

CareerAdvance® Implementation Study



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Findings through FY 2018

CareerAdvance® Implementation Study Findings through FY 2018

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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Glossary of Acronyms and Abbreviations

ACF.....	Administration for Children and Families
CRT	Career Readiness Training
CAP or CAP Tulsa	Community Action Project of Tulsa County
CCDF.....	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
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 Tech provided invaluable information regarding program strengths and changes. CAP staff members: Dr. Monica Barczak, Director of Strategic Partnerships; Brandy Holleyman, Director Family Advancement; Janae Bradford, Assistant Director Family Advancement; and Karen Kiely, Chief Operating Officer were particularly helpful in sharing their insights into the “big picture” and the future of *CareerAdvance*[®]. Grace Frey, Family Advancement Senior Specialist offering her insights into program changes within the past program year. Karen Pennington, Executive Director of TCW, provided us with the WorkAdvance perspective on the project and the project transition. Family and Children Services Staff Suzanne Timmons, Career Advance Family Support Supervisors; and Robyn Haley, Senior Program Manager for Early Childhood Department and CAP Liaison, provided insight into the family support and behavioral health services offered of program families. Claudia Cruz, CAP Team Lead Data and Research, pulled together the data for this report. Importantly, Amy Anderson, Project Coordinator, acts as the link between Northwestern University’s on-site Tulsa research team and Ray Marshall Center staff by providing assistance with onsite interviews and insight into the day-to-day program activities.

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

“... Some of the people that have the most going on in their lives, they are some of the strongest candidates at the end of their program. It’s related back to their internal drive and the mindset they have to overcome the barriers and utilize our services to make sure they can be successful.”

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 Tulsa, 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 Tulsa 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 three 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 program and continue to be refined, in some cases substantially, with the implementation of HPOG II. Modifications have been driven by diverse factors, including the needs of participants, labor market demands, policy changes by training providers, and funding limitations. Since the inception of CareerAdvance®, CAP Tulsa has functioned as the agent of change among partners to shift the “business as usual” focus from the individual to an understanding that each individual functions as a member of a family: relationships that drive decisions related to education and employment. As the project prepares to transition to a community sustained model, partners are engaging in a series of regularly scheduled discussions regarding options and opportunities.

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

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

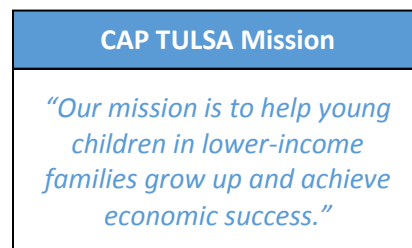
Organization of Report

This report examines the implementation of the third year of HPOG II services in a five-year grant cycle, including post-HPOG sustainability planning for CareerAdvance®. This report focuses on how and why the program has changed and adjusted to meet the requirements of HPOG II, while responding to the needs of the participants being served, the local job market, and the partners working together to implement and sustain the program. First, this report briefly describes the organizations partnering to implement the HPOG II version of CareerAdvance®. It then examines changes made to the program components, including the eligibility requirements, recruitment, assessment, and selection process, support services, training options, and other program elements. Also, it describes the HPOG II FY 2018 (September 1, 2017-August 31, 2018) cohorts enrolled in training, including assessment scores and detailed demographic information on the participants and their families, as well as program completion and certification attainment of all HPOG II participants (April 2016-August 31, 2018). A final section addresses CareerAdvance® sustainability planning issues, options and opportunities. This report draws from previous CareerAdvance® reports, information on the HPOG II program participants and their families, and interviews with CAP, Tulsa Tech, Family and Children Services, and Tulsa Community WorkAdvance leadership and staff.

Partners

Community Action Project of Tulsa County (CAP Tulsa)

CAP Tulsa, an anti-poverty agency, works to promote the healthy development of young children to break the intergenerational cycle of poverty. Through a



two-generation approach early childhood education (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 school but also their parents through programs designed to increase parenting skills and family financial stability. CAP Tulsa’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.²

Under HPOG II, CAP continues to operate as the administrative and fiscal agent for the program. Specific program implementation tasks maintained during FY 2018 included the recruitment of current, former and prospective CAP families; participation in “boot camp” (a day long training that introduces participants to the program partners and their roles); development of relationships and contracts with area childcare centers and before- and after-school childcare providers and providing parents with information on available childcare services; integration of services provided by Family and Children’s Services specifically the services of family support and behavior health specialists; and coordination of partner discussions to support the transition of CareerAdvance[®] to a community sustained model.

Tulsa Community WorkAdvance

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

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.”

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

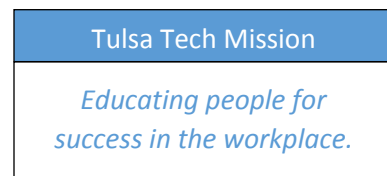
TCW began operating in 2012 working in aerospace manufacturing, transportation, computer numerical control (CNC) machining, diesel maintenance, welding and supervisory leadership programs. TCW recruits employers, develops partnerships and places participants: serving as the link between participant and employer. In 2017 TCW reported an overall 80 percent job placement rate (Averill, 2017). TCW entered the HPOG II partnership with a commitment to meeting the needs of employers as well as participants and all TCW staff are trained to utilize the Salesforce data management platform to organize client data, case notes, track services and follow-up.

TCW began partnering with CareerAdvance® to provide a number of workforce supports that were previously provided directly by CAP under HPOG I. TCW works with Tulsa-area employers, recruits non-CAP participants from the broader community, provides follow-up to interested individuals, presents a program orientation, conducts assessments with prospective participants, coordinates the interviewing and participants in the selection process. Further, TCW coordinates and participates in “boot camp”, provides Career Readiness Training (soft skills training focuses on preparing participants to compete in the job market and perform in the workforce), and offers career advising.

During the first two years of HPOG II, participant coaching services were divided between CAP academic coaches (working with participants during their courses of study) and TCW career advisors (providing services as the cohorts entered clinical training). During FY 2018, all coaching/advising services were transitioned to the TCW career advisors. The TCW advisors now guide participants through their entire experience with CareerAdvance®, in addition to giving traditional assistance with resume writing, interviewing and the hiring process. TCW also provides participants with follow-up services for one year post-employment placement, and offers additional job placement services as needed for up to two years.³

Tulsa Tech

HPOG I provided education and training through three community partners: Union Public Schools, Tulsa Community College, and Tulsa Technology Center.⁴ Under HPOG II, all course work is provided through Tulsa Tech. A public independent school



³ For more information on TCW see: <http://www.workadvance.org/>

⁴ During HPOG I, Union Public Schools (UPS) partnered with CareerAdvance® to provide adult basic education, reading, math, and English language skills. The Oklahoma state budget crisis in the mid-2010s, an approximate 8% decrease in state funding, affected UPS and their ability to partner with CareerAdvance® to provide these services. UPS continues to provide English language skills classes to CAP families under CAP ESL, which now operates independently of the CareerAdvance® program.

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.

Under HPOG II, Tulsa Tech provides all the classes for each *CareerAdvance*[®] course of study. Traditionally, the courses for most of the options available through *CareerAdvance*[®] were conducted at Tulsa Tech through the Business and Industry Services (BIS) department. Under HPOG II Tulsa Tech transferred the coordination of classes to the Adult Career Development (ACD) department. Many of the classes are available only to *CareerAdvance*[®] participants and follow curriculum specific to their training track. Traditional ACD classes are taught primarily through computer instruction. All courses for *CareerAdvance*[®] adapt the computer lab course curriculum for 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 the instructor. Further, students have access to support services through Tulsa Tech, including math and writing tutoring, counseling, and career services.⁵

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

In addition to the training provided through the Tulsa Tech partnership, the Oklahoma Healthy Aging Initiative (OHAI) offered two CNA classes focused on long term care and home health for the aging population. Going forward, OHAI expressed interest in continuing to offer the course.

