8	2.8	0.7	2.1	0.8	2.5	1.0	1.9

Note: Cohorts for FY 2017 are pulled from the larger group of all HPOG II participant cohorts who received training from May, 2016 until August, 2017. Certain cohorts 2, 3, 12, 14, and 16 are not included in this table as these participants completed training prior to the beginning of FY 2017 (September 1, 2016). There are 23 duplicates represented in these data: individuals who moved along the training pathway to enroll in two training tracks over time.



Table 6 compares key demographic elements for the first group of HPOG II participants (May – August, 2016) with participants enrolled in FY 2017 (September 1, 2016 – August 31, 2017). The two groups of participants are very similar and differ on average by 4 percentage points across the selected demographics presented in the table. Of interest, is the decrease in the percentage of individuals who are not parenting children under 15: 15% for the May-August, 2016 participants, compared to only 9% among FY 2017 participants.

**Table 6. Comparison of key demographic descriptors for CA participants  
May – Aug. 2016 and FY 2017**

Characteristic	May – Aug. 2016	FY 2017
Female	96%	92%
White	43%	37%
Black	43%	47%
Unemployed	62%	57%
Average Age	27	29
Children under 15		
0	15%	9%
1	38%	33%
2	25%	27%
3	21%	23%
4	0	8%
5	2%	3%

## Basic Skills Assessments

Table 7 presents results of the basic skills assessment administered by TCW for 120 of the 129 participants enrolled for whom consistent data were available. Currently, TCW requires a minimum score of 40 for CNA and 55 for all other trainings on the *Prove It* assessments. The manual dexterity results are reported as minutes and the administrator selector, although reporting high and low scores, is actually designed to identify individuals with mid-range scores as most prepared to participate in the program. According to TCW staff, the assessment scores are just one piece of information used to assess an applicant’s ability to be successful in the program.

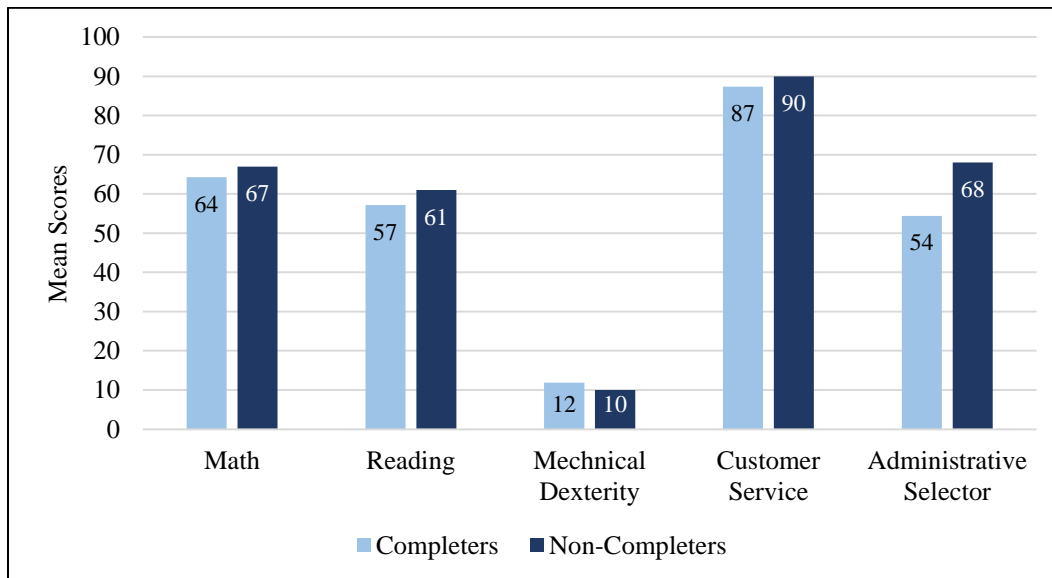
**Table 7. Basic Skills Assessment FY 2017 Cohorts, N=120**

	Certified Medication Aide	Certified Nursing Assistant			Dental Assistant	LPN		Medical Assistant		Patient Care Technician	Pharmacy Technician	Phlebotomy		Skill Building		Total / Avg
Cohort	C1	C4	C5	C6	C7	C8	C9	C10	C11	C13	C15	C17	C18	C19	C20	
Number of Adults	8	12	9	16	13	2	1	12	12	9	3	12	13	6	1	129
Number with Scores	7	12	9	16	11	1	0	11	12	7	3	12	12	6	1	120
<b>Math</b>																
Minimum Score	50	38	40	38	53	80		45	55	48	53	55	53	38	73	51
Maximum Score	83	80	88	90	83	80		93	85	70	85	85	88	78	73	83
Mean	68	59	65	60	68	80		67	74	57	68	73	68	55	73	67
<b>Reading</b>																
Minimum Score	40	46	40	40	54	89		40	49	49	40	54	54	49	66	51
Maximum Score	83	89	77	74	83	89		89	86	71	69	83	77	63	66	79
Mean	62	56	57	57	62	89		57	63	54	54	65	63	52	66	61
<b>Mechanical Dexterity</b>																
Minimum Score	8	9	9	9	8			7	8	9	11	7	7	14	10	9
Maximum Score	16	16	13	16	12			17	14	15	13	14	14	16	10	15
Mean	12	12	11	13	10			11	11	12	12	10	10	15	10	12
<b>Customer Service</b>																
Minimum Score	75	67	83	72	74	93		81	77	76	88	66	78	80	94	79
Maximum Score	94	97	94	96	94	93		97	94	94	90	98	97	97	94	95
Mean	85	87	91	86	87	93		89	88	88	89	88	90	88	94	89
<b>Administrative Selector</b>																
Minimum Score	14	23	32	7	10	89		30	2	6	29	0	6	35	92	27
Maximum Score	88	100	97	98	89	89		98	94	96	77	95	97	97	92	93
Mean	53	68	65	55	45	89		66	49	39	49	62	59	77	92	62

