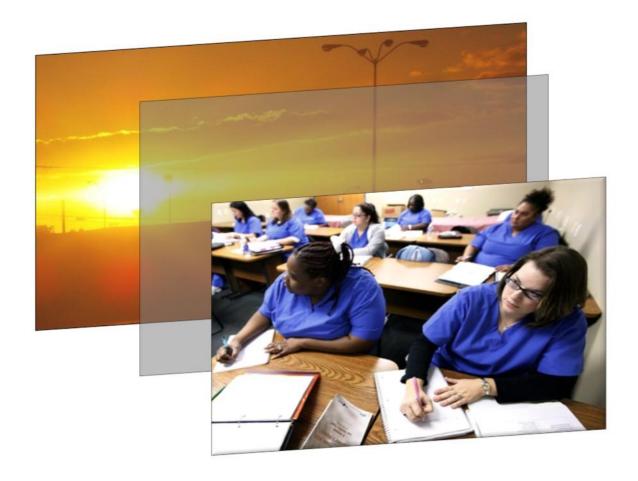
CareerAdvance® Implementation Study



RMC
Ray Marshall Center
for the Study of Human Resources



Findings through FY 2019

CareerAdvance® Implementation Study Findings through FY 2019

Prepared for the Health Profession Opportunity Grant Program

Administration for Children and Families

U.S. Department of Health and Human Services

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Table of Contents

Glossary of Acronyms and Abbreviations	iii
Acknowledgements	iv
Introduction	1
Organization of Report	2
Partners	3
Program Components	6
Career Pathways	6
Quality Early Childhood Education	10
Eligibility, Recruitment, Assessment and Selection	11
Eligibility	12
Recruitment	13
Assessment	17
Selection	17
Support Services	20
Academic and Career Advising	20
Family and Children Services	21
Cohort Model	22
Flex Time	22
Curricula Elements	23
Two-Generation Programming	23
Career Readiness Training	24
Boot Camp	24
Partner Meetings and Peer Huddles	25
Workshops	25
Tulsa Tech Courses	26
Demographics of Participants	27
Basic Skills Assessments	35
Training Outcomes	38
CareerAdvance® Sustainability Planning	
Challenges	
Conclusion	48

Bibliography	50
Appendix A: 2018 CareerAdvance® Tracks Career Lattice	53
List of Tables	
Table 1. Career <i>Advance</i> ® Course Offerings	8
Table 2. HPOG II Eligibility, Recruitment, Assessment, and Selection of Participants	12
Table 3. Identified Referral Sources by Enrollment: April, 2016–FY 2019	15
Table 4. Identified Referral Sources by Participant Completion: April, 2016–FY 2019	16
Table 5. HPOG II Individuals Participating in the Selection Process: April–Aug. 2016, FY 2017, FY 21	.08 and
FY 2019	19
Table 6. Profile of Career Advance Participants and Families, Cohorts FY 2019	28
Table 7. Comparison Demographic Descriptors for Career Advance® Participants and Families: April	l 2016–
FY 2019	33
Table 8. Basic Skills Assessment FY 2019 Cohorts, N=175	36
Table 9. HPOG II May-Aug. 2016 Completers Certification Status	39
Table 10. HPOG II FY 2017 Program Completers Certification Status	40
Table 11. HPOG II FY 2018 Program Completers Certification Status	41
Table 12. HPOG II FY 2019 Program Completers Certification Status	42
Table 13. Concluded Course of Study Program Participants, Completers and Non-Completers: Ma	У
2016–FY 2019	43
Table 14. CNA Program Participants, Completers and Certification Status: May 2016–FY 2019	43
Table 15. Projected CareerAdvance® Budget to Serve Eighty Families with Young Children	46
List of Figures	
Figure 1. Percentage of Career Advance Households Parenting by Number of Children per Househ	old:
April 2016–FY 2019	35
Figure 2. Basic Skills Assessment Mean Scores Completers and Non-Completers FY 2019	38
Figure 3. Progress along Nursing Career Pathway: May 2016–FY 2019	44
Figure 4. Tulsa Oklahoma Metropolitan Statistical Area Unemployment Rate: Sept. 2009–Sept. 20	1948

Glossary of Acronyms and Abbreviations

ACF	Administration for Children and Families
CRT	Career Readiness Training
CAP	Community Action Project of Tulsa County
CCDF	Childcare Development Fund
CDC	Child Development Centers
CMA	Certified Medication Aide
CMT	Certified Medical Technician
CNA	Certified Nurse Assistant
ECE	Early Childhood 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
OECP	Oklahoma Early Childhood Program
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

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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 Technology Center (Tulsa Tech) provided invaluable information regarding program strengths and changes. CAP staff members were particularly helpful in sharing their insights into the "big picture" and the future of CareerAdvance*, including the CAP leadership team, Steven Dow, Executive Director; Karen Kiely, formerly Chief Operating Officer and now Chief Executive Officer; Drew France, Director of Development and Strategic Planning; Brandy Holleyman, Director of Family Advancement; and Janae Bradford, Assistant Director of Family Advancement. The CAP/TCW Tactical Team, including Grace Frey, Family Advancement Sr. Specialist (CAP); J. Renee Williams, Coaching Team Lead (CAP); Angela Munoz, Director of Career Services (TCW); and Sara Ostin, Operations Coordinator (TCW), offered insights into program changes within the past program year.

Karen Pennington, Executive Director of TCW shared insights into Tulsa area workforce development and the future of TWC's participation in CareerAdvance*. Two TCW teams, Career Services and Business Services Teams, included Angela Munoz, Director of Career Services; Bailey Adkison, Lead Career Advisor; Avea Howard, Career Advisor; Megan Street, Career Advisor; Chad McDermott, Business Services Director; and Amber Smith, Business Services Manager, provided us with the TCW perspective on relationships with employers and CareerAdvance* changes during the past program year.

Tulsa Tech Adult Career Development program staff Russell Parker, Director of Adult Education and Certifications; Ann Wheeler, Instructional Coordinator; and Johnathan O'Hearn, Lab Technician and CAP Coordinator for the Health Science Center, contributed to our understanding of the challenges of implementing Career Advance* and the impact the program has had on Adult Career Services.

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Finally, we want to acknowledge the remarkable vision and leadership of Steven Dow, who stepped down as the CEO of CAP Tulsa in fall 2019 and continues to serve as a Senior Advisor to the organization. Steven was instrumental in the creation of CareerAdvance® and has been actively engaged with it at every step along the way, from the initial design and pilot phase over a decade ago through early implementation under HPOG I and subsequent redesign and renewed operations under HPOG II. His commitment to serving Tulsa's families is deep. Throughout this project, Steven has been that most valuable of assets, a critical friend, offering support and insights but also asking the tough questions when they were necessary.

"My kids laughed at me when I told them I was going back to school, I told them, 'You want a better life, you need to keep going to school.' I think it [my experience] encourages my two girls."

"My son was wowed...I told my son, 'If I can do it, you can do it.' I think it encourages him. It helped him to see he needs to manage his time and be responsible for his own education..."

CareerAdvance® Participants

Introduction

CareerAdvance® 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® 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® 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.¹

After a year as a pilot program, CareerAdvance® 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 received a second Health Professional Opportunities Grant (HPOG II) from HHS to support and expand program operations for another five years. This report examines the implementation of year four in the second five-year grant cycle.

CareerAdvance* is a healthcare 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 and selection process, support services and other program features have evolved throughout the implementation of the HPOG I and HPOG II. As HPOG II partner organizations prepare to enter the final year of HPOG II funding significant shifts in service provision have been implemented and options for program sustainability continue to evolve.²

The CareerAdvance* program is the subject of a longitudinal, multi-methods evaluation, the Two-Generation Child and Family Outcomes Study (a randomized control trial experiment). The evaluation 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

¹ For more information about CareerAdvance® see: http://CAPtulsa.org/our-programs/family-advancement/careeradvance/

² HPOG II year six funding is pending and scheduled to be announced by May 2019.

Marshall Center at The University of Texas at Austin, Columbia University, Oklahoma State University, and New York University. Previous reports from the Career Advance implementation evaluation are available on the Ray Marshall Center website at www.raymarshallcenter.org. A full list of Northwestern University reports on the two generation research initiative can be found on the Northwestern University Two-Generation Research Initiative websites: https://www.ipr.northwestern.edu/who-we-are/research-groups-and-centers/the-northwestern-university-two-generation-research-initiative/publications-reports/index.html.

Organization of Report

This report examines the evolution of CareerAdvance® and the implementation of the fourth year of HPOG II services in a five-year grant cycle, including post-HPOG sustainability planning for CareerAdvance®. This latest report focuses on changes made as partners work together to prepare for the final year of the HPOG II grant period, the efforts and issues salient to the sustainability of CareerAdvance®, and the impact the participation in CareerAdvance® has had on the partner organizations' overall philosophy, strategic planning and service delivery.

First, this report briefly describes the organizations partnering to implement the HPOG II version of Career*Advance**. It then examines changes made to the program components, including changes made in preparation for the final year of HPOG II funding. The report then describes the HPOG II FY 2019 (September 1, 2018–August 31, 2019) cohorts enrolled in training, as well as detailed demographic information on the participants and their families, program completion and certification attainment of all HPOG II participants (April 2016–August 31, 2019). A final section addresses Career*Advance** sustainability planning issues, options and opportunities. This report draws from previous Career*Advance** reports, information on the HPOG II program participants and their families, and interviews with leadership and staff with CAP, Tulsa Tech, Family and Children Services, Workforce Tulsa, and Tulsa Community WorkAdvance.

Partners

Community Action Project of Tulsa County (CAP)

CAP, 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 (ECE) 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

CAP Theory of Change

"Combining high-quality early education for young children with supports that promote nurturing parenting and family financial stability will ensure that children reach their full developmental potential by the end of the third grade."

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 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.³

In 2009, when CAP first piloted CareerAdvance®, no other workforce development program or education provider was deliberately tailoring their offerings to low-income parents of young children in the Tulsa community. In 2012, Madison Strategies Group, a nonprofit workforce development organization, opened its doors in Tulsa to operate the Transportation Connections WorkAdvance program. The program evolved into the Tulsa Community WorkAdvance program that currently partners with CAP to implement the HPOG II program.