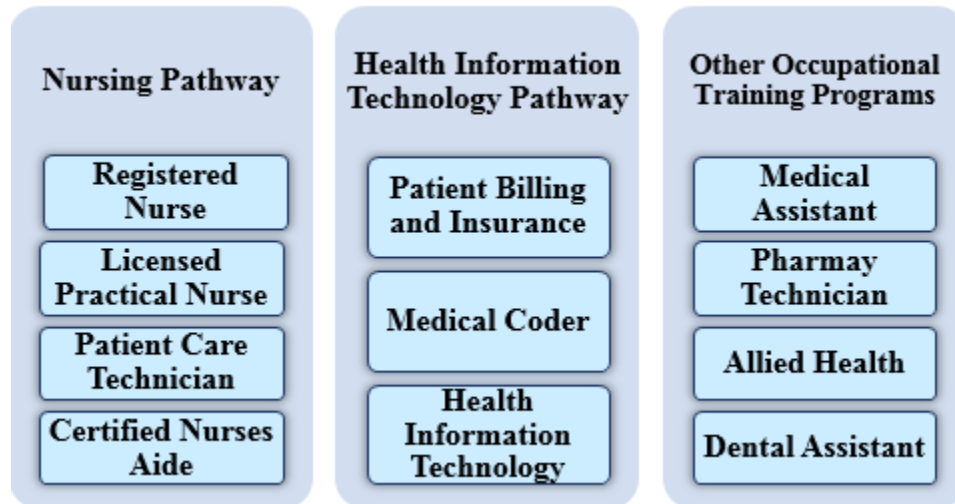
⁵ For more information on Tulsa Tech see: <http://tulsatech.edu/>

Program Components

Career Pathways

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

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



In an effort to increase the number of participants served and placed in jobs during the grant period, career pathways that required lengthy education and training, such as Registered Nurse, have been dropped from the pathways and more “one-and-done” trainings have been added, including Phlebotomy (13 weeks) and Certified Medication Aide (8 weeks). These short-term training options are targeted at participants who want and need a quicker connection with employment and the resulting earnings to support their family. For some of the short-term training options it is important to note that in the Tulsa area these training options lead to jobs with average wages that tend to be lower (\$9.12/hour for Laboratory Assistant Phlebotomist to \$13.16/hour for Mobile Phlebotomist; and \$13.97/hour for Certified Medication Aide) than starting wages for most of the CareerAdvance® career pathways previously offered through HPOG I.⁶ Yet some of the new short-term training options offered

⁶ <https://www.indeed.com/salaries/Phlebotomist-Salaries,-Tulsa%2C+OK>;
<https://www.indeed.com/salaries/Certified+Medication+Aide-Salaries,-Tulsa%2C+OK>. Accessed: December, 2018.

in FY 2018, particularly Central Services Technician and EKG Monitor Technician (both eight weeks in duration), report higher average wages: \$15.17/hour and \$15.23/hour respectively.⁷

Table 1 identifies changes in training programs offered as HPOG II evolves. Some of the newer courses of study introduced in FY 2018 are not embedded in a training career ladder as such; however, as established occupations within a highly regulated and certified field of employment, each training does support a career ladder within the medical profession (see Appendix A). Furthermore, most of the trainings introduced in FY 2018 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. The new medical coding track, offering primarily online instruction, requires basic computer literacy, access to a computer and reliable internet service. *CareerAdvance*[®] participants are enrolled as a cohort in a medical coding class alongside non-*CareerAdvance*[®] students using the online course content with the added requirement of coming to campus once a week to work on course content with an instructor in the computer lab.

⁷<https://www.indeed.com/salaries/Central%20Services%20Technician-Salaries,-Tulsa%2C+OK>;
<https://www.indeed.com/salaries/EKG%20Monitor%20Technician-Salaries,-Tulsa%2C+OK>. Accessed: December 2018.

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

Course of Study	Length of Class/Weeks	First Offered
Nursing Pathway		
• Certified Nurse Assistant (CNA)	6	June, 2016
• Patient Care Technician (PCT)	17	July, 2016
• Certified Medication Aide (CMA)	8	June, 2017
• Licensed Practical Nurse (LPN)	64	March, 2017
Health Information Technology Pathway		
• Medical Assistant (MA)	46	October, 2016
• Medical Coding	64	March, 2018
Other Occupational Training Program		
• Pharmacy Technician	15	May, 2016 (discontinued, 2017)
• Dental Assisting	40	January, 2017
• Phlebotomy	13	May, 2016
• Monitor Technician (EKG)	8+	May, 2018
• Surgical Technician	46	October, 2018
• Central Service Technician	8+	May, 2018
Basic Skills Building	8	October, 2016 (embedded in training tracks, 2018)

CareerAdvance® offered HPOG I 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 implements the Growth Mindset curriculum with contextualized healthcare math and reading, training in computer use and customer service, HIPAA and CPR certification.⁸

In FY 2017, CAP decided to enroll participants directly into Certified Nurse Assistant (CNA) training individuals without a GED or High School diploma who scored a minimum of 40 on the *Kenexa Prove It (Prove It)* assessment with the anticipation that program completers would then pursue GED completion. Staff soon realized that employers were not willing to hire CNA's without a GED and the opportunity was discontinued.

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 CareerAdvance® to be assessed for additional training outside of their original career track choice. Within a career track, participants could 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 Certified Medication Aide course, must work as a CNA for at least six months before they are eligible.

FY 2018, as HPOG II moves 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 through their training experience that they are not well suited for the work the training prepared them

⁸ HPOG technical assistance (Volunteers of American Texas in Houston) helped to develop the curriculum. Medical Coding students are exempt from this training due to the academic level required for the courses.

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

A key feature of CareerAdvance® is its commitment to providing quality early childhood education (ECE). Under HPOG I, CAP only enrolled families into CareerAdvance®, who received services from one of their high-quality child development 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.⁹ These centers are primarily funded through Early Head Start/Head Start and the Oklahoma Early Childhood Program.¹⁰ CAP continues to recruit families from their ECE programs, while children in non-CAP families receive care through community-based child development centers (CDCs) that have been vetted by CAP.¹¹ Before and after care for school-aged children is coordinated with a number of CDC sites and public school programs.

CAP Early Childhood Education (ECE) programs enroll children and provide ongoing care throughout the program's enrollment period independent from the parent's enrollment and participation in the HPOG II program. All eligible HPOG II families are encouraged to apply for CAP ECE services and receive priority for selection as slots become available. Families who receive services from the other community sites are provided childcare throughout their 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.

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,

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

¹⁰ The Oklahoma Early Childhood Program (OECF) 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.

¹¹ CAP requires participating childcare programs to be licensed by DHS, and maintain specific levels of building and transportation insurance.

state, and other funding streams to serve all eligible children.¹² Staff report some families refuse to apply for CCDF assistance because the application requires families pursue child support through DHS Child Support Services.

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.

CAP is the fiscal agent for nine Tulsa area Oklahoma Early Childhood Program (OECF) grantees. In FY 2018, CAP met with Tulsa area OECF center administrators to discuss the CAP model of offering CareerAdvance® participants priority points toward selection into their program. Rosa Parks ECE at Union public schools and Educare have expressed interest in implementing the model, and other sites are considering participating as well. Securing quality early childhood services will be key to the future of maintaining fidelity to the two-generation approach presented in the original CareerAdvance® theory of change: 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.¹³

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, recruitment, assessment, and selection of participants followed by a discussion of the changes over time for each component. The selection process relies upon an interview matrix and interview definitions developed in FY 2017 by partners, CAP, TCW and the Institute for Policy Research at Northwestern University. These documents support the intention of the project to serve families and individuals who are in need of CareerAdvance® services, are likely to benefit from the two-generation approach, and are expected to experience a wage impact (Appendix B).

¹² 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.

¹³ For more information about CareerAdvance® see: <http://captulsa.org/our-programs/family-advancement/careeradvance/>

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

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

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

Eligibility

Certain CareerAdvance[®] 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 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.¹⁴ Parents of young children ages 0-8 receive priority for selection into the program.

Recruitment

One major change in the HPOG II approach is the integration of a professionally developed marketing campaign to effectively recruit sufficient numbers of program participants from both CAP families and the larger Tulsa community. The marketing campaign was developed using the results from extensive focus groups conducted by Lake Research Partners of Washington, D.C. with both CAP and non-CAP families in Tulsa. Based on the focus groups results, a professional marketing firm, GMMB, was contracted to develop an effective messaging and outreach strategy to inform and support the new participant recruitment model.