Note: Cohorts for FY 2017 are pulled from the larger group of all HPOG II participant cohorts who received training from May, 2016 until August, 2017. Certain cohorts 2, 3, 12, 14, and 16 are not included in this table as these participants completed training prior to the beginning of FY 2017 (September 1, 2016).

It has not yet been determined if the minimum assessment scores represent the level of skill actually required for the training tracks offered. However, when assessment scores for those who completed their training program are compared to those who did not complete the program, the assessment scores of the two groups are very similar (Figure 6). For most assessments, the non-completers actually scored higher than the program completers. This observation was reinforced by staff during interviews who commented that all participants are capable of doing the work, yet other factors, such as a limited support system or challenges with meeting the time commitment to the course while balancing employment and caring for a family, may adversely affect retention.

**Figure 6. Basic Skills Assessment Mean Scores Completers and Non-Completers FY 2017**



## Training Outcomes

Table 8 presents the numbers of participants entering each training track May – August, 2016, the number of participants completing the training, and those receiving certification.<sup>17</sup> Of the 58 participants entering the program in this period, 52 completed their training, 29 received certifications, and 17 have certifications pending. The data identify just 6 participants as non-completers.

<sup>17</sup> This table was updated from the previous report: CareerAdvance® HPOG II Transition and Expansion, Jan. 2017.

**Table 8. HPOG II May – Aug. 2016 Completers Certification Status**

Start Month	Certified Nursing Assistant		Patient Care Technician	Pharmacy Technician	Phlebotomy	Total
	Jun-16	Aug-16	Jul-16	May-16	May-16	
<b>All Participants</b>	<b>14</b>	<b>17</b>	<b>9</b>	<b>8</b>	<b>10</b>	<b>58</b>
<b>Completers</b>	<b>11</b>	<b>16</b>	<b>8</b>	<b>7</b>	<b>10</b>	<b>52</b>
Received Certificate	10	16	3	0	0	29
Did Not Receive Certificate	1	0	5	0	0	6
Certification Pending	0	0	0	7	10	17

Table 9 presents the numbers of participants entering each training track in FY 2017, the number of participants completing the training, and those receiving certification. Of the 129 participants entering training tracks in FY 2017, 64 have completed the training, 37 have received certifications and 23 have certifications pending; 28 are still in training (Dental Assistant, LPN, and the second cohort of Medical Assistant), and seven are attending skill-building sessions. The data identify 30 participants as non-completers. Twenty-three participants are duplicates, i.e., enrolled in more than one course of study over time.

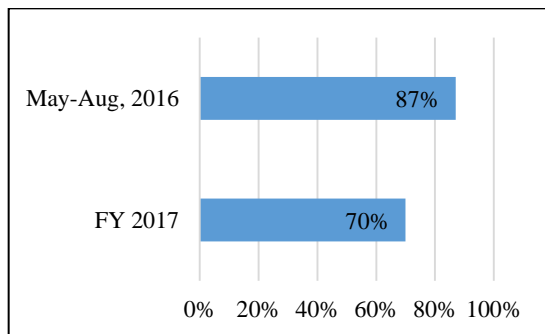
**Table 9. HPOG II FY 2017 Program Completers Certification Status**

	Certified Medication Aide	Certified Nursing Assistant			Dental Assistant	LPN		Medical Assistant		Patient Care Technician	Pharmacy Technician	Phlebotomy		Skill Building		Total
	Jun-17	Sep-16	Apr-17	Jun-17	Jan-17	Mar-17	Aug-17	Oct-16	Aug-17	Jun-17	Jan-17	Mar-17	Jun-17	Oct-16	Jan-17	
<b>Start Month</b>	Jun-17	Sep-16	Apr-17	Jun-17	Jan-17	Mar-17	Aug-17	Oct-16	Aug-17	Jun-17	Jan-17	Mar-17	Jun-17	Oct-16	Jan-17	
<b>All Participants</b>	8	12	9	16	13	2	1	12	12	9	3	12	13	6	1	129
<b>Completers</b>	8	9	7	10	0	0	0	7	0	7	1	5	10	0	0	64
Received Certificate	7	7	7	10	0	0	0	6	0	0	0	0	0	0	0	37
Did Not Receive Certificate	1	2	0	0	0	0	0	1	0	0	0	0	0	0	0	4
Certificate Pending	0	0	0	0	0	0	0	0	0	7	1	5	10	0	0	23
Unspecified	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