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³ For more information on CAP see: https://CAPtulsa.org

Tulsa Community WorkAdvance

Tulsa Community WorkAdvance (TCW) is a sector-based, career advancement program in Tulsa that employs a dual-customer approach to meeting the needs of job seekers and employers in key industries in the Tulsa labor market, including manufacturing; transportation;

Tulsa Community WorkAdvance Mission

"Tulsa Community WorkAdvance improves lives and strengthens families by connecting individuals with quality employment, maximizing their unique talents to achieve advancement and independence."

healthcare; and professional services offerings of accounting and information technology. TCW provides job seekers with no-cost technical training resulting in nationally recognized credentials, career readiness training, job placement and career coaching services.

Workforce Tulsa, the Tulsa Area Workforce Development Board, is partnering with TCW to coordinate the enrollment of eligible TCW participants (including Career Advance® participants) into the Workforce Innovation & Opportunity Act (WIOA) program. WIOA offers financial assistance to eligible individuals enrolled in demand sector training and supplements the HPOG II funding. The partnership components include: 1) TCW identification of the potential WIOA participants, 2) Workforce Tulsa monthly TCW site visit to certify participants to access WIOA funding and 3) to avoid duplication of effort, WIOA accepts the TCW assessment and eligibility documentation.

Tulsa Technology Center

HPOG I provided education and training through three community partners: Union Public Schools, Tulsa Community College, and Tulsa Technology Center. Under HPOG II, all course work is provided through Tulsa Technology Center (Tulsa Tech). A

Tulsa Tech Mission

Educating people for success in the workplace.

public independent school district, Tulsa Tech 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.

⁴ For additional information on WIOA see: https://www.doleta.gov/wioa/

⁵ During HPOG I, Union Public Schools (UPS) partnered with Career*Advance** 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 Career*Advance** to provide these services. UPS continues to provide English language skills classes to CAP families under CAP ESL, which now operates independently of the Career*Advance** program.

Tulsa Tech provides all the classes for each Career*Advance*® course of study through its Adult Career Development (ACD) department. Students have access to support services through Tulsa Tech, including math and writing tutoring, counseling, and career services.

⁶ Under HPOG I, training was provided by Tulsa Tech's Business Services Division.

⁷ For more information on Tulsa Tech see: http://tulsatech.edu

Program Components

Following is a description of CareerAdvance® program components, including how the different components have evolved through the implementation of HPOG I and HPOG II, and program preparations for entering the final year of HPOG II funding.

Career Pathways

CareerAdvance® offers training in three areas: nursing, health information technology and other health occupations. The nursing and information technology courses of study represented a clear career pathways training approach; organized as a progressive, stackable series of trainings, with each step resulting in a credential valued by employers. The other health occupation trainings offered are not explicitly connected to a career pathway with multiple training options; 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).

In an effort to increase the number of participants served and placed in jobs during the HPOG II grant period, occupations that required lengthy education and training, such as Registered Nurse, were dropped from the pathways and more "one-and-done" trainings were added, including Phlebotomy (13 weeks) and Certified Medication Aide (8 weeks). For some of the short-term training options it is important to note that in the Tulsa area these occupations offer average wages that tend to be lower, such as \$12.87/hour for Certified Medication Aide, than starting wages for most of the Career*Advance** career pathways previously offered through HPOG I.⁸ Yet some of the short-term training options offered in FY 2018, particularly Central Services Technician and EKG Monitor Technician (both eight weeks in duration), report relatively higher average wages (\$14.65/hour and \$15.09/hour respectively) when compared to the starting wages for other occupations requiring short-term training.⁹

For the final year of grant funding, CareerAdvance® has scheduled only training tracks that can be completed by the end of the grant funding (September 2020). The program is no longer recruiting students for the lengthier courses of study, such as LPN, Dental Assistant, Surge Tech and Medical

⁸ https://www.indeed.com/salaries/Certified+Medication+Aide-Salaries,-Tulsa%2C+OK. Accessed: 11/19/2019.

⁹https://www.indeed.com/salaries/Central%20Services%20Technician-Salaries,-Tulsa%2C+OK;

https://www.indeed.com/salaries/EKG%20Monitor%20Technician-Salaries,-Tulsa%2C+OK. Accessed: 11/19/2019.

Coding. Staff report that if a sixth year of funding is secured the training tracks will be adjusted to include some of the lengthier tracks of study.

Table 1 presents the CareerAdvance® course offerings from the first CNA cohort of students who entered classes in the fall of 2009, to changes made in 2019 as the program prepared for the final year of the HPOG II grant cycle. Changes in course offerings have been driven by diverse factors, including the needs of participants, policy changes by education and training providers, and labor market demands. For example, Advanced CMA training opportunities include two eight hour courses of study available to participants with a CMA to learn skills in glucose monitoring and caring for patients with feeding tubes and inhalers. Staff reported that participants who obtain the advanced CMA certifications can earn up to an additional \$1.00 to \$2.00 an hour. Furthermore, most of the trainings introduced in FY 2018 (HPOG II) 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. CareerAdvance® Course Offerings

Course of Study	Length of Class/Weeks	First Students Enrolled	Discontinued
Nursing Pathway			
Certified Nurse Assistant (CNA)	6	Fall 2009	
CNA Level 2	6	Fall 2010	2013
CNA Level 3: Geriatric Technician	6	Spring 2011	
Patient Care Technician (PCT)	17	Fall 2011	
Certified Medication Aide (CMA)	8	Summer 2017	
Advanced Certified Mediation Aide	8 hours	Fall 2018	
Licensed Practical Nurse (LPN)	64	Spring 2013	2019
Registered Nurse (RN)	64	Spring 2013	2015
Health Information Technology Pathway			
Medical Assistant (MA)	46	Fall 2012	
Medical Coding	64	Fall 2011	2019
Patient Billing & Insurance	6	Fall 2011	2015
Health Information Technology	64	Fall 2011	2015
Other Occupational Training Programs			
Allied Health Associates Degree*	64	Fall 2013	2015
Pharmacy Technician	15	Spring 2013	2017
Dental Assisting	40	Spring 2014	2019
Phlebotomy	13	Summer 2016	
Monitor Technician (EKG)	8+	Summer 2018	
Surgical Technician	46	Fall 2018	2019
Central Service Technician *Allied Health included associate degrees in the f	8+	Summer 2018	

^{*}Allied Health included associate degrees in the following occupations: Radiology, Stenography, Occupational Therapy Assistance, Physical Therapy or Repertory Care.

Under HPOG I, CareerAdvance* offered participants adult basic education courses, and bridge classes, (courses designed to transition students to fill the knowledge and skill gaps between the two courses of study). Although the HPOG II design originally did not offer remediation and bridge courses, in October 2016, CAP 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). In FY 2018, efforts to meet the basic education needs of participants were again revised. Individuals without a GED or in need of pre-course remediation were referred to Union, and TCW created a tickler system using the Salesforce platform to alert staff to follow up with these students. In addition, all participants enrolled in a course of study attend a pre-training week refresher course at Tulsa Tech. The pre-training week refresher course includes contextualized healthcare math and reading, training in computer use and customer service, HIPAA and CPR certification.¹⁰

Another change that distinguishes HPOG II from HPOG I was the introduction of an employment period before enrollment in a course of study outside of a participants' original career path choice, an effort to encourage participant employment. Participants who completed a training course were required to work nine months in their certified field prior to returning to Career*Advance** to be assessed for additional training outside of their original career track choice. Within a career track, participants can advance to the next course of study along a pathway without an employment period requirement; for example, participants who complete the CNA course are immediately eligible to enroll in the Patient Care Technician. Whereas, CNA's interested in the Medical Coding must work as a CNA for at least nine months before they are eligible to begin Medical Coding training.

FY 2018, as HPOG II moved into the final two years of the program, this requirement has been relaxed to ensure that participants interested in a different career track training have sufficient time to complete the training. Currently, participant requests to enroll in training outside of their original career track is allowed without the period of employment on a case-by-case basis dependent upon a number of factors: level of participation and success in completing the previous training, and obtainment of certification in their completed training track. Staff also noted that occasionally participants learn

¹⁰ HPOG technical assistance (Volunteers of American Texas in Houston) helped to develop the pre-training, which applies the Growth Mindset curriculum. Medical Coding students are exempt from this training due to the academic level required for the coures.

through their training experience that they are not well suited for the work the training prepared them for; and some participants entered a training because it was the only track available at the time they desired to enter the program, only to discover they were not a good match for it.

Quality Early Childhood Education

CareerAdvance® originally embraced an explicit two-generation strategy focused on promoting family economic security by developing the human capital of parents while their preschool children are achieving in a resource-rich learning environment.

Under HPOG I, CareerAdvance® enrolled only CAP families receiving services from one of CAP's high-quality early childhood education (ECE) centers, most of which are accredited by the National Association for the Education of Young Children (NAEYC), the gold standard in the field of early childhood education. CAP centers are primarily funded through Early Head Start/Head Start and the Oklahoma Early Childhood Program.

As CareerAdvance® evolved with HPOG II funding to serve both CAP and non-CAP families, CAP staff coordinated childcare services through a number of different efforts. Staff continue to recruit families from their ECE programs, as well as other organizations providing services to families with young children such as Educare, and local elementary schools that service CAP alumni families. Other non-CAP families receive childcare through community-based child development centers (CDCs) that have been vetted by CAP and have the capacity to invoice CAP for the care provided. Before and after care for school-aged children is coordinated with a number of CDC sites and public school programs. Non-CAP families with young children are encouraged to apply for CAP ECE services and receive priority for selection as slots become available.

¹¹ CAP'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.

¹² The Oklahoma Early Childhood Program (OECP) was created by the Oklahoma State Legislature in 2006 to improve the quality of early education and expand capacity to serve children from birth through age three statewide.

¹³ CAP requires participating childcare programs to be licensed by DHS, and maintain specific levels of building and transportation insurance.

Staff have identified ongoing challenges in coordinating community-based care, primarily issues relevant to the continuity of care provided to children. For example, the initial two weeks of program participation include the TCW career readiness training and the Tulsa Tech orientation, these services may be offered weeks before the participant enters their selected training track. As a result of this time gap in training services, children may receive drop-in care for these first few weeks. Once parents begin their training track, children are enrolled in regular full-day/full-week community-based care. Children receive services throughout the parents HPOG II training 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. In addition, CareerAdvance® pays for a full-day/full-week slot even if the child does not always need this amount of care.