Table 3 presents the various referral sources reported by prospective participants contacting TCW during FY 2017 and FY 2108. The list reflects the range of venues used by staff to inform the community of CareerAdvance®. Although fewer referral sources were identified in FY 2018, the sources reported remained for the most part consistent with FY 2017. For both program years, a large majority of participants (more than 78%) identified either the internet/social media or CAP as their referral source. The addition of a more granular identification of internet use options in FY 2018 noted that *Craig's List* and *Indeed Job Search* are popular referral sources (*Indeed* being the first site listed when Google-searching “jobs”). FY 2018 saw a small increase in referrals from Tulsa elementary schools identified as schools that most CAP alumni families attend and targeted for recruitment by CAP (8 referrals). CAP staff inform the elementary school parent educators about CareerAdvance® as well as work with each district to send home flyers through the districts’ electronic messaging systems.¹⁵ FY 2018 referral sources also included two private senior care businesses: Senior Helpers and Safe Home Senior Care (5 referrals). The range of specific referral sources identified by potential participants continues to confirm that the Tulsa community is well informed about the CareerAdvance® program.

¹⁴ 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.

¹⁵ Tulsa schools use an electronic message system called *Peach Jar* in lieu of paper flyers being sent home with students. Some districts allow community organizations to send messages through *Peach Jar* and others do not.

Table 3. Identified Referral Sources: FY 2017 & 2018

Referral Sources	FY 2017		FY 2018									
	Count	%	Count	%								
Internet/Social Media FY 2017: <u>Facebook</u> , Google, <u>Internet</u> , Internet Search, Online, Search Engine, TCW Website.	283	33%										
FY 2018: <table border="1" style="margin-left: 20px;"> <tr> <td>Craig's List</td> <td>108</td> </tr> <tr> <td>Indeed Job Search</td> <td>86</td> </tr> <tr> <td>Internet Search</td> <td>22</td> </tr> <tr> <td>Social Media/Facebook</td> <td>13</td> </tr> </table>	Craig's List	108	Indeed Job Search	86	Internet Search	22	Social Media/Facebook	13			229	47%
Craig's List	108											
Indeed Job Search	86											
Internet Search	22											
Social Media/Facebook	13											
CAP Tulsa	376	44%	158	32%								
Family/Friend/HPOG Participant	114	13%	56	11%								
Public and Private Service Organizations FY 2017: WIC, <u>Tulsa County Health Department</u> , <u>Domestic Violence Intervention Services</u> , Center for Therapeutic Intervention (CTI), Brightwater Apartments, Central State Community Services of Oklahoma, Great Beginning Program/Parent Child Center, <u>211</u> , Case manager at Inspire, Crossover Health Systems. FY 2018: Catholic Charities, DHS, Goodwill, Senior Helpers, Tulsa Housing Authority and Safe Home Senior Care.	38	4%	12	2%								
Workforce Development FY 2017: Unemployment Office, Ticket To Work Employment Resources, Resource Center Apache Manor, <u>Job Fair - Comanche Park</u> , Community Voicemail Job Alerts, <u>Workforce Tulsa</u> , <u>Workforce Oklahoma</u> , <u>Workforce</u> , <u>TCW</u> , <u>Indeed</u> .* FY 2018: Workforce Tulsa Resource Fair	11	1%	13	3%								
Educational Institutions FY 2017: Tulsa Community College, Tulsa Public School, Soonerstart, <u>Educare</u> , <u>Public Library</u> , High School Teacher, Greater Beginnings Program/Parent Child Center, Granddaughter's Elementary School. FY 2018: Tulsa Tech, Public Schools: Jenks, Union, Rosa Parks ECE, and Indian Springs.	9	1%	11	2%								
Other FY 2017: <u>Tulsa World</u> , <u>Flyer</u> , Called and asked about the program, Came in and signed up, <u>Walk In</u> . FY 2018: TV ad, Ad.	15	2%	18	4%								
Totals	846	100%	497	100%								

Notes: Underlined FY 2017 referral sources were also listed by FY 2018 participants. *In FY 2018, *Indeed*, an online employment-related search engine for job listings, was included in the internet category due to the increase in participants identifying *Indeed* as a referral source. All percentages were rounded.

Staff report in FY 2017, the CAP ECE program made changes to the Family Success Plan (FSP) to align the FSP with the CAP Strategic Framework 2016-2025 priority to, "...focus on improving the alignment of goals between CAP and the families being served." The updated FSP specifically includes informing parents of CareerAdvance® and interested parents receive additional program information. During a brief time frame, June 2017 until November 2017, all CAP families (both new enrollees and continuing families) completed the new FSP, resulting in all CAP families being introduced to CareerAdvance® during a relatively brief period of time. An evaluation of the available data indicate that there were no notable changes in CAP parents entering CareerAdvance® during or after this six-month period.

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. For example, CAP staff described an HPOG I single mother of five children who struggled in Adult Basic Education (ABE) classes to meet the requirements to enter CNA training. Under HPOG II, TCW was flexible to meet the needs of this participant and suspended the *Prove It* time limitation. Without the time limitation, the participant was able to demonstrate her ability to perform at the minimal score required to enter CNA training. Incorporating this type of flexibility to offer prospective participants the support needed to demonstrate their knowledge and skills provides an opportunity to individuals who may not have succeeded under HPOG I.

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

Selection

Coordinating the visions of the two programs—CAP, an anti-poverty program focused on the overall wellbeing of families with young children, and TCW, a workforce training program focused primarily on the needs of employers for qualified individuals with few barriers to employment—has presented challenges in the process of selecting participants for the program. The ongoing tension between serving those most in need and those most likely to benefit has been a tension long expressed by many social service and workforce development programs intended to help low-income families move toward economic self-sufficiency.¹⁶ The changes in eligibility criteria allow the program to serve more participants who can be identified as employment-ready, yet staff must be cautious to systematically include families and individuals with “coachable” barriers who will benefit, yet at first glance, may not appear so (e.g., families with very young children, individuals with little work experience). The ongoing structuring of supports to meet participant needs can ensure that a range of participants along the eligibility continuum is selected to participate in the program and be supported to succeed.

The interview matrix was developed during the second year of HPOG II to reinforce the intention of the program; however, staff recently report 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 reported, “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 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.

One other interesting issue regarding participant selection emerged during the interviews with frontline CAP and TCW staff. Staff were asked to describe the most important quality a prospective participant can display that will lead the staff to identify the individual as a likely to be successful in the

¹⁶ For example, the phrase “most-in-need and most-able-to-benefit” was explicit in the eligibility language of the Job Training Partnership Act of 1982.

program. Staff reported prospective participants expressing a level of personal strength and commitment are identified as more likely to be successful in the program. Staff comments included:

Grit
“They’ve got to have that: ‘I want to do this’.”

- “...something internally that they [express] they know they are supposed to do this and need to do it for their family... a type of grit.”
- “Sometimes parents have the drive but they need the program supports to succeed.”
- “We can tell a lot about somebody ... and some of the people that have the most going on in their lives, they are some of the strongest candidates at the end of their program. It’s related back to their internal drive and the mindset they have to overcome the barriers and utilize our services to make sure they can be successful. We can tell that first day about their mindset and drive.”

Table 4 presents the numbers of individuals who scheduled and then attended orientation, the number of CAP and non-CAP participants who completed the assessment process, interviewed, were randomly selected to enter either the treatment or control groups, and finally entered *CareerAdvance*[®] from April, 2016-August 31, 2018.