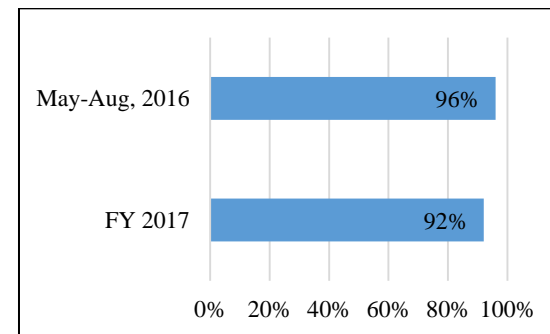
Note: Three groups of participants in training tracks, Dental Assistant, LPN, and the second cohort of Medical Assistant, were still in training at the time this data was reported.

Figures 7 and 8 compare the rates of completion and certification for CNA participants (across the two program periods CNA enrolled the largest number of participants). Early HPOG II participants completed at a higher rate, 87% compared to FY 2017, 79%, and of those participants completing the program, earlier participants had a higher rate of certification as well, 96% and 92% respectively.

**Figure 7. Comparison of the Rate of Completion for HPOG II CNA Participants May – Aug. 2016 and FY 2017**



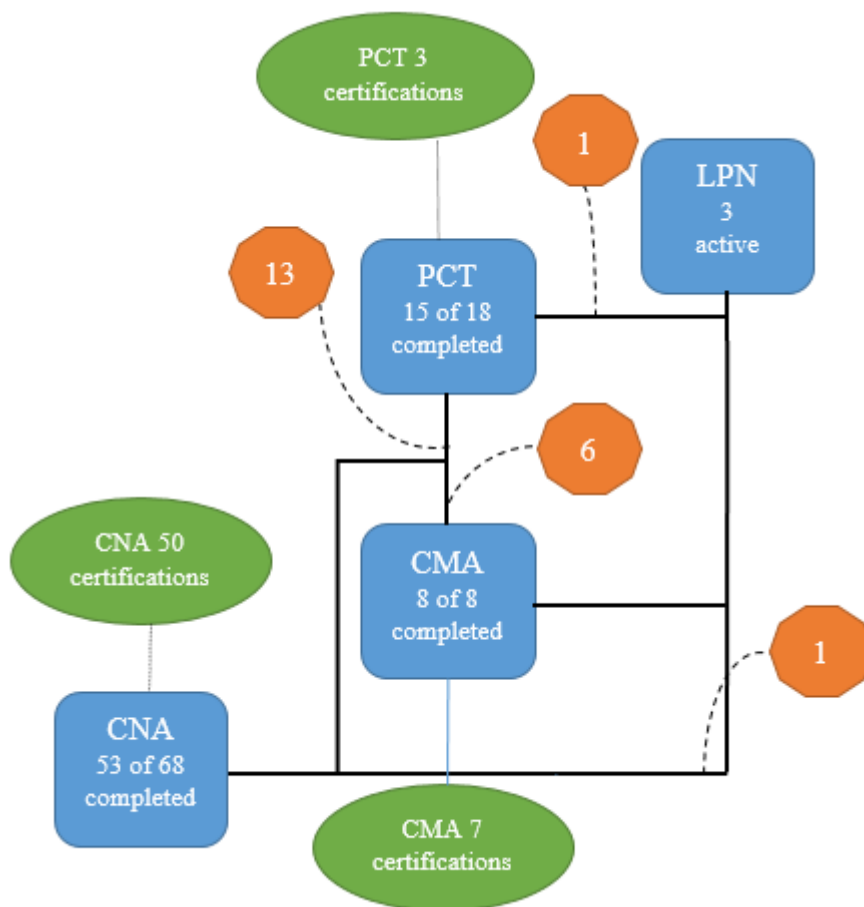
**Figure 8. Comparison of the Rate of Certification for HPOG II CNA Completers May – Aug. 2016 and FY 2017**



The data suggest that, while CareerAdvance® partners created systems to increase the recruitment, selection and enrollment of families with young children, the rates of completion and certification have decreased somewhat.

Figure 9 outlines the flow of nursing participants through this pathway over time. The blue squares represent each section of the nursing pathway identifying the participants who entered and completed the training; the green oval indicates the number of participants achieving certification, and orange hexagons show the number of participants who moved along the pathway from one training to the next. Two additional participants who completed their initial training track, CNA and Pharmacy Tech, entered phlebotomy training. A total of 23 participants have enrolled in two courses of study.