Non-CAP families are also encouraged to apply for a childcare subsidy provided by the Oklahoma Department of Human Services through the Childcare and Development Fund (CCDF). The Oklahoma 2019 CCDF state plan reports that Oklahoma combines CCDF funds with a number of federal, state, and other funding streams to serve all eligible children. 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 experience relatively small increases in income coupled with large increases in childcare costs.

Eligibility, Recruitment, Assessment and Selection

The transition from HPOG I to HPOG II led to a number of changes in eligibility, recruitment, assessment, and selection of participants. Table 2 presents the current HPOG II eligibility requirements, recruitment strategies, assessment tools and selection process followed by a discussion of program changes over time.

¹⁴ The Child Care and Development Fund (CCDF) Plan for Oklahoma FFY 2019-2021 identifies the following additional funding sources combined with CCDF: TANF Direct, TANF Transfer, State Funding (MOE, Matching, State of Oklahoma), Pre-K and Title XX Social Services Block Grant.

¹⁵ For example: A family of three earning an entry level CNA wage of \$11.81 will have a co-pay of approximately \$142/month for one child in care. Source: http://www.okdhs.org/OKDHS%20PDF%20Library/Proposed%20C-4%20Public%20Comment.pdf

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

	HPOG II
	English proficiency
	U.S. Citizen or legal resident for 5 years
Eligibility	185% FPG
Liigibility	CAP, non-CAP parents and others
	Prioritizing parents of children: ages 0-8
	High School Diploma or GED
	CAP and Educare parents
	Partner school districts
Recruitment	General community recruitment through ads on
	Craigslist, Facebook, Indeed.
	Other social service and workforce development
	organizations
	Kenexa Prove It assessment math and reasoning,
	and reading assessments
	TABE [®] assessment
_	Customer service survey
Assessment	Administrative selector survey (a behavior
	assessment)
	Timed dexterity test
	Interview
Selection	Selection by a team of CAP and TCW staff using a
Selection	selection criteria matrix.

Eligibility

Certain Career*Advance** 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 must have been a U.S. citizen or legal resident for the past five years. Families participating in CAP ECE can have incomes up to 185 percent of the federal poverty guidelines (FPG). HPOG II maintained the 185 percent FPG income eligibility and broadened eligibility

criteria to serve CAP, non-CAP parents and others.¹⁶ Parents of young children ages 0-8 years receive priority for selection into the program.

CAP staff identified barriers to recruiting families with young children for CareerAdvance*, including the CareerAdvance* limited training offerings (some parents may not be interested in the healthcare field); and the general program requirements of citizenship, income limits, and the exclusion of individuals with a history of judicial involvement.¹⁷

Recruitment

Table 3 presents the referral sources most often identified by prospective program participants during April, 2016 through August, 2019, and identifies the referral sources reported by individuals who completed enrollment in CareerAdvance*. The available referral source data identifies referral sources for 1,890 prospective CareerAdvance* participants. Four sources represent 84 percent of all referrals: community organizations; Craigslist; family, friend and coworker; and Indeed Job Search, which is an online employment search engine. The majority of prospective participants identified the referral source community organization, with 745 referrals representing 39 percent of all referrals. Of the 745 referrals identified as community organizations, 633 specified CAP as the referring organization: 33 percent of all 1,890 referral sources identified. Craigslist was identified by 437 prospective participants representing 23 percent of all referrals. Family, friends and coworkers were identified by 240 prospective participants (13%), and Indeed Job Search was reported by 167 (9%).

Of the 711 prospective participants referred through community organizations, 203 enrolled in in Career*Advance**, representing 29 percent of all individuals referred through community organizations. Craigslist was identified by 86 enrolled individuals (20% of all Craigslist referrals), friends, families and coworkers referred 47 enrolled individuals (21% of all individuals referred from these sources), and Indeed referred 43 individuals who enrolled in Career*Advance** (26% of all Indeed referrals).

TCW began posting CareerAdvance* training opportunities on the Indeed Job Search website in FY 2018 (Indeed is the first site listed when Google-searching "jobs"). In FY 2019, TCW was blocked from

¹⁶ 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.

¹⁷The Department of Justice reports that the state of OK has the highest incarceration rate in the country: In 2016, DOJ reported that 1,310 of every 100,000 individuals 18 years of age or older were incarcerated.

posting on the site for a number of months due to Indeed's policy prohibiting the posting of training opportunities. TCW staff worked with Indeed staff to reinstate their account and continue to post on the Indeed site. From FY 2018–FY 2019, 43 individuals enrolled in the program identified Indeed as their referral source, representing 26 percent of all Indeed referrals.

It's of interest to note that although HPOG participants referred only 18 potential participants, 15 of them enrolled in Career*Advance**, representing 83 percent of all individuals referred directly by program participants. This attests to the value of social networks.

Table 3. Identified Referral Sources by Enrollment: April, 2016–FY 2019

	Total Referrals Enrolled in Training							
Referral Source	Count	%	4-8/2016	FY 2017	FY 2018	FY 2019	Total Enrolled	% of Referral Source Enrolled
Community Organization	745	39%	36	65	55	47	203	29%
Craigslist*	437	23%	8	29	29	20	86	20%
Family/Friend/Co-worker	240	13%	7	9	11	20	47	21%
Indeed	167	9%			30	13	43	26%
Google/Google Search/Online	75	4%		3	5	8	16	22%
Facebook/Social Media	76	4%		6	10	7	23	33%
Flyer	35	2%		1	3	5	9	25%
HPOG Participant	18	1%	3	3	9	0	15	83%
Other	88	5%	1	3	3	8	15	12%
Totals	1890	100%	55	119	156	129	459	

Note: Other includes public schools and early intervention programs, job fairs, workforce development programs, local hospitals and senior care facilities, media ads, and other social service organizations. Percentages are rounded.

Using available data, Table 4 presents the referral sources identified by participants who enrolled in CareerAdvance® and, among this group, those who completed a training course. The table presents referral sources for participants who completed training for each program year.

CAP is the referral source most often identified by program enrollees. This group of enrollees has a 70 percent completion rate as of August, 2019. Although few program enrollees identified Flyers or HPOG participants as their referral source (a total of 28), these enrollees have a higher rate of completion than other enrollees: 78 percent and 82 percent, respectively.

Table 4. Identified Referral Sources by Participant Completion: April, 2016–FY 2019

			ining					
Referral Source	Enrolled in Training	4-8 2016	FY 2017	FY 2018	FY 2019	Total Completed Training	% of Enrolled Completed	
Community Organization								
CAP	186	29	53	36	12	130	70%	
Other Community Org.	17	4	0	3	3	10	59%	
Craigslist	86	6	20	18	12	56	65%	
Family/Friend/Co-worker	47	7	8	6	11	32	68%	
Indeed	43			22	2	24	56%	
Google/Google Search/Online	16		3	4	4	11	69%	
Facebook/Social Media	23		5	3	4	12	52%	
Flyer	9		1	3	3	7	78%	
HPOG Participant	17	1	2	8	3	14	82%	
Other	15	1	2	3	2	8	53%	
Totals	459	48	94	106	56	304		

Note: A number of enrolled participants will complete training in FY 2020.

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® basic education exam was eliminated. TCW now administers a number of different 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.

Selection

Following the skills assessment process, a small team of CAP and TCW partners interview eligible candidates to discuss their strengths and available supports and to identify challenges candidates may face in pursuing their education and career goals. CAP and TCW partners complete an interview matrix to rate potential candidates on a number of factors thought to be predictive of participant success, such as available transportation and support networks; work history and motivation to participate in the program.¹⁸

The interview matrix was developed in FY 2017 by partners, including CAP, TCW, the Institute for Policy Research at Northwestern University, the Ray Marshall Center and other members of the research team. The matrix was designed to support the intention of the program to serve families and individuals who are in need of CareerAdvance* services, are likely to benefit from the two-generation service approach, and are expected to experience a positive wage impact.

Staff have reported recently that the matrix does not always identify the most appropriate candidate for the program: "The matrix is a guide but still very subjective. Someone can score all tens and really need the program; others can score all tens and not need the program supports." Staff further stated: "Initially when we started using the matrix we thought it would work to help us select the 'right' candidate. Sometimes people score low, but they really want to do this and just need support to make it

¹⁸ The Interview Matrix documents can be found as an Appendix A in the following report: CareerAdvance® Implementation Study Findings through FY 2018. Available at: https://raymarshallcenter.org/

happen." Staff reported using the matrix during participant selection case conferences as one measure to consider in combination with other factors in the selection of participants.

Table 5 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 (supporting the CAP NU2Gen Study), enrolled and finally entered CareerAdvance* from April, 2016—August 31, 2019. During the first five months of HPOG II (April—August, 2016), nearly 75 percent of participants entering CareerAdvance* were non-CAP families and individuals, an enrollment pattern that has continued throughout the program with 77 percent of participants across all HPOG II program years being non-CAP families and individuals.

Table 5. HPOG II Individuals Participating in the Selection Process: April–Aug. 2016, FY 2017, FY 2108 and FY 2019

HPOG II Intake Information	Al	oril–Aug. 201 Totals	16	All Quarters FY 2017			All Quarters FY 2018				All Quarters FY 2019	5	Totals April 2016–FY 2019		
Scheduled for Orientation		487		1,387		1,759			1,353			4,986			
Attended Orientation		232			621			911		624			2388		
	CAP	Non-CAP	Total	CAP	Non-CAP	Total	CAP	Non-CAP	Total	CAP	Non-CAP	Total	CAP	Non-CAP	Total
Assessments Taken	54	159	213	129	365	494	72	408	480	51	395	446	306	1,327	1,633
Interviewed	32	118	150	76	168	244	59	339	398	32	251	283	199	876	1,075
Selected*	24	67	91	62	116	178	45	211	256	24	156	180	155	550	705
Entered CareerAdvance®	11	40	51	46	75	121	31	126	157	18	116	134	106	357	463

^{*}The CAP NU2Gen Study, a randomized control trial experiment, selects individuals from this group to enter either the control or the Career Advance treatment groups.

Support Services

The web of support services available to CareerAdvance® participants includes academic, career, family and mental health supports. Originally, CareerAdvance® (HPOG I) participant support services were all coordinated by CAP. As CareerAdvance® transitioned to recruit and enroll large numbers of non-CAP families, TCW staff have taken on an ever-increasing role in providing many of these supports. This section focuses on the evolving delivery of academic and career supports, and related services offered through Family and Child Services (FCS).