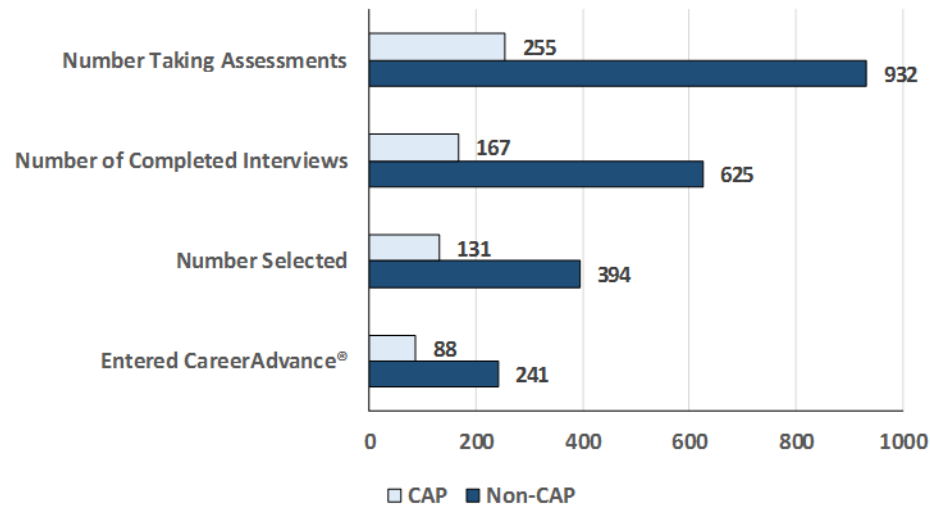
Figure 2 compares the totals for both CAP and Non-CAP participants who completed each step in the process to enter *CareerAdvance*[®] from April, 2018 through August 31, 2018.

Table 4. HPOG II Individuals Participating in the Selection Process: April-Aug. 2016, FY 2017, and FY 2108

HPOG II Intake Information	April-Aug. 2016 Totals			All Quarters FY 2017			All Quarters FY 2018			Totals April 2016-FY 2018		
	CAP	Non-CAP	Total	CAP	Non-CAP	Total	CAP	Non-CAP	Total	CAP	Non-CAP	Total
Scheduled for Orientation	487			1,387			1,759			3,633		
Attended Orientation	232			621			911			1764		
Assessments Taken	54	159	213	129	365	494	72	408	480	255	932	1,187
Interviewed	32	118	150	76	168	244	59	339	398	167	625	792
Selected for CareerAdvance® treatment*	24	67	91	62	116	178	45	211	256	131	394	525
Entered CareerAdvance®	11	40	51	46	75	121	31	126	157	88	241	329

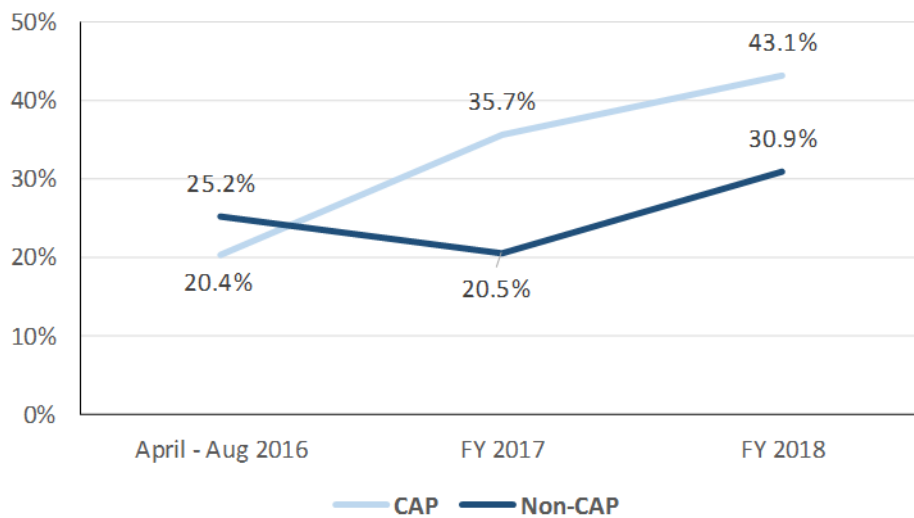
*The CAPNU2Gen Study, a randomized control trial experiment, selects individuals from this group to enter either the control or the CareerAdvance® treatment groups.

Figure 2. HPOG II Total CAP and Non-CAP Participants: April 2016-FY 2018



Overall, during the first five months of HPOG II (April-August, 2016) nearly 75 percent of participants entering CareerAdvance® were non-CAP families and individuals. Again in FY 2017, the majority of the participants were non-CAP: 62 percent. Clearly, more non-CAP than CAP families are entering the program, yet Figure 3 illustrates a shift in the rate of non-CAP and CAP participants entering CareerAdvance®. During the first few months of HPOG II non-CAP participants entered at a higher rate than CAP participants. In FY 2017 and FY 2018, as staff worked to create and institute the interview matrix that systematically prioritized families with young children, CAP families were more likely to be selected to enter the program. These figures may also reflect the change in CAP procedures prioritizing CareerAdvance® participants for CAP ECE services.

Figure 3. Rate of CAP and Non-CAP Participants Assessed who Enter CareerAdvance®: April 2016-FY 2018



Support Services

“One of the first participants I worked with came to me very upset, she had pending homelessness, unemployment, she had a custody issue, she had a teenage son arrested and placed in custody ... she had good support, she had her instructor who was absolutely amazing to her, she have Family and Children Services, her career advisor and she had her classmates. She finished the program, is in her clinicals and she is doing very well.”

The web of support services available to CareerAdvance® participants includes academic, career, family and mental health supports, provided by CAP and FCS specialists and TCW advisors, as well as support from Tulsa Tech instructors and staff, and class peers. This section focuses on the evolving delivery of academic and career supports, and services offered through Family and Child Services.

Academic Coaches and Career Advisors

HPOG I utilized CAP career coaches to provide a number of support services to participants. Career Coaches worked individually with each participant to secure the necessary supports for their success, such as before- and after-care for school-age children, and worked closely with CAP family support staff to resolve problems that threatened to impede success in participants’ education and training.¹⁷ Career Coaches also worked with employers and provided training specific to employment and job readiness, including resume writing and interviewing skills.

Under HPOG II, originally these responsibilities were shared between the CAP academic coaches and TCW career advisors. The coaches and advisors acted as mentors, guides, and advocates for participants, helping them negotiate the world of postsecondary education as well as employment. Both coaches and advisors were involved in the interviewing and selection process, and participated in boot camp; from there, the 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

¹⁷ CAP family support specialists provide services to all CAP families enrolled at the ECE sites.

partner meetings and began one-on-one work with participants when they entered clinical training or begin job shadowing. Career Advisors work with employers and provide training on resume writing and interviewing skills. TCW career advisors 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 coaches and advisors evolved again in FY 2018 as all coaching/advising services transitioned to the 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 and the hiring process. TCW has been coordinating with instructors to be available in the classrooms once a week to check-in with participants and staff. In year four, advisors will also begin facilitating peer huddles and have received COACH training in preparation.

Family and Children Services

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 from CareerAdvance® family support specialists. Due to the complexity of providing different levels of services to the two groups of CAP and non-CAP participants, CareerAdvance® responded by offering the same level of case management services to all participants through the family support specialist.

Family and Children Services, a Tulsa nonprofit community mental health organization, coordinates the service delivery of family support and behavior health for all CareerAdvance® participants.¹⁸ 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 and coordinate CAP family services with the family support specialists at CAP ECE sites.

¹⁸ Family and Children Services has partnered with CAP Tulsa for over 20 years providing services to families.

Specialists briefly introduce themselves and FCS services during CRT, then during boot camp provide 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 population, fewer CareerAdvance® participants seek assistance, with the CNA participants typically needing more support than those in other career tracks.

Financial Capability Coaching

A CAP Financial Capability Coach was available to participants on a demand or as-needed basis during HPOG I. Comments from HPOG I participants requesting more opportunities to receive financial coaching motivated the integration of such services into the HPOG II partner meetings. In FY 2018 financial coaching continues to be available; however, the family support specialist reported that CareerAdvance® participants “... are sophisticated in their financial program solving. There have been few requests for financial assistance.”

Cohort Model

Throughout the implementation of the HPOG grants, the cohort model designed to build a community of support among participants working together on a shared course of study, continues to be a source of support for participants. Staff continue to observe cohort members offering each other support, for example one specialist recalled: “I’ve witnessed in most of the cohorts, if someone is having car problems, someone will pick them up and get them to class...if there is a change in a schedule or change in information they are really great about letting each other know...they get a bond and help each other out.”