**Figure 9. Progress along Nursing Career Pathway through August 2017**



## **CareerAdvance<sup>®</sup> Challenges and Program Modifications**

TCW staff continue to adjust to working with the needs of families and have implemented a number of program changes to embrace the unique needs of the families served through CareerAdvance<sup>®</sup>. TCW has created a private space for new mothers to pump breast milk and hosted a back-to-school initiative to reengage participants for a follow-up contact by offering participants backpacks, lunch boxes and other school supplies. TCW has demonstrated flexibility in providing one-time, limited financial support for participants. One example involved a dental hygienist participant who was informed that the condition of her own personal teeth could prevent her from going to clinicals and getting employed in the field. TCW approached an employer partner for assistance and negotiated a reasonable rate for the needed dental treatment. The bonus to this story is that the participant was accepted to complete her clinical training at this same dentist's office, and the dentist agreed to offer the service pro-bono. TCW can quickly remove barriers that require a small financial investment and, in this case, successfully rallied a local resource to meet the need of the participant.

TCW identified challenges when engaging with several different large employers. Primary health care employers in Tulsa include four large systems with large human resource departments. High staff turnover is not uncommon in these large systems, and job titles for similar work duties vary from site to site. These challenges, combined with the intermittent flow of CareerAdvance<sup>®</sup> course completers, creates challenges in maintaining relationships to facilitate the progression of completers into employment.

Staff agree that participants with a strong support system are typically the most successful. The greatest challenge facing participants, identified by all three partner agencies, is child care. Staff report that even after finishing training and obtaining certification, mothers of small children may opt to delay work until their child is accepted into CAP ECCE. Parents want to qualify economically for CAP services and may risk losing their certification if they don't work in their field for several months. Due to lack of child care and support systems, participants cannot take advantage of the \$2 an hour extra pay for working on evenings, weekends or swing

shifts. Further, single parents who do not have a strong support network report, understandably, to staff they want to be available for their children evenings and weekends.

---

*“One of the program improvements is that TCW has been getting better wages for the HPOG folks, particularly the CNA.”*

---

An increase in wages is identified as a positive outcome for the HPOG II study, yet an increase in earnings may lead a family to experience the *cliff effect*. The *cliff effect* occurs when a family begins to earn above the limits set by federal and/or

state programs and becomes ineligible for subsidies for food, housing, child care and other benefits. For low-income families, this means earning more could actually make them worse off financially. So, although parents may be working and earning more, their families may not be able to attain financial security. Staff report that for some families, working while young children require expensive day care is simply not feasible.

Staff also discussed the challenges in finding child care for non-CAP families. Child care, as the first order of business as participants enter the program, is coordinated by the CAP Academic Coach. In some communities

participants reside in, the elementary public schools do not offer before- or after-care, or the program at a specific child’s elementary school is full.

Elementary age children also may need

---

*“Some parents, upon achieving certification decide not to work because child care costs too much. The job pay doesn’t support the cost of child care. For example, child care costs for two children can cost a participant up to \$400 a week, balanced against a wage for a CNA...many can’t afford to work without support.”*

---

to be transported to child development centers for care. Further, participating child development centers can take up to a month to be approved to participate in CareerAdvance<sup>®</sup>, and centers must be willing to invoice the program after care has been provided.

## **CareerAdvance<sup>®</sup> Sustainability Planning**

The CAP Tulsa strategic framework combines high-quality early education for young children with supports that promote nurturing parenting and family financial stability to ensure that children reach their full developmental potential to achieve economic stability for



themselves and future generations.<sup>18</sup> *CareerAdvance*<sup>®</sup> became a key component of CAP's vision to support families with children who struggle financially nearly a decade ago. As *CareerAdvance*<sup>®</sup> responds to HPOG II requirements and changes in the Tulsa community, CAP will continue to operate as the fiscal agent for HPOG II, recruit CAP families to participate in *CareerAdvance*<sup>®</sup>, and prioritize for enrollment into CAP early childhood programming eligible *CareerAdvance*<sup>®</sup> participants for the immediate future.

CAP administration is beginning to address the sustainability of this project for the Tulsa community post-HPOG funding and is convening a series of meetings with partners to systematically discuss and sort out post-HPOG roles, target populations, services and service strategies.

## Conclusions

CAP and its partners, TCW and Tulsa Tech, work to transform the vantage point of their organizations to view individuals as embedded in families that impact their choices and decisions regarding education and employment.

Child care continues to be an ongoing challenge as more non-CAP families are served by the program. Quality early childhood care and education, a key component of the original two-generation *CareerAdvance*<sup>®</sup> program design, is available to a small subset of families, including CAP and Educare families participating in the program. Participant families are encouraged to apply for the available child care supports and receive priority to enroll in CAP as slots become available, yet for the majority of the families with young children, the strength of the two-generation model of providing quality education and care is not really available. The children of non-CAP families do not have access to the continuity of care nor the two-generation model that permeates the philosophy of both CAP's ECCE sites and the Educare program. Solutions to providing continuity of care for non-CAP children is one of the bigger challenges facing *CareerAdvance*<sup>®</sup> as it considers the future of the program.