Academic and Career Advising

Academic and career advising staff act as mentors, guides, and advocates for participants, helping them negotiate the world of postsecondary education as well as employment. Advisors work individually with each participant to secure the necessary supports for their success, such as gas vouchers, class materials, work clothing, and work with FCS staff to resolve problems that threaten to impede success in participants' education and training.

Originally under HPOG II, these responsibilities were shared between the CAP academic coaches and TCW career advisors. Both coaches and advisors were involved in the interviewing and selection process, and participated in boot camp; from there, the CAP academic coaches lead partner meetings (later evolving into 'peer huddles,' brief cohort check-in meetings), coordinated childcare, and provided ongoing support throughout the training cycle to secure the supports necessary for participant success. TCW career advisors also attended partner meetings/peer huddles and began one-on-one work with participants upon entering clinical training or job shadowing. TCW career advisors provide training on resume writing and interviewing skills, provide follow-up services up to twelve months post-training, including monthly contact attempts, job placement, assistance with performance evaluations and wage negotiation, and additional employment-related workshops.

The roles of the CAP coaches and TCW advisors evolved in FY 2018 as all coaching/advising services were transitioned to TCW career advisors. The TCW advisors now guide participants through their entire experience with CareerAdvance® in addition to offering traditional assistance with resume writing, interviewing, job placement, and follow-up services. Career advisors coordinate with instructors to be available in the classrooms once a week to check-in with participants and staff. During year four of HPOG II, advisors also began facilitating the peer huddles.

Career advisors work with the TCW business services team who, through a "dual-customer" model, work to serve the needs of both the program participants and area employers. The business services team staff conduct initial employer site visits to gain a sense of the participants experience when first visiting the site. The team evaluates any unusual site circumstances related to building entry, parking or other site characteristics, and provides this information to program participants to reduce the participants stress level prior to going to the job site for the first time. The team also coordinates employer presentations regarding employment opportunities for each cohort and provides information specific to the-day-in-the-life of an employee at a specific location doing a specific job.

In response to some local employers conducting video interviews prior to selecting candidates for an interview with a hiring manager, a training unit on successful video interviewing has been added to the TCW career readiness training. The TCW business staff report, "We try to give them some tips for their tool kit to relieve any of their fears [regarding video interviews], how to position the phone, if they are recording using their phone, how to dress, how to control and manage the background the viewer will see and hear, to have their resume and other materials available for their use."

Family and Children Services

Family and Children Services (FCS), a Tulsa nonprofit community mental health organization, coordinates the service delivery of family support and behavior health for all CareerAdvance® participants. The family support specialists coordinate community resources and financial assistance while the behavioral health specialists provide mental health services. The specialists providing services to CareerAdvance® participants split their time between CareerAdvance® and other CAP programs.

Under HPOG I, CAP family support specialists were available to all participants through their affiliated ECE programs. As CareerAdvance® eligibility criteria expanded 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 CAP ECE programs, while non-CAP participants received light-touch case management services. Due to the complexity of providing different levels of services to the two groups of participants, CareerAdvance®

¹⁹ Family and Children Services has partnered with CAP for over 20 years providing services to families. They have been an integral part of Career*Advance** since 2008-2009.

responded by offering the same level of case management services to all participants through a family support specialist.

The two specialists briefly introduce themselves and FCS services during CRT, then during boot camp a comprehensive review of services is provided, and specialists present examples of specific types of supports they can provide. Peer huddles create another opportunity to connect with participants. The family support specialist provides information about a community resource at every peer huddle and the behavioral health specialist provides a workshop on stress management as well as offering ongoing information on stress management techniques. Both specialists are available at Tulsa Tech in open areas near the CareerAdvance® classrooms to be accessible for participants. Types of assistance provided to participants include: mattresses, gas cards, financial emergency assistance, car seats, food pantry, diapers, boxes of hygiene supplies, and financial coaching. The behavior health specialist reported assisting participants with accessing mental health services, stress management, gender issues with family members, serious mental health issues, suicidal thoughts, and domestic violence. The specialists report that, compared to the general CAP family population enrolled only in ECE services, CareerAdvance® participants seek assistance less often with CNA participants typically needing more support than those in other career tracks.

Cohort Model

Throughout the implementation of the HPOG grants, the cohort model for building a community of support among participants working together on a shared course of study continues to be a valued source of support for participants. As HPOG II training offerings have evolved, a few CareerAdvance® participants have been placed in Tulsa Tech classes open to the public, such as the LPN participants. For these individuals, the cohort group consists of participants who may be attending different classes and at different points along their course of study.

Flex Time

Participants expressed a need for a block of childcare time outside of scheduled program requirements. In response, is now offering each cohort a scheduled 1.5 hour block of unstructured childcare time for participants to use as needed following each peer huddles.

Curricula Elements

Program curricula elements for HPOG II are similar to the HPOG I program. The structure and depth of the two-generation programing has changed as non-CAP participants have enrolled their children in non-CAP childcare programs. Changes have occurred in how, when and by whom certain curriculum elements are delivered. For example, HPOG I partner meetings included soft skills training, employment readiness training, and opportunities for the cohort to bond as a group. These same elements continue in HPOG II but are now distributed across CRT, boot camp, peer huddles and workshops, all now coordinated by TCW staff.

Two-Generation Programming

A two-generation model of service delivery was the foundation of the original Career*Advance** pilot program (King et al., 2009). The driving theory of change behind Career*Advance** 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 Career*Advance** transitioned to HPOG II, far fewer CAP families enrolled compared to non-CAP families. The childcare provided to non-CAP families has been vetted by CAP and is provided during training, two weeks post training for interviewing and one additional month to support parents during their first month of employment. But, there is no continuity of care nor transition planning for the care of the children of non-CAP families. Family Support Specialists and advisors encourage eligible families to apply for CAP ECE services where they are now prioritized for slots that become available.

As CareerAdvance* expanded eligibility criteria to include non-CAP families, the challenge of weaving two-generation programing, based on the premise that children receive quality ECE that includes parent's active support in their child/children's education, increases for the participants who are parenting. CAP ECE provides quality educational programs with high standards for parent engagement in their programs. The quality of the educational and parent engagement activities provided by the other childcare providers and public school sites is unknown.

The majority of the HPOG II CareerAdvance[®] families receive short-term childcare 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[®] program. There is simply a dearth resources to support quality childcare slots available in the community to adequately address this need.

Career Readiness Training

Career Readiness Training (CRT), a week-long, 35 hour, experiential training 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; video interviewing; and other relevant topics. The TCW CRT curriculum was developed over time in other sectors and has been adapted for healthcare sector training. CRT is followed by a week of pre-service training at Tulsa Tech. The pre-training week refresher course implements the Growth Mindset curriculum with contextualized healthcare math and reading, training in computer use and customer service, HIPAA and CPR certification.

TCW staff report that FY 2018 CRT shifted away from just giving information to helping participants practice using the information to increase their executive function, for example: Customers are instructed to find in the available job bank three jobs they are interested in applying for; participants are instructed to write down the skills needed for the jobs and then use the list of skills as a guide in resume writing and developing responses to potential interview questions.

Boot Camp

FY 2017 saw the addition of a four-hour *boot camp* where participants complete the required program paperwork, are introduced to the various organizations and individuals involved in supporting them through their education and career progress. Participants complete goal-setting exercises and participate in an activity designed to teach them which support services and persons are 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. In FY 2018, the Tulsa Tech Career*Advance*® liaison began playing a larger role in boot camp assisting participants to complete Tulsa Tech enrollment paperwork, provide information on immunization requirements, instructors and course requirements.

Partner Meetings and Peer Huddles

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. Participants also expressed a need for a few hours a week of unscheduled time with childcare.

Staff responded to these expressed needs by evolving the two-hour partner meetings into required, cohort-based peer huddles. Huddles are arranged once a week, or every other week dependent upon the career track, and last just 15 to 30 minutes. The first cohort peer huddle is two hours long and devoted to explaining the cohort model and encouraging relationships among participants. The group has a conversation about training and career goals, participants create vision boards, individualized career plans, discuss family goals and the benefits of goal setting with children. Huddles include check-ins with advisors and the family support specialist, information on stress management and resources, and the facilitation of a group conversation around topics of interest to the group. CAP developed a curriculum for the huddles but also allows for flexibility and fluidity in the sessions to meet participant needs. For the shorter courses of study such as CNA, the first huddle is the same (i.e., goal setting); the remaining huddles are employment focused, such as updating resumes, practice interviews, and employer presentations. Huddles were originally coordinated by CAP and were transitioned to TCW advisors in year four of HPOG II.

Workshops

As partner meetings evolved into peer huddles, the workshop presentations previously included in the traditional partner meetings were also adjusted. Participants identified wanting more choices regarding soft skills training, so CAP created a participant survey to direct the types of workshops offered. Workshop topics include: stress management, provided by the mental health specialist that includes a brief assessment to help participants identify potential mental health issues and information on available services; family routines; time management; family learning styles; financial literacy; and parenting issues such as parenting guilt. Community partners are invited to present workshops dependent upon the needs of the group. Based on the length of each training track, participants are

required to attend a number of workshops. One workshop is offered every other month and is not cohort-based, but rather open to all currently enrolled participants.

In addition, participants are required to attend three employment workshops presented by TCW: resume writing, an employer presentation, and interviewing skills. Soft skills training has been turned into workshops that are not cohort-based, and which anyone can attend.

Tulsa Tech Courses

Under HPOG I, courses for most of the options available through CareerAdvance® were conducted at Tulsa Tech through its Business and Industry Services (BIS) department. Under HPOG II, Tulsa Tech transferred the coordination of classes to the Adult Career Development (ACD) department. HPOG II CareerAdvance® courses are face-to-face instruction with added components such as medical terminology, anatomy and physiology, and for some tracks of study, an added forty-hour clinical. Course curriculum may include online class content while in the classroom with an instructor. Courses include test preparation, including practice tests and participants have access to literacy and math tutoring, as well as a Tulsa Tech counselor.

In FY 2018, Tulsa Tech implemented a week-long pre-training refresher course for all participants enrolled in a course of study. The pre-training week refresher course implements the Growth Mindset curriculum with contextualized healthcare math and reading, training in computer use and customer service, HIPAA and CPR certification.

CareerAdvance® pays for two attempts at passing certification/licensing exams. Students who fail the first try can be referred to Career Ready 101 before they test again. Career Ready 101 is a software program with different modules that can be assigned as needed to students. TCW staff work to reengage former participants who have failed exams twice to try the Career Ready 101 program.