Flex Time

Participants expressed a need for a block of childcare time outside of scheduled program requirements. In response, CAP is now offering each cohort a weekly scheduled 1.5 or 2 hour block of unstructured childcare time for participants to use as needed.

Curricula Elements

Program curricula elements for HPOG II are similar to the HPOG I program. The structure and depth of the two-generation programming has changed as non-CAP participants enroll 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.

Two-Generation Programming

A two-generation model of service delivery was the foundation of the original *CareerAdvance*[®] pilot program (King et al., 2009). The driving theory of change behind *CareerAdvance*[®] is that family economic success will protect and enhance gains made through high-quality early childhood programs even after children transition into the public school system. As *CareerAdvance*[®] transitioned to HPOG II, 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. 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 programming, 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 of quality childcare slots available in the community to adequately address this need.

Career Readiness Training

Career Readiness Training (CRT), a week-long experiential training of 35 hours provided by TCW, focuses on preparing participants to compete in the job market and perform in the workforce. The curriculum includes the following modules: looking for a job; completing an application; writing a resume; finding three professional references; interviewing; workplace communication; emotional intelligence (how to manage emotions, understand and interpret the emotions of those around them and how to handle stressful situations); understanding and using an employee handbook; how to read and understand a paycheck; teamwork; conflict resolution; and other relevant topics. The TCW CRT curriculum 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 go find three job openings for jobs they are interested in applying for in the job bank, write down the skills needed, the list of skills to guide resume writing and responses to interview questions.” Staff report intentionally relating the CRT content to the participants’ home life,

“...understanding that these skills that they are being taught are not just for training and for employment but can absolutely filter out to their family and home life and their children and so understanding and connecting those dots was something we previously didn’t do [before] we focused very much on training and the employment, but now with really understanding what the NU2gen focus is and implementing the family as a whole and the children, we’ve made a lot of changes and are very intentional about the message.”

Boot Camp

FY 2017 saw the addition of a four-hour *boot camp*, where participants complete the required program paperwork, and are introduced to the various organizations and individuals involved in supporting them through their education and career progress. Participants complete 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 CareerAdvance[®] liaison began playing a larger role in boot camp assisting participants to complete 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 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 coaches 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 are coordinated by CAP and will be transitioned to TCW 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 and 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 *friendly assessment* to determine mental health issues and offer 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, 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 the instructor. In FY 2018 the basic skills class used the Growth Mindset curriculum with contextualized health care math and reading. Courses include test preparation, including practice tests and participants have access to literacy and math tutoring, as well as a Tulsa Tech counselor. 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 has assigned a staff member to offer a \$20 gift card as an incentive 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.”

Staff report that teaching staff and counselors are interested in learning more about CareerAdvance® and how they can best support students. CAP responded by presenting during a Tulsa Tech adjunct professional development training day, information describing HPOG services and the nature of the research study.

Demographics of Participants

Table 5 provides a demographic snapshot of the 167 participants and families enrolled in CareerAdvance® during FY 2018. Across all cohorts, 90 percent are women, 51 percent are unemployed (at entry), the average age is 31, and 80 percent are parenting. There are 13 duplicates represented in these data: these are individuals who moved along the training pathways and ultimately enrolled in two different training tracks over time.

Table 5. Profile of CareerAdvance® Participants and Families, Cohorts FY 2018

	Central Service Tech	Certified Medication Aide	Certified Nursing Assistant							Dental Assistant	EKG	Licensed Practical Nurse	Medical Assistant	Medical Coder			Patient Care Tech	Phlebotomy		Total / Avg		
Cohort Number	15	3	20	1	5	10	14	16	22	25	6	17	2, 4, 7, 11, 13, 23 & 26	8	21	12	18	24	19	9	27	
Number of Adults	3	7	7	15	14	13	9	8	3	9	8	6	7	9	11	3	6	2	8	10	9	167
Gender																						
Female	3	7	5	14	13	13	9	8	1	8	8	3	5	9	10	2	6	1	8	9	8	150
Male	0	0	1	1	0	0	0	0	0	0	0	2	1	0	0	1	0	0	0	0	0	6
Unspecified	0	0	1	0	1	0	0	0	2	1	0	1	1	0	1	0	0	1	0	1	1	11
Race/Ethnicity																						
White	3	3	1	6	4	8	5	2	1	4	6	3	4	2	2	1	3	1	4	6	6	75
Black or African American	0	4	4	6	6	4	4	4	1	3	1	2	1	5	4	1	3	0	4	3	2	62
Hispanic or Latino	0	0	0	1	2	0	0	1	0	0	1	0	0	0	1	0	0	0	0	0	0	6
American Indian	0	0	1	1	0	1	0	1	0	1	0	0	0	1	2	0	0	0	0	0	0	8
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	2
Unspecified	0	0	1	1	2	0	0	0	1	1	0	1	2	0	2	0	0	1	0	1	1	14
Education Level																						
Less than High School Diploma/GED	0	0	0	2	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	4
High School Diploma/GED	1	1	2	8	6	8	6	4	0	3	2	0	2	6	4	1	1	0	5	4	5	69
Some College or Advanced Training	2	3	4	4	7	5	2	2	1	4	5	3	4	3	5	2	2	1	2	5	2	68
Associate Degree	0	1	0	1	0	0	0	1	0	0	1	0	0	0	0	0	1	0	0	0	0	5
Vocational School Diploma	0	2	0	0	0	0	0	1	1	0	0	1	0	0	1	0	1	0	0	0	1	8
Under Graduate/Graduate Degree	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	2
Unspecified	0	0	1	0	1	0	0	0	1	1	0	2	1	0	1	0	0	1	0	1	1	11
Employment Status																						
Full Time	1	1	1	2	3	1	1	3	0	0	1	1	3	3	2	0	2	0	1	1	1	28
Part Time	0	2	4	3	3	3	3	0	1	4	2	2	0	1	1	2	1	0	2	4	2	40
Unemployed	2	4	1	10	7	9	5	5	1	4	5	2	3	5	7	0	1	1	5	3	5	85
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Unspecified	0	0	1	0	1	0	0	0	1	1	0	1	1	0	1	1	2	1	0	2	1	14
Income Level																						
\$0 to \$1,000	0	0	1	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	3
\$1,001 to \$10,000	2	1	0	3	3	3	2	2	1	1	2	0	1	1	2	0	1	1	0	0	1	27
\$10,001 to \$20,000	1	2	2	2	4	0	1	1	1	1	1	3	0	2	1	1	1	0	2	3	3	32
\$20,001 to \$30,000	0	1	3	5	2	2	2	2	0	2	3	0	1	4	1	0	0	0	2	1	0	31
Over \$30,000	0	1	0	1	0	1	0	1	0	1	1	0	2	0	1	1	2	0	0	1	1	14
Unspecified	0	2	1	4	5	6	4	1	1	4	1	3	3	2	6	1	2	1	4	5	4	60
Mean Adult Age	34	32	29	28	30	29	30	30	56	31	28	37	31	33	30	31	43	24	30	32	26	32

Table 5. Profile of CareerAdvance® Participants and Families, Cohorts FY 2018 (continued)