---

<sup>18</sup> CAP Tulsa. Strategic Framework 2016-2025 [https://captulsa.org/uploaded\\_assets/pdf/Strategic-Framework-CAP-Tulsa\\_2016-2025.pdf](https://captulsa.org/uploaded_assets/pdf/Strategic-Framework-CAP-Tulsa_2016-2025.pdf)

As *CareerAdvance*<sup>®</sup> partners work to ensure families with young children enter and experience success in the program, barriers to retention and completion will continue to be addressed. Support for quality early childhood care and education will require additional partners, including the political will to enact policy to support funding for this necessary support to ensure families striving for self-sufficiency and don't fall off the "cliff" after obtaining employment. The three major partners involved in the implementation of HPOG II—CAP, Tulsa Tech and TCW—are the experts in their respective fields and are aligning their program strengths to meet the needs of *CareerAdvance*<sup>®</sup> participants.

## Bibliography

- Briggs, A., King, C., and Smith, T. (2015). *Sustaining Two-Generation Strategies: A case study of Tulsa's CareerAdvance® Program*. Austin, TX: Ray Marshall Center for the Study of Human Resources, LBJ School of Public Affairs, The University of Texas.
- Community Action Program of Tulsa (2017). *About CAP*. Community Action Project of Tulsa County. Retrieved from: <http://captulsa.org/about-cap>.
- Chase-Landsdale, P. L., Sommer, T. E., Sabol, T. J., King, C. T., Glover, R. W., Yoshikawa, H., Brooks-Gunn, J. (2012). *CareerAdvance® Outcomes Study Year 1 Report*. Evanston, IL: Northwestern University.
- Chase-Landsdale, P. L., Sommer, T. E., Sabol, T. J., King, C. T., Glover, R. W., Yoshikawa, H., Brooks-Gunn, J. (2013). *CareerAdvance® Outcomes Study Year 2 Report DRAFT*. Evanston, IL: Northwestern University.
- Chase-Landsdale, P. L., Sommer, T. E., Sabol, T. J., King, C. T., Glover, R. W., Yoshikawa, H., Brooks-Gunn, J. (2014). *CareerAdvance® Outcomes Study Year 3 Report*. Evanston, IL: Northwestern University.
- Coffey, R., Glover, R., King, C., Smith, T. (2012). *Expanding the CareerAdvance® Program in Tulsa, Oklahoma*. Austin, TX: Ray Marshall Center for the Study of Human Resources, LBJ School of Public Affairs, The University of Texas.
- Christensen, K., Juniper, C., and King C., (2015). *CareerAdvance® Implementation Study Findings through July 2015*. Austin, TX: Ray Marshall Center for the Study of Human Resources, LBJ School of Public Affairs, The University of Texas.
- Glover, R., King, C., and Smith, T. (2012). *Expanding the CareerAdvance® Program in Tulsa, Oklahoma*. Austin, TX: Ray Marshall Center for the Study of Human Resources, LBJ School of Public Affairs, The University of Texas.
- Glover, R., Smith, T., King, C., and Coffey, R. (2010). *CareerAdvance® Implementation Report*. Austin, TX: Ray Marshall Center for the Study of Human Resources, LBJ School of

Public Affairs, The University of Texas.

Hendra, R., Greenberg, D., Hamilton, G., Oppenheim, A., Pennington, A., Schaberg, K., and Tessler B. (2016). Encouraging Evidence on a Sector-focused Advancement Strategy: Two-year impact from the WorkAdvance demonstration. mdrc. Available at: <https://www.mdrc.org/publication/encouraging-evidence-sector-focused-advancement-strategy-0>.

King, C., Juniper, C., and Anderson, A. (2017). CareerAdvance® HPOG II Transition and Expansion. Austin, TX: Ray Marshall Center for the Study of Human Resources, LBJ School of Public Affairs, The University of Texas.