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, but for the majority of the students, "We don't see a difference in the two student populations. CareerAdvance" students are representative of Tulsa Tech students, the difference is CareerAdvance students have extra supports to take down barriers." Further, staff expressed noticing a difference in FY 2018 cohorts

compared to previous groups of participants, "...the caliber of student has improved, we see more motivated students with a desire to be here. ... The ideal student is motivated and wants to be here."

Demographics of Participants

Tables 6A and 6B provide a demographic snapshot of the 181 participants and families enrolled in 28 different training cohorts during FY 2019. The available data identifies that across all cohorts, 96 percent are women, 46 percent identified as Black/African American, and 39 percent identified their race/ethnicity as White. The highest level of education reported for 45 percent of participants was a high school diploma or a GED; 35 percent reported having some college or advanced training. Fifty percent were unemployed (at entry), and the average participant age was 32. Eighty-one percent of participants were parenting children younger than 15. There are eight duplicates represented in these data: Over time, one participant enrolled in three different training cohorts, and seven others enrolled in two different training cohorts.

Table 6A. Profile of CareerAdvance® Participants and Families, Cohorts FY 2019

	Nur	inced sing stant	Ser	itral vice nician		ified cation de	Certi	fied Nur	sing Assi	stant	Dental Assistant	Licer	nsed Pra Nurse	ctical
	Nov-	Jan-	Oct-	Mar-	Feb-	Jun-	Nov-	Mar-	May-	Jul-		Oct-	Jan-	Feb-
Month-Year	18	19	18	19	19	19	18	19	19	19	Mar-19	18	19	19
Number of Adults	1	1	9	6	8	5	15	7	6	10	8	1	1	2
Gender			_	_	_	_	45	_		0		- 4	4	
Female	1	1	7	5	7	5	15	7	6	9	8	1	1	2
Male	0	0	2	1	0	0	0	0	0	1	0	0	0	0
Unspecified	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Race/Ethnicity		_	_	_	_	_		_	_	_		_		
White	0	0	4	0	3	2	8	3	2	4	3	0	0	0
Black or African American	1	1	4	5	5	1	6	3	3	5	3	1	1	1
Hispanic or Latino	0	0	0	0	0	0	0	0	0	0	0	0	0	0
American Indian	0	0	0	1	0	0	0	1	0	0	1	0	0	1
Other	0	0	1	0	0	2	1	0	1	1	1	0	0	0
Unspecified	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Education Level														
Less than High School Diploma/GED	0	0	0	0	1	0	0	0	0	0	0	0	0	0
High School Diploma/GED	0	1	4	4	3	4	9	5	1	4	1	1	0	1
Some College or Advanced Training	1	0	4	2	4	1	4	1	3	5	6	0	0	1
Associate Degree	0	0	1	0	0	0	1	0	1	1	1	0	0	0
Vocational School Diploma	0	0	0	0	0	0	1	0	1	0	0	0	1	0
Under Graduate/Graduate Degree	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Unspecified	0	0	0	0	0	0	0	1	0	0	0	0	0	0
Employment Status														
Full Time	0	0	2	2	1	0	2	2	0	1	2	0	0	0
Part Time	1	0	4	2	3	2	2	2	3	4	3	1	1	1
Unemployed	0	1	3	2	4	3	11	3	2	5	3	0	0	1
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Unspecified	0	0	0	0	0	0	0	0	1	0	0	0	0	0
Income Level														
\$0 to \$1,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0
\$1,001 to \$10,000	0	0	1	1	3	2	3	0	2	1	2	0	0	2
\$10,001 to \$20,000	1	1	2	2	0	0	2	0	2	2	2	0	0	0
\$20,001 to \$30,000	0	0	3	2	2	1	2	2	0	1	0	1	1	0
Over \$30,000	0	0	0	0	1	0	3	1	0	2	1	0	0	0
Unspecified	0	0	3	1	2	2	5	4	2	4	3	0	0	0
Mean Adult Age	32	35	33	29	36	37	34	26	32	27	30	27	35	26

Table 6A. Profile of CareerAdvance® Participants and Families, Cohorts FY 2019 (continued)

	Nur	nced sing stant	Ser	ntral vice nician	Medi	ified cation de	Cert	ified Nu	rsing Assi	istant	Dental Assistant	Lice	nsed Pra Nurse	ctical
Month-Year	Nov- 18	Jan- 19	Oct- 18	Mar- 19	Feb- 19	Jun- 19	Nov- 18	Mar-	May-	Jul- 19	Mar-19	Oct- 18	Jan- 19	Feb- 19
Number of Adults	1	19	9	6	8	5	15	7	6	10	8	10	19	2
Number of Children Per Household		-					13			1 10		_	_	
0	0%	0%	44%	33%	13%	20%	33%	14%	17%	10%	0%	0%	0%	0%
1	100%	0%	22%	50%	13%	40%	7%	14%	50%	50%	38%	100%	0%	100%
2	0%	100%	11%	0%	25%	0%	33%	57%	17%	10%	25%	0%	100%	0%
3	0%	0%	0%	0%	25%	40%	20%	14%	17%	10%	25%	0%	0%	0%
4	0%	0%	11%	17%	13%	0%	7%	0%	0%	10%	13%	0%	0%	0%
5	0%	0%	11%	0%	13%	0%	0%	0%	0%	0%	0%	0%	0%	0%
6	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%	0%	0%	0%	0%
11	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Unspecified	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Mean Number of Children	1.0	2.0	1.4	1.2	2.5	1.6	1.6	1.7	1.3	2.0	2.1	1.0	2.0	1.0
Number of Children Under 15														
0	0%	0%	56%	33%	25%	20%	33%	14%	33%	10%	0%	0%	0%	0%
1	100%	0%	22%	50%	13%	40%	7%	14%	33%	50%	38%	100%	0%	100%
2	0%	100%	0%	0%	25%	20%	40%	57%	17%	10%	38%	0%	100%	0%
3	0%	0%	0%	17%	13%	20%	13%	14%	17%	10%	13%	0%	0%	0%
4	0%	0%	11%	0%	13%	0%	7%	0%	0%	20%	13%	0%	0%	0%
5	0%	0%	11%	0%	13%	0%	0%	0%	0%	0%	0%	0%	0%	0%
6	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
11	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Unspecified	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Mean Children Under 15	1.0	2.0	1.2	1.0	2.1	1.4	1.5	1.7	1.2	1.8	2.0	1.0	2.0	1.0

Table 6B. Profile of CareerAdvance® Participants and Families, Cohorts FY 2019

	Medic	cal Assis	stant	Me	dical Co	der		nitor nician	Nursing Assistant*	Patient Care Tech	P	hleboto	omy		gical nician	To	otal
	Nov-	Apr-	Aug-	Sep-	Nov-	Apr-	Feb-	Jul-			Feb-	Apr-	Jun-	Oct-	Jan-		
Month-Year	18	19	19	18	18	19	19	19	May-19	May-19	19	19	19	18	19	#	/%
Number of Adults	12	11	8	6	6	7	6	7	4	6	8	9	6	4	1	1	.81
Gender																	
Female	12	10	7	6	6	6	6	7	4	6	8	9	6	4	1	173	96%
Male	0	1	1	0	0	1	0	0	0	0	0	0	0	0	0	7	4%
Unspecified	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	.6%
Race/Ethnicity																	
White	3	6	5	3	3	4	5	2	0	2	4	2	2	1	0	71	39%
Black or African American	6	4	3	1	3	3	0	2	0	3	3	5	4	1	0	78	43%
Hispanic or Latino	1	0	0	1	0	0	0	2	0	0	0	2	0	1	0	7	4%
American Indian	2	1	0	0	0	0	1	0	0	1	0	0	0	1	1	11	6%
Other	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	9	5%
Unspecified	0	0	0	0	0	0	0	0	4	0	1	0	0	0	0	5	3%
Education Level																	
Less than High School Diploma/GED	0	0	0	0	0	0	0	0	0	2	0	1	0	0	0	4	2%
High School Diploma/GED	6	5	6	1	2	3	4	4	0	2	4	4	1	1	1	82	45%
Some College or Advanced Training	3	2	1	3	2	3	1	3	0	2	3	3	3	2	0	63	35%
Associate Degree	0	1	0	0	1	1	1	0	0	0	0	0	0	0	0	9	5%
Vocational School Diploma	1	2	1	1	1	0	0	0	0	0	1	1	0	0	0	11	6%
Under Graduate/Graduate Degree	2	0	0	1	0	0	0	0	0	0	0	0	1	1	0	5	3%
Unspecified	0	1	0	0	0	0	0	0	4	0	0	0	1	0	0	7	4%
Employment Status																	
Full Time	2	4	3	1	0	1	0	1	0	2	1	3	1	0	0	31	17%
Part Time	4	1	4	1	1	1	2	2	0	1	3	0	0	2	1	52	29%
Unemployed	6	6	1	4	5	4	4	4	0	3	4	6	4	2	0	91	50%
Other	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	1%
Unspecified	0	0	0	0	0	1	0	0	4	0	0	0	0	0	0	6	3%
Income Level																	
\$0 to \$1,000	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	2	1%
\$1,001 to \$10,000	3	0	0	2	1	2	0	2	0	2	2	1	1	1	1	35	19%
\$10,001 to \$20,000	2	2	2	1	0	2	0	1	0	0	2	0	1	1	0	28	15%
\$20,001 to \$30,000	2	3	5	0	0	1	2	1	0	1	1	2	1	0	0	34	19%
Over \$30,000	4	3	1	2	2	1	1	1	0	0	0	1	2	1	0	27	15%
Unspecified	1	2	0	1	3	1	3	2	4	2	3	5	1	1	0	55	30%
Mean Adult Age	30	30	26	35	43	38	29	36	35	30	29	27	33	32	29	3	32

Table 6B. Profile of CareerAdvance® Participants and Families, Cohorts FY 2019 (continued)