	Central Service Tech	Certified Medication Aide	Certified Nursing Assistant								Dental Assistant	EKG	Licensed Practical Nurse	Medical Assistant	Medical Coder			Patient Care Tech	Phlebotomy		Total / % of Total
Cohort Number	15	3 20	1 5 10 14 16 22 25	6	17	2, 4, 7, 11, 13, 23 & 26	8 21	12 18 24	19	9 27											
Number of Adults	3	7 7	15 14 13 9 8 3 9	8	6	7	9 11	3 6 2	8	10 9	167										
Number of Children Per Household																					
0	0%	14% 29%	27% 0% 31% 0% 13% 33% 11%	0%	83%	29%	22% 9%	33% 33% 0%	25%	20% 22%	20%										
1	33%	43% 29%	33% 21% 8% 56% 13% 0% 11%	38%	0%	0%	22% 27%	0% 0% 0%	0%	20% 0%	19%										
2	0%	0% 0%	13% 50% 46% 11% 50% 33% 56%	25%	0%	43%	22% 36%	33% 33% 50%	38%	10% 44%	29%										
3	33%	29% 14%	20% 14% 0% 11% 0% 0% 11%	25%	0%	14%	22% 0%	33% 17% 0%	25%	20% 11%	14%										
4	33%	0% 0%	0% 7% 15% 22% 25% 0% 0%	13%	0%	0%	11% 18%	0% 17% 0%	0%	20% 11%	10%										
5	0%	14% 14%	7% 0% 0% 0% 0% 0% 0%	0%	0%	0%	0% 0%	0% 0% 0%	13%	0% 0%	2%										
Unspecified	0%	0% 14%	0% 7% 0% 0% 0% 33% 11%	0%	17%	14%	0% 9%	0% 0% 50%	0%	10% 11%	6%										
Mean Number of Children	2.7	2.0 1.7	1.5 2.1 1.6 2.0 2.1 1.0 1.8	2.1	0.0	2.2	1.8 1.9	1.7 1.8 2.0	2.1	2.0 1.9	1.8										
Number of Children Under 15																					
0	0%	14% 29%	27% 0% 31% 0% 13% 67% 11%	0%	83%	29%	22% 9%	33% 33% 0%	25.0%	20.0% 22%	20%										
1	33%	43% 29%	33% 21% 8% 56% 38% 0% 22%	38%	0%	0%	33% 27%	0% 17% 0%	0%	20% 0%	22%										
2	33%	0% 0%	13% 50% 46% 11% 25% 0% 44%	25%	0%	43%	11% 36%	33% 17% 50%	50%	20% 44%	28%										
3	0%	29% 14%	20% 21% 0% 11% 13% 0% 11%	25%	0%	14%	22% 0%	33% 17% 0%	13%	20% 11%	14%										
4	33%	0% 0%	0% 0% 15% 22% 13% 0% 0%	13%	0%	0%	11% 18%	0% 17% 0%	0%	10% 11%	8%										
5	0%	14% 14%	7% 0% 0% 0% 0% 0% 0%	0%	0%	0%	0% 0%	0% 0% 0%	13%	0% 0%	2%										
Unspecified	0%	0% 14%	0% 7% 0% 0% 0% 33% 11%	0%	17%	14%	0% 9%	0% 0% 50%	0%	10% 11%	6%										
Mean Children Under 15	2.3	2.0 1.7	1.5 2.0 1.6 2.0 1.8 0.0 1.6	2.1	0.0	2.2	1.7 1.9	1.7 1.7 2.0	2.0	1.8 1.9	1.7										

Note: There are 13 duplicates represented in these data: individuals who moved along the training pathway to enroll in two training tracks over time.

Table 6 compares key participant demographic elements for the three HPOG II program reporting periods to date. Across time, the share of unemployed participants has changed from 62 percent in May-Aug., 2016, to a decrease of 11 percentage points in FY 2018 (51%). Further, the percentage of participants with some college or advanced training at the time of program entry increased by 26 percentage points from May-Aug., 2016, to FY 2018. Also of interest is the change in the share of individuals who are not parenting children under the age of 15: 15 percent for the May-August, 2016, participants, six percent among FY 2017 participants, increasing to 21 percent in FY 2018.

**Table 6. Comparison of Key Demographic Descriptors for CA Participants
May-Aug. 2016, FY 2017, and FY 2018**

Characteristic	May-Aug. 2016 N=53	FY 2017 N=129	FY 2018 N=167
Female	96%	92%	90%
White	43%	37%	45%
Black	43%	47%	37%
Some College or Advance Training	15%	33%	41%
Unemployed	62%	57%	51%
Average Age	27	29	31
Households with Children Under The Age of 15	May-Aug. 2016	FY 2017	FY 2018
0	15%	6%	21%
1	38%	32%	20%
2	25%	27%	31%
3	21%	23%	15%
4	0	8%	10%
5	2%	3%	3%

Note: Numbers are rounded.

Basic Skills Assessments

Table 7 presents 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.

Table 7. Basic Skills Assessment FY 2018 Cohorts, N=155

	Central Service Tech	Certified Medication Aide	Certified Nursing Assistant								Dental Assistant	EKG	Licensed Practicle Nurse				Medical Assistant	Medical Coder			Patient Care Tech	Phlebotomy	Total / Avg
Cohort Number	15	3 20	1 5 10 14 16 22 25	6	17	11 13 23 26	8 21	12 18 24	19	9 27													
Number of Adults	3	7 7	15 14 13 9 8 3 9	8	6	1 1 1 1	9 11	3 6 2	8	10 9											164		
Number with Scores	3	7 6	15 13 13 9 8 2 8	8	5	1 1 1 1	9 10	3 6 1	8	9 8											155		
Math																							
Minimum Score	53	43 53	38 40 43 40 48 45 45	55	53	88 83 88 85	55 50	68 48 85	18	63 48	56												
Maximum Score	68	85 80	88 75 83 83 85 75 85	88	80	88 83 88 85	78 87	88 88 85	78	90 88	83												
Mean	58	58 64	63 56 70 57 67 60 67	74	70	88 83 88 85	66 70	77 62 85	64	74 64	70												
Reading																							
Minimum Score	57	40 49	40 40 40 46 43 49 43	54	49	74 74 66 77	51 49	66 60 80	40	54 40	53												
Maximum Score	63	71 71	86 74 77 77 74 74 77	91	77	74 74 66 77	71 74	97 91 80	77	77 87	77												
Mean	61	56 60	60 54 60 60 63 62 60	66	61	74 74 66 77	64 60	76 73 80	61	63 61	65												
Mechanical Dexterity																							
Minimum Score	5	7 9	9 9 9 7 8 12 8	9	12	10 12 10 12	8 9	10 8 7	4	10 9	9												
Maximum Score	14	15 16	20 20 15 16 15 22 11	17	25	10 12 10 12	11 18	16 18 7	16	17 16	15												
Mean	10	12 12	12 13 12 13 11 17 10	12	16	10 12 10 12	10 13	13 14 7	12	13 11	12												
Customer Service																							
Minimum Score	94	76 75	72 67 81 80 85 87 76	81	77	83 91 94 94	83 75	0 0 0	85	79 80	71												
Maximum Score	97	90 96	94 94 95 92 92 97 94	95	94	83 91 94 94	99 97	0 0 0	98	97 95	82												
Mean	96	83 88	85 85 89 89 89 92 88	89	88	83 91 94 94	92 90	0 0 0	90	89 88	78												
Administrative Selector																							
Minimum Score	55	2 2	2 8 13 9 29 11 4	20	50	34 71 45 67	9 8	66 6 13	22	4 9	23												
Maximum Score	94	45 96	98 98 95 85 88 57 91	92	93	34 71 45 67	98 98	98 91 13	99	92 100	81												
Mean	74	22 47	45 49 59 55 57 34 43	54	67	34 71 45 67	44 55	83 47 13	68	47 63	52												

Note: Three LPN participants (cohorts 2, 4, & 7) completed prior training along the nursing pathway and are not included in this table.