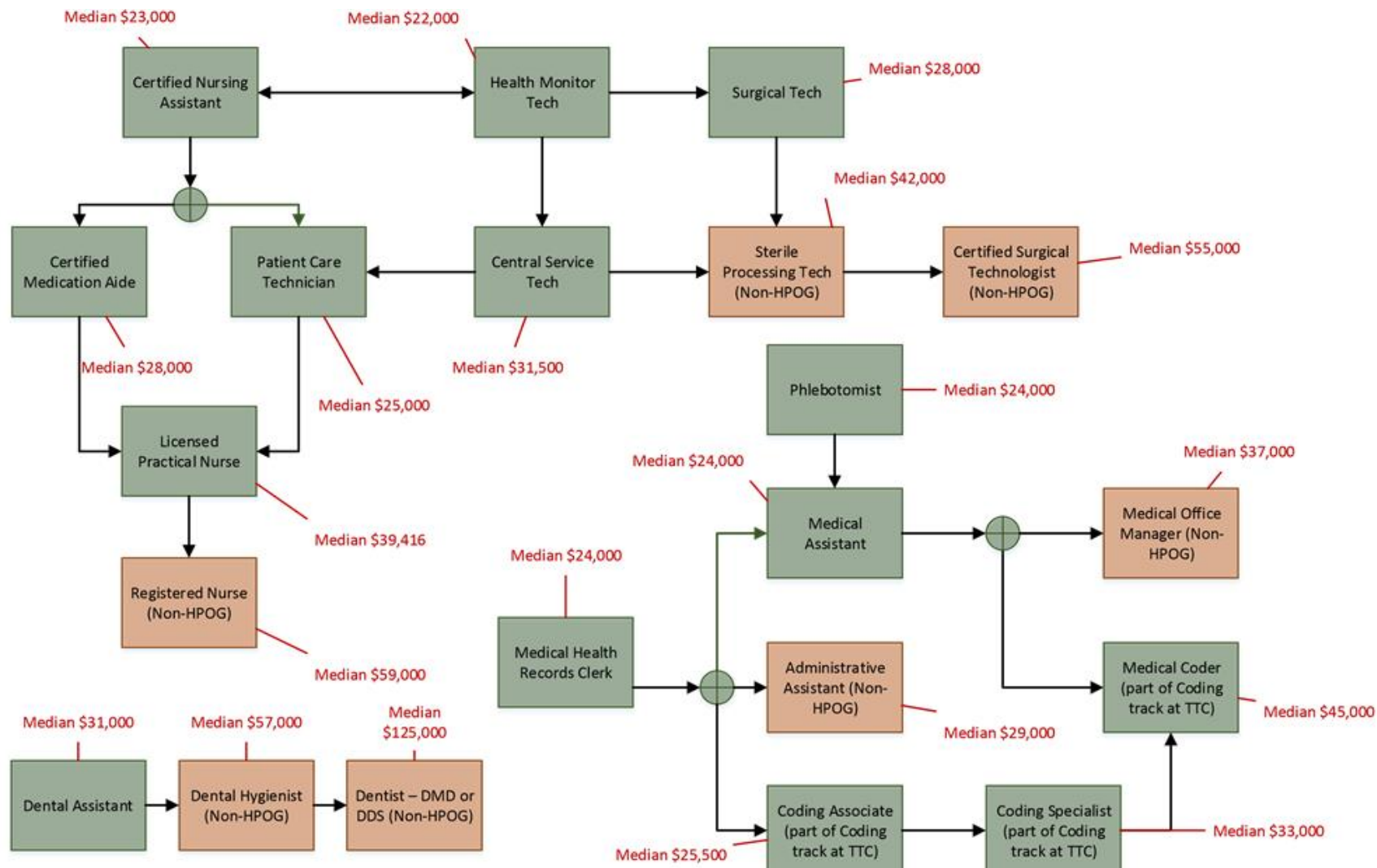
King, C., Glover, R., Smith, T., Coffey, R., Levy, B., Yoshikawa, H., Beardslee, W., Kordsmeir, M. (2009). The CareerAdvance® Pilot Project: Recommended Jobs Strategy for Families Served by the Community Action Project of Tulsa County. Austin, TX: Ray Marshall Center for the Study of Human Resources, LBJ School of Public Affairs, The University of Texas.

Smith, T., King, C., Christensen, K., Chen, X. (2013). CareerAdvance® Implementation Study Findings through July 2013. Austin, TX: Ray Marshall Center for the Study of Human Resources, LBJ School of Public Affairs, The University of Texas.

Smith, T., King, C., Christensen, K. (2014). CareerAdvance® Implementation Study Findings through July 2014. Austin, TX: Ray Marshall Center for the Study of Human Resources, LBJ School of Public Affairs, The University of Texas. October 2014.

Smith, T., Douglas, V., Glover, R. (2012). The Evolution of the CareerAdvance® Program in Tulsa, Oklahoma. Austin, TX: Ray Marshall Center for the Study of Human Resources, LBJ School of Public Affairs, The University of Texas.

**Appendix A: 2018 CareerAdvance<sup>®</sup> Tracks Career Lattice**



**Appendix B: CareerAdvance<sup>®</sup> Interview Matrix**



### Interview Matrix

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewers: \_\_\_\_\_

Training Track: \_\_\_\_\_

1. Is applicant able to attend training as scheduled?	Yes	No
2. Is applicant able to attend CRT?	Yes	No
3. Is applicant able to attend Pre-training?	Yes	No
4. Is applicant willing to take part in research study?	Yes	No
5. Is applicant able to meet physical requirements of training? (with reasonable accommodations, if needed)	Yes	No
6. Does participant have a clear criminal background that will allow them to be employed in healthcare? *See note	Yes	No
7. Will applicant submit to drug test?	Yes	No

If any of the answers to the above questions are marked as “no”. Participant does not meet minimum requirements to be accepted into CareerAdvance®.

\*Applicants are considered to have a clear criminal background when they have had no felonies or misdemeanors for the last seven years. For a more detailed explanation of barrier offenses, please check with the training provider.

Applicants that are parents of young children will receive priority during case conferences throughout the selection process. Applicants that are not parents may be put on hold until the end of the selection process to allow more parents of young children to be selected for random assignment.



Please use the Interview Matrix definitions to accurately rate applicant using the Interview Matrix below.