	Med	lical Assis	tant	Me	edical Co	der		nitor nician	Nursing Assistant	Patient Care Technician	Pł	lebotor	my		gical inician	Average
	Nov-	Apr-	Aug-	Sep-	Nov-	Apr-	Feb-	Jul-			Feb-	Apr-	Jun-	Oct-	Jan-	
Month-Year	18	19	19	18	18	19	19	19	May-19	May-19	19	19	19	18	19	
Number of Adults	12	11	8	6	6	7	6	7	4	6	8	9	6	4	1	181
Number of Children Per Household																
0	0%	9%	25%	0%	67%	0%	0%	0%	0%	0%	38%	0%	17%	0%	0%	15%
1	17%	18%	38%	50%	0%	14%	33%	71%	0%	17%	25%	67%	17%	50%	0%	30%
2	50%	18%	25%	17%	33%	43%	0%	14%	0%	50%	25%	33%	33%	25%	100%	26%
3	8%	27%	13%	17%	0%	29%	33%	14%	0%	17%	13%	0%	0%	0%	0%	14%
4	25%	18%	0%	17%	0%	14%	17%	0%	0%	17%	0%	0%	33%	0%	0%	9%
5	0%	0%	0%	0%	0%	0%	17%	0%	0%	0%	0%	0%	0%	25%	0%	2%
6	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%
11	0%	9%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%
Unspecified	0%	0%	0%	0%	0%	0%	0%	0%	100%	0%	0%	0%	0%	0%	0%	2%
Mean Number of Children	2.4	3.0	1.3	2.0	0.7	2.4	2.8	1.4	0.0	2.3	1.1	1.3	2.2	2.3	2.0	1.7
Number of Children Under 15																
0	0%	9%	25%	0%	67%	0%	0%	0%	0%	0%	38%	0%	33%	0%	0%	17%
1	25%	18%	38%	67%	17%	14%	33%	86%	0%	17%	25%	67%	17%	50%	0%	32%
2	42%	18%	25%	0%	17%	57%	0%	0%	0%	67%	25%	33%	17%	25%	100%	25%
3	17%	27%	13%	17%	0%	29%	50%	14%	0%	0%	13%	0%	0%	0%	0%	13%
4	17%	18%	0%	17%	0%	0%	0%	0%	0%	17%	0%	0%	33%	0%	0%	8%
5	0%	0%	0%	0%	0%	0%	17%	0%	0%	0%	0%	0%	0%	25%	0%	2%
6	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
11	0%	9%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%
Unspecified	0%	0%	0%	0%	0%	0%	0%	0%	100%	0%	0%	0%	0%	0%	0%	2%
Mean Children Under 15	2.3	3.1	1.3	1.8	0.5	2.1	2.7	1.3	0.0	2.2	1.1	1.3	1.8	2.3	2.0	1.6

^{*=}Geriatric Specialist

Note: There are 24 duplicates represented in these data: Individuals who enrolled in two or more training tracks over time. Percentages are rounded.

Table 7 presents participant demographics for all training cohorts, by program year, across the entire HPOG II service period: April 2016—FY 2019. Across time, CareerAdvance® participants represent, in many respects, a homogeneous group. Across all service years, 93 percent of participants are women, 42 percent identified as Black/African American, and 41 percent identified their race/ethnicity as White. The highest level of education reported for 38 percent of participants was a high school diploma or a GED; 34 percent reported having some college or advanced training. Fifty-three percent were unemployed (at program entry), and the average participant age by program year ranged from 27 to 32. On average across all program service years approximately 80 percent of participants were parenting children younger than 15.

Table 7. Comparison Demographic Descriptors for Career Advance® Participants and Families: April 2016–FY 2019

Program Year	4-8/	2016	FY 2	2017	FY 2	2018	FY 2	2019	4/2016-	-FY 2019
Number of Adults Enrolled in Training Cohorts	5	3	12	29	10	67	1	81	TOTA	L: 530
Totals and Percentages	#	%	#	%	#	%	#	%	#	%
Gender										
Female	51	96%	119	92%	150	90%	173	96%	493	93%
Male	2	4%	6	5%	6	4%	7	4%	21	4%
Unspecified	0	0%	4	3%	11	7%	1	1%	16	3%
Race/Ethnicity										
White	23	43%	48	37%	75	45%	71	39%	217	41%
Black or African American	23	43%	60	47%	62	37%	78	43%	223	42%
Hispanic or Latino	3	6%	6	5%	6	4%	7	4%	22	4%
American Indian	0	0%	5	4%	8	5%	11	6%	24	5%
Other	1	2%	9	7%	2	1%	9	5%	21	4%
Unspecified	3	6%	1	1%	14	8%	5	3%	23	4%
Education Level										
Less than High School	3	6%	13	10%	4	2%	4	2%	24	5%
High School Diploma/GED	4	8%	45	35%	69	41%	82	45%	200	38%
Some College or Advanced Training	8	15%	43	33%	68	41%	63	35%	182	34%
Associate Degree	1	2%	7	5%	5	3%	9	5%	22	4%
Vocational School Diploma	3	6%	12	9%	8	5%	11	6%	34	6%
Under Graduate/Graduate Degree			2	2%	2	1%	5	3%	9	2%
Unspecified	34	64%	7	5%	11	7%	7	4%	59	11%
Employment Status										
Full Time	7	13%	17	13%	28	17%	31	17%	83	16%
Part Time	13	25%	31	24%	40	24%	52	29%	136	26%
Unemployed	33	62%	73	57%	85	51%	91	50%	282	53%
Other	0	0%	3	2%	0	0%	1	1%	4	1%
Unspecified	0	0%	5	4%	14	8%	6	3%	25	5%
Income Level										
\$0 to \$1,000	16	30%	32	25%	3	2%	2	1%	53	10%
\$1,001 to \$10,000	6	11%	23	18%	27	16%	35	19%	91	17%
\$10,001 to \$20,000	10	19%	22	17%	32	19%	28	15%	92	17%
\$20,001 to \$30,000	8	15%	27	21%	31	19%	34	19%	100	19%
Over \$30,000	3	6%	15	12%	14	8%	27	15%	59	11%
Unspecified	10	19%	10	8%	60	36%	55	30%	135	25%
Mean Adult Age	2	7	2	.9	3	2	3	32		

Table 7. Comparison Demographic Descriptors for Career Advance Participants and Families: April 2016–FY 2019 (continued)

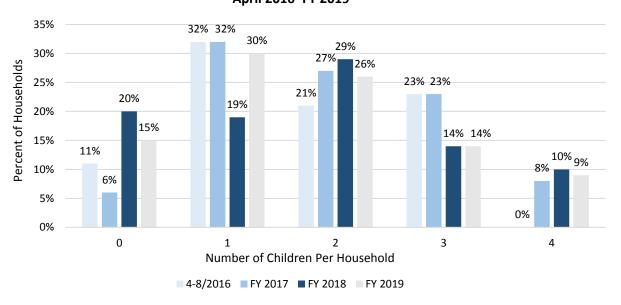
Program Year	4-8/	2016	FY 2	2017	FY 2	2018	FY 2	2019	4/2016-F	Y 2019
Number of Adults Enrolled in Training Cohorts	5	3	12	29	10	67	18	81	TOTAL	: 530
Totals and Percentages	#	%	#	%	#	%	#	%	#	%
Number of Children Per Household										
0	6	11%	8	6%	33	20%	27	15%	74	14.0%
1	17	32%	38	32%	32	19%	55	30%	142	26.8%
2	11	21%	32	27%	49	29%	47	26%	139	26.2%
3	12	23%	27	23%	23	14%	25	14%	87	16.4%
4	0	0%	9	8%	16	10%	17	9%	42	7.9%
5	3	6%	4	3%	4	2%	4	2%	15	2.8%
6	0	0%	0	0%	0	0%	1	1%	1	0.2%
11	0	0%	0	0%	0	0%	1	1%	1	0.2%
Unspecified	4	8%	3	2%	10	6%	4	2%	21	4.0%
Mean Number of Children	1	.9	2	.0	1	.8	1	.7		
Number of Children Under 15										
0	8	15%	11	9%	33	20%	31	17%	83	16%
1	20	38%	39	33%	37	22%	58	32%	154	29%
2	13	25%	32	27%	46	28%	46	25%	137	26%
3	11	21%	22	19%	23	14%	23	13%	79	15%
4	0	0%	9	8%	13	8%	14	8%	36	7%
5	1	2%	4	3%	4	2%	4	2%	13	2%
6	0	0%	0	0%	0	0%	0	0%	0	0%
11	0	0%	0	0%	0	0%	1	1%	1	0%
Unspecified	0	0%	2	2%	10	6%	4	2%	16	3%
Mean Children Under 15	1	.6	1	9	1	7	1	6		

Note: The total number of participants entering training cohorts across all program service months represents 49 duplicates. Percentages are rounded.

Figure 1 illustrates changes over time in the enrollment of households by the number of children per household. The number of households that are not parenting increased from 11 percent in the first program period (4-8/2016) to 20 percent and 15 percent in FY 2018 and FY 2019, respectively. Overall, most households report parenting one or two children.

Figure 1. Percentage of Career*Advance** Households Parenting by Number of Children per Household:

April 2016–FY 2019



Basic Skills Assessments

Tables 8A and 8B present results of the basic skills assessment administered by TCW for 155 of the 167 participants enrolled and for whom consistent data were available. TCW continues to require a minimum score of 40 for CNA and 55 for all other trainings on the *Prove It* math and reading 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 staff, the assessment scores are just one piece of information used to assess an applicant's ability succeed in the program. Tracks reporting on less than three participants were either removed from the table of combined to report on four or more individuals

Table 8A. Basic Skills Assessment FY 2019 Cohorts, N=175

	Adva Nurs Assis	sing	Ser	itral vice nician	Medi	ified cation de	Certifi	ied Nurs	sing Assi	stant	Dental Assistant	Licensed Practical Nurse
Month-Year	Nov- 18	Jan- 19	Oct- 18	Mar- 19	Feb- 19	Jun- 19	Nov- 18	Mar- 19	May- 19	Jul- 19	Mar-19	Oct- Jan- Feb- 18 19 19
Number of Adults	1	1	9	6	8	5	15	7	6	10	8	4**
Number with Scores	1	1	9	6	7	5	15	7	6	10	8	4
Math												
Minimum Score	*	*	60	65	40	38	43	43	53	40	53	82
Maximum Score	*	*	88	90	80	75	95	88	75	95	93	85
Mean	*	*	72	77	59	60	70	72	65	78	76	84
Reading												
Minimum Score	*	*	54	54	49	46	46	49	46	49	46	66
Maximum Score	*	*	77	74	74	74	86	66	69	86	83	67
Mean	*	*	66	68	60	63	63	57	56	65	65	67
Mechanical Dexterity												
Minimum Score	*	*	7	5	9	10	6	9	8	10	7	10
Maximum Score	*	*	18	14	22	18	100	15	24	14	12	10
Mean	*	*	11	10	14	13	17	12	13	12	11	10
Customer Service												
Minimum Score	*	*	71	76	85	72	72	72	74	80	80	93
Maximum Score	*	*	94	92	94	98	95	93	96	95	93	94
Mean	*	*	86	85	89	87	85	86	86	89	88	94
Administrative Selector												
Minimum Score	*	*	1	1	11	34	6	5	6	21	23	55
Maximum Score	*	*	95	78	96	60	87	94	73	96	95	84
Mean	*	*	43	32	48	44	43	34	26	57	55	69

Notes: Data are reported in the entry cohort for each participants.