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 those who did not, the assessment scores of the two groups are very similar, consistent with previous findings (Juniper et al., 2017). Figure 4 reports that for three out 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 4. Basic Skills Assessment Mean Scores Completers and Non-Completers FY 2018

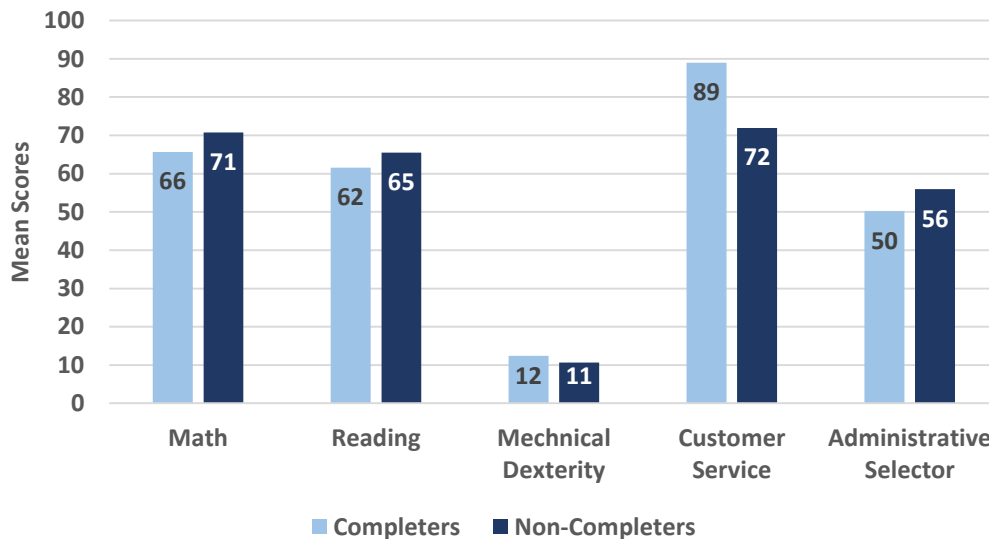


Table 8 compares all participants' (completers and non-completers) mean test scores for FY 2017 and FY 2018. In FY 2018 mean scores for math and reading increased three and four points respectively when compared to FY 2017 mean scores. Customer service and administrative selector mean scores decreased by 11 and 10 points respectively between the two program years.

**Table 8. Comparison of Basic Skills Assessment Mean Scores for all Participants:
FY 2017 and FY 2018**

All Participants	FY 2017	FY 2018
Number of Adults	129	167
Number with Scores	120	155
Math Mean	67	70
Reading Mean	61	65
Mechanical Dexterity Mean	12	12
Customer Service Mean	89	78
Administrative Selector Mean	62	52

Training Outcomes

Table 9 presents the numbers of participants entering each training track, the number of participants completing the training, and those receiving certifications for the period May-August 2016.¹⁹ Of the 59 participants entering the program in this period, 52 completed their training and 28 received certifications. Only seven participants were identified as non-completers.

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

Cohort	Certified Nursing Assistant		Patient Care Technician	Pharmacy Technician	Phlebotomy	Total
	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	15	3			28

Note: Five participants are duplicates, i.e., enrolled in more than one course of study over time.

¹⁹ This table was updated from the previous report: CareerAdvance® HPOG II Transition and Expansion, Jan. 2018.
Ray Marshall Center for the Study of Human Resources

Table 10 presents the numbers of participants entering each training track, the number of participants completing the training, and those receiving certifications in FY 2017.²⁰ Of the 126 participants entering training tracks in FY 2017, 90 completed the training and 51 received certifications. Thirty-six participants were non-completers. Twenty-three participants are duplicates, i.e., enrolled in more than one course of study over time.

²⁰ This table was updated from the previous report: *CareerAdvance*® HPOG II Transition and Expansion, Jan. 2018.
Ray Marshall Center for the Study of Human Resources

Table 10. HPOG II FY 2017 Program Completers Certification Status

	Certified Medication Aide	Certified Nursing Assistant			Dental Assistant	Licensed Practice Nurse		Medical Assistant		Patient Care Technician	Pharmacy Technician	Phlebotomy		Total
		Start Month	Jun-17	Sep-16		Apr-17	Jun-17	Jan-17	Mar-17			Aug-17	Oct-16	
All Participants	8	12	9	16	13	2	1	16	12	9	3	12	13	126
Completers	8	9	7	10	9	2	1	11	10	7	1	5	10	90
Non-Completers		3	2	6	4			5	2	2	2	7	3	36
Received Certificate	8	7	6	10				10	9	1				51

Note: Twenty-three participants are duplicates, i.e., enrolled in more than one course of study over time.

Table 11 represents the 149 participants enrolled in courses of study reported as completers for FY 2018. The 64 week training programs, LPN (7 participants) and Medical Coding (11 participants), did not identify any completers during FY 2018 and are not included in Table 11. The Medical Assistant cohort (11 participants) that started on June 18th was also active in training at the end of FY 2018 and was not included in this table.

Table 11. HPOG II FY 2018 Program Completers Certification Status

	Central Service Tech	Certified Medication Aide		Certified Nursing Assistant							Dental Assistant	EKG	Medical Assistant	Patient Care Tech	Phlebotomy		Total
		Start Month	May-18	Oct-17	Jun-18	Sep-17	Nov-17	Mar-18	Apr-18	May-18					Jun-18	Aug-18	
All Participants	3	7	7	15	14	13	9	8	3	9	8	6	9	8	10	9	138
Completers	3	7	6	13	14	8	8	8	3	5	8	6	8	6	5	9	117
Non-Completers			1	2		5	1			4			1	2	5		21
Received Certificate				13	13	7	8	8	2	1							52

Note: Thirteen participants are duplicates, i.e., enrolled in more than one course of study over time.

Table 12 identifies participants and completers for all HPOG II courses of study that concluded during the three reporting periods. The overall completion rate of 80 percent is 15 percentage points higher than the overall completion rate reported in the HPOG 1: Year Four Annual Report (2015).²¹

Table 12. Concluded Course of Study Program Participants, Completers and Non-Completers Through FY 2018

	May-Aug. 2016	FY 2017	FY 2108	Totals
All Participants	59	126	138	323
Completers	52 / 88%	90 / 71%	117 / 85%	259 / 80%
Non-Completers	7 / 12%	36 / 29%	21 / 15%	64 / 20%

Note: Participants active in a training programs at the end of FY 2018 were not included in this table.

CNA enrolled the largest number of participants: approximately 40 percent of all participants. Table 13 compares the rates of completion and certification for CNA participants across the three program reporting periods for HPOG II. The overall completion rate of 81 percent is comparable to completion rate reported in the HPOG 1: Year Four Annual Report (2015). The report clustered Nursing Aide, Orderly and Attendant into a single reporting category and reported an 82 percent completion rate.

Table 13. CNA Program Participants, Completers and Certification Status Through FY 2108

CNA	May-Aug. 2016	FY 2017	FY 2018	Totals
Participants	31	37	71	139
Completers	27 / 87 %	26 / 70%	59 / 83%	112 / 81%
Certifications	25 / 93%	23 / 89%	52 / 88%	97 / 87%

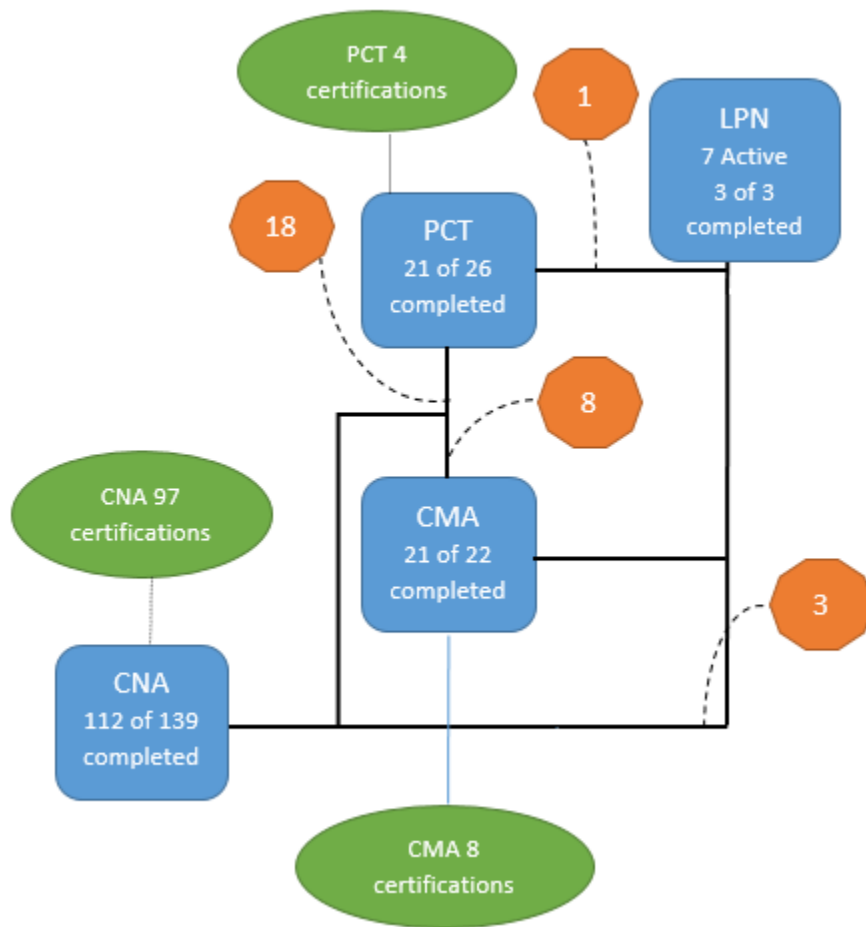
Note: Certifications rates represent the percentage of completers who obtained certification.