Criteria	2 (Lowest)	4	6	8	10 (Highest)	Add ↓
Transportation	No adequate transportation	Dependent on others for transportation	Access to transportation	Consistent transportation	Reliable access to transportation	
Participant Support Network	Lacks support network	Unreliable support network	Inconsistent support network	Small and consistent support network	Lange and consistent support network	
Current Financial Health	Not enough income to meet basic needs		Small or inconsistent income for basic needs		Enough income to meet basic needs	
Desire to Work in Healthcare Industry	No desire to work in industry		Desire to work	Desire to work in healthcare industry		
Schedule Flexibility (Employment)	No flexibility		Some flexibility with assistance		Ability to work any shift with substantial flexibility	
Work History	Unstable work history		Stable work history	Good work history	Exceptional work history	
2 Generational Impact No child in these categories=0	Has at least one child between the ages of 8-15 years old	Has at least one child between the ages of 5-8 years old	Has at least one child under the age of 5 that is not enrolled at CAP Tulsa		Has at least one child currently enrolled in CAP Tulsa School or Learning at Home program	
Need for Career Advance program	No need		Low need	Average need	High need	
Wage Impact	Negative wage impact	No wage impact	Some wage impact		Substantial positive wage impact	
Criteria	1	2	3	4	5	
Communication	Ineffective communication		Some effective communication		Effective communication	
Motivation for Career Success	No motivation		Some motivation but needs coaching		Highly motivated	
Confidence	Low confidence		Reasonable confidence but may need coaching to improve		High confidence	
Participation Engagement	Participant does not want to engage in most elements of the program		Participant is reluctant to engage a few program elements		Participant is confident they will engage in all elements of the program	
					Subtotal	
					Divided by 13	
					<b>Total Score</b>	

## Interview Matrix Definitions

### Transportation

2. No adequate transportation - Has only bike or pedestrian means of transportation available. No other means of transportation assistance.
4. Dependent on others for transportation - Must rely on others for transportation and it is frequently a barrier. Frequently has challenges getting child to school and themselves to work or appointments on time each day.
6. Access to transportation - Has the ability to get transportation and it is usually not a barrier to getting child to school or getting themselves to work or appointments on time each day. Requires some assistance in navigating a transportation plan via the bus route or connecting with classmates to carpool.
8. Consistent transportation - Currently able to get their child to school and themselves to work or appointments on time each day. May not always have reliable transportation but it is not a barrier. Very likely to have no problems getting self to class and work on time each day with little to no assistance from coach.
10. Reliable access to transportation - Currently able to get their child to school and themselves to work or appointments on time each day. Transportation is never a barrier. Has one or more back up transportation plans in place.

### Participant Support Network

2. Lacks support network - Has no reliable friends, family members, or peers who can assist them while in the program with childcare or emotional support.
4. Unreliable support network - Has a few friends, family members, or peers who applicant could reach out to while in the program but are not generally available to help.
6. Inconsistent support network - Has a small support network of friends, family members, or peers that have helped in the past but may not be available to help on a consistent basis.
8. Small and consistent support network - Although it may not be a large pool of people, applicant has a small support network of friends, family members, or peers that will help while applicant is in program.
10. Large and consistent support network - Currently has a large and strong support network of people that have already agreed to support applicant while in program.

### Current Financial Health

2. Not enough income to meet basic needs - Applicant is not employed. No financial support from family or friends. Does not receive state, federal, or government assistance. Could not pay for childcare or meet basic needs without support from CareerAdvance.
6. Small or inconsistent income for basic needs - Applicant receives occasional financial support from family or friends or through temporary employment. May receive some state, federal or government assistance.

10. Enough income to meet basic needs - Applicant has means of income through personal employment. Could receive financial support from family or friends, if needed. A backup plan is in place for childcare. Receives assistance from state, federal, or government entities.

### **Desire to Work in Healthcare Industry**

2. No desire to work in industry - Applicant is not interested in a career in the healthcare field. Does not want to work caring for patients, with doctors, or other medical staff. Working in a clinic, hospital, nursing home, or medical facility is not appealing.

6. Desire to work - Applicant is interested in working but may not see themselves staying in the healthcare field long term. They see the program as a way to get free training so they can get a job.

8. Desire to work in healthcare industry - Although specific area for healthcare career may not be determined, applicant has a personal desire to work closely with patients. They can take orders from doctors, and work professionally with other medical staff. They are aware of the roles and responsibilities for providing direct patient care, as well as being comfortable working in various types of medical facilities. Open to working various shifts as well as overtime.

### **Schedule Flexibility (Employment)**

2. No flexibility - Unable or unwilling to work various shifts which may include days, evenings, overnights, weekends, holidays, and overtime. This may be due to health needs, lack of childcare support from family or friends, no personal motivation, or religious beliefs.

6. Some flexibility with assistance - May be able to work various shifts at times which may include days, evenings, overnights, weekends, holidays, and overtime. Has a family member or friend that can help with childcare if aware in advance. May prefer specific shifts due to personal, physical, or religious beliefs but open to picking up additional shifts as able.