^{*3} or less participants. ** Due to low numbers of enrollees, assessment results for these groups are reported together.

Table 8B. Basic Skills Assessment FY 2019 Cohorts N=175 (continued)

	Medi	cal Assis	tant	Me	dical Co	der	Mor Techr		Patient Care Tech	Ph	lebotor	my	Surgi Techni		Total / Avg
Month-Year	Nov- 18	Apr- 19	Aug- 19	Sep- 18	Nov- 18	Apr- 19	Feb- 19	Jul- 19	May-19	Feb- 19	Apr- 19	Jun- 19	Oct- 18	Jan- 19	
Number of Adults	12	11	8	6	6	7	6	7	6	8	9	6	5**	ķ.	181
Number with Scores	12	11	8	6	6	7	6	7	5	8	9	6	5		175
Math															
Minimum Score	48	53	53	55	58	55	68	53	40	57	50	63	57		56
Maximum Score	85	83	83	85	80	83	93	83	68	75	88	85	78		81
Mean	70	68	71	74	72	72	80	72	61	66	67	73	69		70
Reading															
Minimum Score	43	49	43	63	66	54	54	51	40	54	46	57	53		52
Maximum Score	80	86	74	77	77	89	97	86	74	74	80	83	71		75
Mean	64	64	63	68	72	73	68	69	59	62	63	64	61		64
Mechanical Dexterity															
Minimum Score	9	9	6	7	11	10	9	9	8	7	7	7	8		9
Maximum Score	19	12	18	12	17	15	14	13	12	27	16	18	16		18
Mean	14	11	12	10	13	12	12	11	11	14	12	12	10		12
Customer Service															
Minimum Score	16	77	82	75	87	79	73	70	85	74	81	86	78		78
Maximum Score	99	94	96	92	92	97	90	97	91	93	95	94	90		93
Mean	84	88	93	85	90	89	82	88	87	85	90	90	86		87
Administrative Selector															
Minimum Score	5	18	14	1	16	1	1	1	9	2	1	19	23		19
Maximum Score	96	99	87	93	65	50	89	96	95	98	83	80	50		82
Mean	56	55	32	48	27	28	52	47	54	52	45	46	43		46

Notes: Data are reported in the entry cohort for each participants. ** Due to low numbers of enrollees, assessment results for these groups are reported together.

It has not been determined if the minimum assessment scores represent the level of skill actually required for the training tracks offered. When assessment scores for those who completed their training program are compared to non-completers, individuals who left the program without completing a course of study, the assessment scores of the two groups are similar, consistent with previous findings (Juniper et al., 2018). Figure 2 reports that for two of the five assessments, the non-completers 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 program retention and completion.

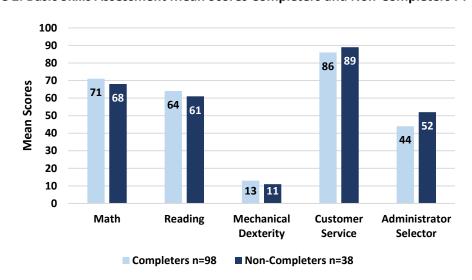


Figure 2. Basic Skills Assessment Mean Scores Completers and Non-Completers FY 2019

Training Outcomes

This section of the report presents for each of the four reporting period's participant enrollment, completion, and certification for courses of study that concluded during each of the four reporting periods. The reported certification completion varies by profession, for example CNA and CMA require certification, yet medical assistant is an unlicensed profession. Further, pharmacy technicians can obtain a license after a two year period of on-the-job training and successful completion of an exam.

Table 9 presents the numbers of participants entering each training track, completing the training, and receiving certifications for the period May-August 2016.²⁰ Of the 59 participants entering the program in this period, 52 completed their training and 46 received certifications. Only seven participants were identified as non-completers.

Table 9. HPOG II May-Aug. 2016 Completers Certification Status

	Certified I Assist	_	Patient Care Technician	Pharmacy Technician	Phlebotomy	Total
Start Month	May-16	May-16	Jun-16	Jul-16	Aug-16	
All Participants	14	17	9	8	11	59
Completers	11	16	8	7	10	52
Non-Completers	3	1	1	1	1	7
Received Certificate	10	16	3	7	10	46

Note: Five participants are duplicates, i.e., enrolled in more than one course of study from May-Aug. 2016. Non-Completers are participants who did not complete the training or completion status is unspecified in the data.

Table 10 presents the numbers of participants entering each training track, completing the training, and receiving certifications in FY 2017.²¹ Of the 126 participants entering training tracks in FY 2017, 86 completed the training and 73 received certifications. Forty participants were non-completers. Thirteen participants are duplicates, i.e., enrolled in more than one course of study over time.

 $^{^{20}}$ This table was updated from the previous report: Career Advance $^{\circ}$ Implementation Study Findings through FY 2018.

²¹ This table was updated from the previous report: CareerAdvance* Implementation Study Findings through FY 2018.

Table 10. HPOG II FY 2017 Program Completers Certification Status

	Certified Medication Aide	Certified	Nursing A	Assistant	Dental Assistant		Practicle rse	_	dical stant	Patient Care Technician	Pharmacy Technician	Phlebo	otomy	Total
Start Month	Jun-17	Sep-16	Apr-17	Jun-17	Jan-17	Mar-19	Aug-19	Oct-19	Aug-19	Jun-19	Jan-19	Mar-19	Jun-19	
All Participants	8	12	9	16	13	2	1	16	12	9	3	12	13	126
Completers	8	9	7	11	8	2	1	7	10	7	1	5	10	86
Non-Completers		3	2	5	5			9	2	2	2	7	3	40
Received Certificate	8	7	7	8	8		1	6	10	2	1	3	10	71

Note: Thirteen participants are duplicates, i.e., enrolled in more than one course of study in over time. Non-Completers are participants who did not complete the training or completion status is unspecified in the data.

Table 11 represents the 165 participants enrolled in courses of study reported as completed for FY 2018.²² Of the 165 participants entering training tracks in FY 2018, 142 completed the training and 99 received certifications. Twenty-nine participants were non-completers. Twenty-three participants are duplicates, i.e., enrolled in more than one course of study over time.

²² This table was updated from the previous report: Career*Advance** Implementation Study Findings through FY 2018.

Table 11. HPOG II FY 2018 Program Completers Certification Status

	Central Service Tech	Med	rtified lication Aide		Ce	rtified	Nursing	Assista	ınt		Dental Assistant	EKG	Li	censed	Practi	cal Nurs	se	Med Assis		Med	dical der	Patient Care Tech	Phlebo	tomy	Total
Start Month	May-18	Oct-1	7 Jun-18	Sep-17	Nov-17	Mar-18	Apr-18	May-18	Jun-18	Aug-18	Jan-18	May-18	Sep-17	Oct-17	Jan-18	Apr-18	Jun-18	Jan-18	Jun-18	Mar-18	May-18	May-18	Feb-18	Aug-18	
All Participants	3	8	7	13	14	13	9	8	3	9	8	6	1	1	1	1	1	9	12	3	6	8	10	11	165
Completers	3	7	6	13	14	8	8	8	3	9	8	6		1	1	1	1	8	10	2	5	6	5	9	142
Non-Completers		1	1			5	1						1					1	2	1	1	2	5	2	23
Received Certificate	3	6	6	13	14	8	8	8	3	5				1	1			5	10	2	5	1			99

Note: Twenty-three participants are duplicates, i.e., enrolled in more than one course of study in over time. Non-Completers are participants who did not complete the training or completion status is unspecified in the data.

Table 12 represents the 130 participants enrolled in courses of study reported as completed for FY 2019. Of the 130 participants entering these training tracks in FY 2019, 106 completed the training and 59 received certifications. Twenty-four participants were non-completers. Twenty-four participants are duplicates, i.e., enrolled in more than one course of study over time.

Table 12. HPOG II FY 2019 Program Completers Certification Status

	Adva Nur Assis	sing	Ser	tral vice nician	Medi	ified cation de	Certi	fied Nur	sing Ass	istant	Medical Assistant		nitor nician	Nursing Assistant, Geriatric	Patient Care Technician		ilebotoi	ny	Surgical Tech	Total
Start Month	Nov-18	Jan-19	Oct-18	Mar-19	Feb-19	Jun-19	Nov-18	Mar-19	May-19	Jul-19	Nov-18	Feb-19	Jul-19	May-19	May-19	Feb-19	Apr-19	Jun-19	Oct-18	
All Participants	1	1	9	6	8	5	15	7	6	10	12	6	7	4	6	8	9	6	4	130
Completers	1	1	9	5	7	4	14	4	4	9	9	6	5	4	3	8	6	4	3	106
Non-Completers				1	1	1	1	3	2	1	3		2		3		3	2	1	24
Received Certificate	1	1	5		6	4	11	3	4	6			1			8	6		3	59

Note: Twenty-four participants are duplicates, i.e., enrolled in more than one course of study in over time. Non-Completers are participants who did not complete the training or completion status is unspecified in the data.

Table 13 identifies participants and completers for all HPOG II courses of study that concluded during the four reporting periods. The overall completion rate of 80 percent is 15 percentage points higher than the completion rate reported in the HPOG 1: Year Four Annual Report (2015).²³

Table 13. Concluded Course of Study Program Participants, Completers and Non-Completers:

May 2016–FY 2019

Program Year	May-Aug. 2016	FY 2017	FY 2018	FY 2019	Totals
All Participants	59 126		165	130	480
Completers	52 / 88%	86 / 68%	142 / 86%	106 / 82%	386 / 80%
Non-Completers	7 / 12%	40 / 32%	23 / 14%	24 / 18%	94 / 20%

Note: Forty-three participants are duplicates, i.e., enrolled in more than one course of study in over time. Non-Completers are participants who did not complete the training or completion status is unspecified in the data.