10. Ability to work any shift with substantial flexibility - Has a great family and friend support network to help with childcare to work days, evenings, overnights, weekends, holiday, or overtime. Plans in place for working various shifts. Open to working whatever is needed. No personal or physical limitations for specific shift needs.

### **Work History**

2. Unstable work history with gaps in employment and job hopping - Applicant has had multiple jobs in which they worked at each for a couple of months or limited amount of days. Possible significant gaps of 90 days or longer between each employment. Did not give two weeks' notice before leaving previous job.

6. Stable work history with limited job hopping or gaps in employment - Applicant has had fewer jobs in which they worked at each for several months or a year. They have limited amount of time between each employment. Gave two weeks' notice to each employer.

8. Good work history with only minor job hopping or gaps in employment - Applicant has only had three employments in the past five years. They do not have significant gaps between each employer and gave two weeks' notice for each.

10. Exceptional work history with no gaps or job hopping - Applicant has had consistent employment at only one or two employers in the past five years.

## **2 Generational Impact**

0. No child in these categories
2. Has at least one child between the ages of 8-15 years old.
4. Has at least one child between the ages of 5-8 years old.
6. Has at least one child under the age of 5 that is not enrolled at CAP Tulsa or Educare.
10. Has at least one child currently enrolled in CAP Tulsa or Educare School or Learning at Home program.

## **Need for CareerAdvance Program**

2. No need for CareerAdvance program – Has means to complete training on own and does not need wrap around services.
6. Low need for CareerAdvance program- Needs at least one supportive element of CareerAdvance to complete training and become employed.
8. Average need for CareerAdvance program-Needs several supportive elements of CareerAdvance to complete training and become employed.
10. High need for CareerAdvance program- Will not be able to complete training and enter employment without paid training and wrap around support services.

## **Wage Impact**

2. Negative wage impact - Applicant will make less in the long term due to participation in program. Program will not positively impact financial stability of applicant or applicant's family.
4. No wage impact - Applicant will see no long term wage impact due to participation in program. Program will not impact financial stability of applicant or applicant's family.
6. Some wage impact - Applicant will see marginal increase in wages due to participation in program. Program will marginally improve financial stability of applicant and applicant's family.
10. Substantial positive wage impact - Applicant will see substantial increase in wages due to participation in program. Program will substantially improve financial stability of applicant and applicant's family. Applicant will move towards financial security due to program.

## Coachable

### **Communication**

1. Ineffective communication-Applicant is unable to professionally communicate orally or through written word. The receiver must ask many clarifying questions to communicate well with this person.
3. Some effective communication- Applicant needs some coaching on how to communicate effectively and professionally. They may need help with tone of voice or body language.
5. Effective communication - Applicant is able to effectively communicate information clearly though verbal and written means. May need some coaching on professional communication.

### **Motivation for Career Success**

1. No motivation - Applicant does not have any goals or internal drive. Poor perception of education and has no knowledge of career goal for life. Unwilling to receive helpful information or guidance.
3. Some motivation but needs coaching - Applicant has a reason to attend school. May have a short-term goal but no long-term plan. May have unrealistic goals that will require coaching to develop. Has basic understanding of job duties and training required. May have some concerns about working in the field that can be addressed.
5. Highly motivated - Applicant has a strong drive. Has a personally significant and clearly defined reason to be in school. Has an end goal in mind with a plan to reach goal. Has personal experience related to the field. May have related training to chosen field. No concerns about working in career.

### **Confidence**

1. Low confidence - Demonstrates significant lack of personal self-worth and motivation to overcome situations experienced previously in life. Does not see a brighter future for self or ability to take necessary steps to become successful.
3. Reasonable confidence but may need coaching to improve -Demonstrates personal self-worth and motivation to overcome challenging situations. May have goals but is unsure how to reach them. Needs some coaching to help them overcome obstacles and reach goals.
5. High confidence - Has a great understanding of self and has developed personal motivation to reach goals. Knows they are capable and does not let setbacks overwhelm them in becoming successful. Has an end career goal in mind and values self to achieve that goal.

### **Participation Engagement**

1. Participant does not want to engage in most elements of the program - Applicant does not plan on checking emails, returning phone calls or texts, attend partner meetings, or following up with academic coach on problems that may arise while in program. Does not want to update career Advisor on employment status throughout program or receive assistance in obtaining employment at end of program. This may be due to lack of time or personal motivation. Does not see value in being engaged.
3. Participant is reluctant to engage in a few of the program elements - Applicant plans to check emails return phone calls or texts but shows some reluctance about communicating with staff in a timely manner.

Applicant is unsure about the value of a few program elements which could include the cohort approach, research study or coaches. With some coaching this participant could see the value of these program elements.

5. Participant is confident they will engage in all elements of the program - Applicant plans to promptly reply to emails and return phone calls or texts. They are appreciative of partner meetings and will make it a priority to attend so they can build relationships. They plan to keep the academic coach updated about personal setbacks and will meet with the career advisor for employment towards the end of program.