CNA training, being the first step along the nursing career pathway, enrolled the largest number of participants: 175 participants representing approximately 37 percent of all participants. Table 14 compares the rates of completion and certification for CNA participants across the four program reporting periods for HPOG II. The overall completion rate of 85 percent is comparable to completion rate reported in the HPOG 1: Year Four Annual Report (2015). The HPOG 1 report clustered Nursing Aide, Orderly and Attendant into a single reporting category and reported an 82 percent completion rate.

Table 14. CNA Program Participants, Completers and Certification Status: May 2016-FY 2019

CNA	May-Aug. 2016	FY 2017	FY 2018	FY 2019	Totals
Participants	31	37	69	38	175
Completers	27 / 87 %	27 / 73%	63 / 91%	31 / 82%	148 / 85%
Certifications	26 / 96%	22 / 82%	59 / 93%	24 / 77%	131 / 88%

Note: Certifications rates represent the percentage of completers who obtained certification.

Figure 3 outlines the flow of CNA participants through the nursing career pathway over time. The blue squares represent each step of the nursing pathway, identifying the numbers of participants who entered and completed the training; green ovals indicate the number of participants achieving

²³ This report provides cumulative national data from the inception of HPOG through year four (Sept. 30, 2014). The report identifies 32,123 HPOG I course of study participants with a 65% completion rate.

certification, and orange hexagons show the number of participants who moved along the pathway from one training to the next.

8 PCT certifications LPN 2 of 3 completed PCT to CMA 19 of 24 completed to LPN to PCT CNA 131 CMA certifications 25 of 28 5 PCT completed Surge Tech 2 of 2 completed CNA 148 of 175 Medical Assistant completed 3 of 8 completed Phlebotomy 30 CMA 6 of 8 completed certifications Central Service Tech 2 of 2 completed EKG Monitor Tech 1 of 1 completed Two completed: CNA—PCT—CMA—Advanced Nursing Assistant Medical Coding 1 non-completer

Figure 3. Progress along Nursing Career Pathway: May 2016-FY 2019

CareerAdvance® Sustainability Planning

In 2009, CAP first piloted Career*Advance*®, no other workforce development program or education provider was deliberately tailoring their offerings to low-income parents of young children in the Tulsa community. In 2012, Madison Strategies Group, a nonprofit workforce development organization, opened its doors in Tulsa to operate the Transportation Connections WorkAdvance program. The program evolved into the Tulsa Community WorkAdvance (TCW) program that currently partners with CAP to implement the HPOG II version of Career*Advance*®. Throughout the implementation of HPOG II the role of TCW has expanded to become the primary provider of services for Career*Advance*® participants. As the Career*Advance*® implementation partners move toward a sustainable community based model, CAP increasingly functioning as the backbone agency acting as the fiscal agent, while TCW operates the day-to-day of service delivery.

As CareerAdvance® entered the third year of HPOG II, CAP leadership convened a series of meetings to begin guiding a cross-functional team of CAP leadership and staff, and key partner organizations to systematically address a number of issues relevant to sustaining CareerAdvance® in the Tulsa community, including funding, recruiting program participants, and expanding the CareerAdvance® partnership to include additional community organizations.

One of the primary efforts of the transition team was to determine the true cost of CareerAdvance® and identify available community sources of funding to sustain the project. The team calculated the annual cost of providing CareerAdvance® for 80 families with young children to be \$1,021,378. The team was able to identify available local funding sources to meet \$216,924 of the annual program expenses, identifying a funding gap of \$804,454 (Table 16). Raising funds to meet the program projected need will require a substantial amount time; presently none of the partner organizations have the capacity to invest in a staff position to pursue the needed funding.

Table 15. Projected CareerAdvance® Budget to Serve Eighty Families with Young Children

	Total Cost	Available Funding	Potential Sources for Funding	GAP
Wages & Fringe	\$648,178	\$0	None	\$648,178
Tuition (80 parents, average of \$1,875/track)	\$150,000	\$150,000	WIOA, Pell Grant, TTC Scholarships, Other TCW Initiatives/co-enrollment	\$0
Childcare	\$160,000	\$55,200	DHS Childcare Subsidy (30% of 80 are eligible); DHS covers \$48,000 WIOA supportive services (30% of 80 are WIOA co-enrolled; WIOA pays 15%) \$7,200	\$104,800
Transportation Assistance	\$31,200	\$6,084	SNAP E&T (30% of 80 are SNAP eligible; SNAP pays 50%) \$4,680 WIOA supportive services (30% of 80 are WIOA co-enrolled; WIOA pays 15%) \$1,404	\$25,116
Other Fees/Services (exams, eye exams, immunizations, etc.)	\$32,000	\$5,640	SNAP E&T (30% of 80 are SNAP eligible; SNAP pays 50%) \$4,680 WIOA supportive services (30% of 80 are WIOA co-enrolled; WIOA pays 10%) \$960	\$26,360
Totals	\$1,021,378	\$216,924		\$804,454

Source: CAP

Another objective to establishing a community based model is building a solid referral process for all partner agencies to identify potential program participants.

In January 2019, CAP and TCW began using available data systems to build a referral procedure to track TCW participants referred to CAP to apply for CAP ECE services, and CAP parents who are referred to TCW for training. Data sharing agreements and client consent forms were created along with procedures to flag in the data systems participants who are referred and/or enrolled in each other's programs. For example, when TCW accepts into a

"Regardless of the agency they

[prospective participants] interact

with first, they will be able to access

the necessary supports to be

successful in obtaining post-secondary

certification and ultimately a career in

a high-demand sector."

Sustaining CareerAdvance® – No

Wrong Door

training program a parent with a child under the age of four years, the parent is identified in the data system and an initial application for CAP's ECE program is completed onsite at TCW. TCW then notifies CAP of the submitted application and CAP staff ensure the application is flagged in the data system as a TCW referral and identified to receive priority for selection into the CAP ECE program as appropriate slots become available. Similarly, when a CAP parent is referred to TCW, CAP staff notify TCW of the

referral and the parent is flagged as a CAP parent in TCW's system. Through the shared data system, CAP will be able to access CAP parent academic and employment outcomes over time.

The CAP 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.²⁴ CAP staff are working to reinforce this process through the development of a family engagement model to focus on relationships with parents that facilitate and support meaningful family goal setting and ensuring that families receive information regarding the training options available to them. Further, CAP is piloting a family coaching model at two ECE sites; and CAP family support staff will continually be informed of the training opportunities offered at TCW and provide this information to interested families.

Working with additional partners will be key in the successful transition of Career*Advance*® to a community based model. Staff have discussed the intention of expanding the data sharing referral system to include other area service providers such as Goodwill. Training tracks will be offered at both Tulsa Tech and Tulsa Community College, and funding will be pursued through Workforce Tulsa's administration of WIOA funds, training institution scholarship opportunities, federal financial aid, and other federal and state sources. Funding for child care and wrap-around services will be pursued through the DHS childcare subsidy program, SNAP education and training funds, and WIOA support services funding. As Career*Advance*® expands to include new career pathway possibilities, the larger community may have a contribution to make to support the program's sustainability, including the Tulsa Chamber of Commerce, the Oklahoma Governor's Office, and state legislators.

Work on sustainability is slated to continue and deepen in year five of HPOG II. Funding for a sixth year of HPOG II services may be available along with a potential third round of HPOG funding.

Challenges

While funding for childcare and wrap around support services presents a major challenge to the sustainability of the program model, the Tulsa Metropolitan Statically Area (MSA) unemployment rate may also have an influence on CareerAdvance® program over time. Staff report that as the area unemployment rate decreases, wages for area entry level positions that do not require training have

²⁴ CAP Strategic Framework 2016-2025 https://CAPtulsa.org/uploaded_assets/pdf/Strategic-Framework-CAP-Tulsa_2016-2025.pdf

increased. Staff have reported training participants taking jobs outside of their field of training that offer higher wages and working conditions supportive of family life (mainly daytime work hours, or flexible schedules). In September 2009, when CAP began the implementation of Career*Advance*® the Tulsa MSA unemployment rate was 7.5 percent, declining to 3.1 percent by September 2019 (Figure 4).²⁵

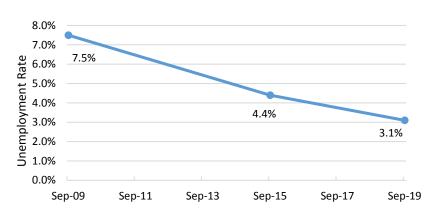


Figure 4. Tulsa Oklahoma Metropolitan Statistical Area Unemployment Rate: Sept. 2009-Sept. 2019

Source: U.S. Department of Labor, Bureau of Labor Statistics

Conclusion

CareerAdvance®, a key component of CAP's vision to support families with children who struggle financially began nearly a decade ago. Originally, most program support components were provided by CAP. Over the years of implementation, TCW and Tulsa Tech have both increased their involvement and expanded their contribution to the program. TCW originally entered the program to provide career readiness, employer engagement and job placement services, in FY 2019, TCW has expended their role accepting responsibility for a number of tasks previously coordinated by CAP, for example in FY 2018, all coaching/advising services transitioned to the TCW career advisors. The TCW advisors now guide participants through their entire experience with CareerAdvance® helping them negotiate the world of postsecondary education as well as employment. Tulsa Tech has secured scholarship dollars to offset

²⁵ The DOL defines unemployed as those individuals unemployed and actively seeking employment. However, the state of Ok National Labor Force Participation rate has consistently been lower than the national rate. For example, OK's National Labor Force Participation rate in September 2009, was 59.2%; in September 2019, the rate was 59.2%. The national rate for these same time periods were 63.2% and 65.1% respectively. Source: https://www.bls.gov/charts/employment-situation/civilian-labor-force-participation-rate.htm

some of the tuition costs for participants and has enhanced training curriculum by adding modules such as clinical experience in tracks in which it was not previously included.

As CareerAdvance® enters the final year of HPOG II funding, partners are working together to institutionalize systems to sustain the program through data sharing agreements and the development of new partnerships with area institutions, such as Workforce Tulsa. Workforce Tulsa and TCW created a collaborative agreement to co-enroll participants and expand the financial resources available to program participants. Clearly the original three HPOG II partners, CAP, TCW and Tulsa Tech, all recognize and support the value of the CareerAdvance® model in supporting families with young children to succeed academically and in the workplace.

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Appendix A: 2018 CareerAdvance® Tracks Career Lattice