Figure 5 outlines the flow of nursing participants through the nursing career pathway over time. The blue squares represent each section of the nursing pathway identifying the numbers of participants who entered and completed the training; the green oval indicates the number of participants achieving certification, and orange hexagons show the number of participants who moved along the pathway from one training to the next. Two additional participants who completed the CNA training track, one

²¹ 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.

Pharmacy Tech completer, entered phlebotomy training. A total of 30 participants have enrolled in two nursing career pathway courses of study.

Figure 5. Progress along Nursing Career Pathway through August 2018



Participants enrolled in phlebotomy training in each of the three HPOG II reporting periods. Table 14 compares the rates of completion for participants enrolled in phlebotomy training for each reporting period. Phlebotomy courses enrolled a total of 55 participants: 16 percent of all participants. The overall completion rate of 71 percent is consistent with the completion rate reported in the HPOG I: Year Four Annual Report (2015).

Table 14. Phlebotomy Program Participants and Completers through FY 2018

Phlebotomy	May-Aug. 2016	FY 2017	FY 2018	Totals
Participants	11	25	19	55
Completers	10 / 91%	15 / 60%	14 / 74%	39 / 71%

CareerAdvance® Sustainability Planning

The CAP Tulsa strategic framework combines high-quality early education for young children with supports that promote nurturing parenting and family financial stability to ensure that children reach their full developmental potential to achieve economic stability for themselves and future generations.²² CareerAdvance® became a key component of CAP’s vision to support families with children who struggle financially nearly a decade ago. 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 discuss and sort out post-HPOG roles, target populations, services and service strategies.²³

The team of CAP employees and partner organizations began by mapping each program component and identifying what each organization contributes to each component. Following is a list of items the team worked on during the first year of meetings:

1. *Non-negotiables*: Each organization identified what is required in the CareerAdvance® model in order to continue their involvement.
2. *Future Program Participants*: The team will create a system to identify potential participants for recruitment into CareerAdvance® at the three partner organizations, and develop a process for other organizations to refer participants to the program.
3. *Pilot Program*: The team is reviewing options for what CareerAdvance® will look like beyond of the HPOG healthcare-specific model.
 - a. The sustainability group is working to pilot two transition cohorts: one in Fall 2019, and one for Spring 2019.
 - b. The transition pilot cohort options discussed include:

²² CAP Tulsa. Strategic Framework 2016-2025 https://captulsa.org/uploaded_assets/pdf/Strategic-Framework-CAP-Tulsa_2016-2025.pdf

²³ United Way originally joined the team but withdrew during the early conversations with plans to reengage at a later point to assist with facilitating connections with other organizations and perhaps provide funding.

- i. Enrolling in CareerAdvance® an already planned TCW transportation, manufacturing, IT, or accounting sector cohort with as many parents as possible, or
 - ii. Selecting Tulsa Tech Hardesty Scholarship recipients to participate in CareerAdvance®. The Hardesty Grant Scholarship is designed to help offset the cost of career development education in a number of fields for part-time adult students. This could include Hardesty Scholarship students from various training tracks.²⁴
- 4. *Funding for wraparound services:* The sustainability group is creating a budget for the necessary support services and identifying potential funding sources for each element.
 - a. For elements solely funded by HPOG, identify priorities for sustainability.
 - b. Sources to fund emergency assistance will be identified.
- 5. *Quality childcare:* The more the program expands to serving the community at large, the smaller the share of CAP families and the greater the challenge of ensuring provision of quality childcare.
 - a. CAP, the fiscal agent for the Oklahoma's Early Childhood Program (OECF), met with area OECF child care providers and presented the CAP model for prioritizing CareerAdvance® participants for selection and enrollment. Both Union Public Schools and Educare expressed interest in adding points to their existing selection processes to prioritize families for enrollment in CareerAdvance®. Union subsequently joined the sustainability group.
 - b. CAP is interested in reviewing the *All Our Kin Program*, a Connecticut-based organization that has created a model for improving the quality of home-based care.²⁵ CAP intends to evaluate the model for possible Tulsa implementation to strengthen local home-based child care.
- 6. *Challenges and issues:*
 - a. Tulsa Tech's newest strategic plan has a community success component with an increased focus on the retention of adult students. CareerAdvance® presents a

²⁴ Tulsa Tech Adult Career Development (ACD) has received a Hardesty Grant for scholarships that may be used to support CareerAdvance®.

²⁵For additional information: <http://allourkin.org>

model that can be successful for parenting students.²⁶ Sabol et al. (2015) examined the rates of persistence and certification of parents enrolled in *CareerAdvance*[®]. The study findings suggest that two-generation programs offering education services for both parents and children are a promising strategy to help promote parents' educational attainment.

- b. Tulsa Tech staff noted that the three different programs at Tulsa Tech tend to work in silos: Adult Career Development; Full-Time Career Training, connected to high schools; and Business Services, connected to employers. Each is separately funded and does not appear to overlap with the functions and programming of the others.²⁷ If *CareerAdvance*[®] needs to go outside of ACD to offer a career track, new relationships will need to be forged and procedures created.
- c. Additional funding issue:
 - i. WIOA funding may be available to support CAP *CareerAdvance*[®] participants in occupational skills training.
 - ii. Certain new training tracks, such as the skilled trades and constructing, may be eligible for federal apprenticeship funding.
 - iii. United Way may be willing to assist with connecting funders to the program.

Two formidable issues emerged in conversations regarding sustainability: 1) What organization other than CAP could serve as the “backbone organization” in the collective impact model? and 2) As *CareerAdvance*[®] 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 years 4 and 5 of HPOG II.

²⁶ To review the CAP Strategic Framework 2016-2025 visit: https://www.captulsa.org/uploaded_assets/pdf/Strategic-Framework-CAP-Tulsa_2016-2025.pdf

²⁷ It’s worth noting that some community colleges in Texas, e.g., Austin, have recognized that there is growing overlap between their academic for-credit, workforce development and community offerings and are taking steps to address it, especially in the context of parenting students, many of whom are working as well.

Conclusions

During FY 2018 *CareerAdvance*® expanded to include additional short-term training options: EKG Monitor and Central Services Technician (both eight-week courses). One additional longer training option, Surgical Technician, a 46-week training program was also introduced. *CareerAdvance*® developed a partnership with the Oklahoma Healthy Aging Initiative (OHA) to offer CNA classes focused on long-term care and home health for the aging population. Going forward, OHA expressed interest in continuing to offer the course. In addition, many of the participant support services, previously shared between the CAP Academic Coaches and TCW Career Advisors, were transitioned to TCW Career Advisors. Partner meetings have transitioned to become brief ‘peer huddles’ that are intended to meet the expressed needs of participants. Also, a few hours of child care outside of class time has been instituted in response to participants’ expressed needs.

Quality childcare continues to be an ongoing challenge as more non-CAP families are served by the program. Quality early childhood care and education, a key component of the original two-generation *CareerAdvance*® program design, continues to be available to a small subset of CAP families participating in the program. Participant families are encouraged to apply for the available childcare supports and receive priority to enroll in CAP as slots become available, yet for the majority of the families with young children, the strength of the two-generation model of providing quality education and care is not really available. The children of non-CAP families do not have access to the continuity of care nor the two-generation model that permeates the philosophy of CAP’s ECE sites. Solutions to providing high-quality care and continuity of care for non-CAP children is one of the bigger challenges facing *CareerAdvance*® as it considers the future of the program. Support for quality early childhood care and education will require additional partners, including the political will to enact policy to support funding for this necessary support to ensure family economic wellbeing as participants transition to employment.

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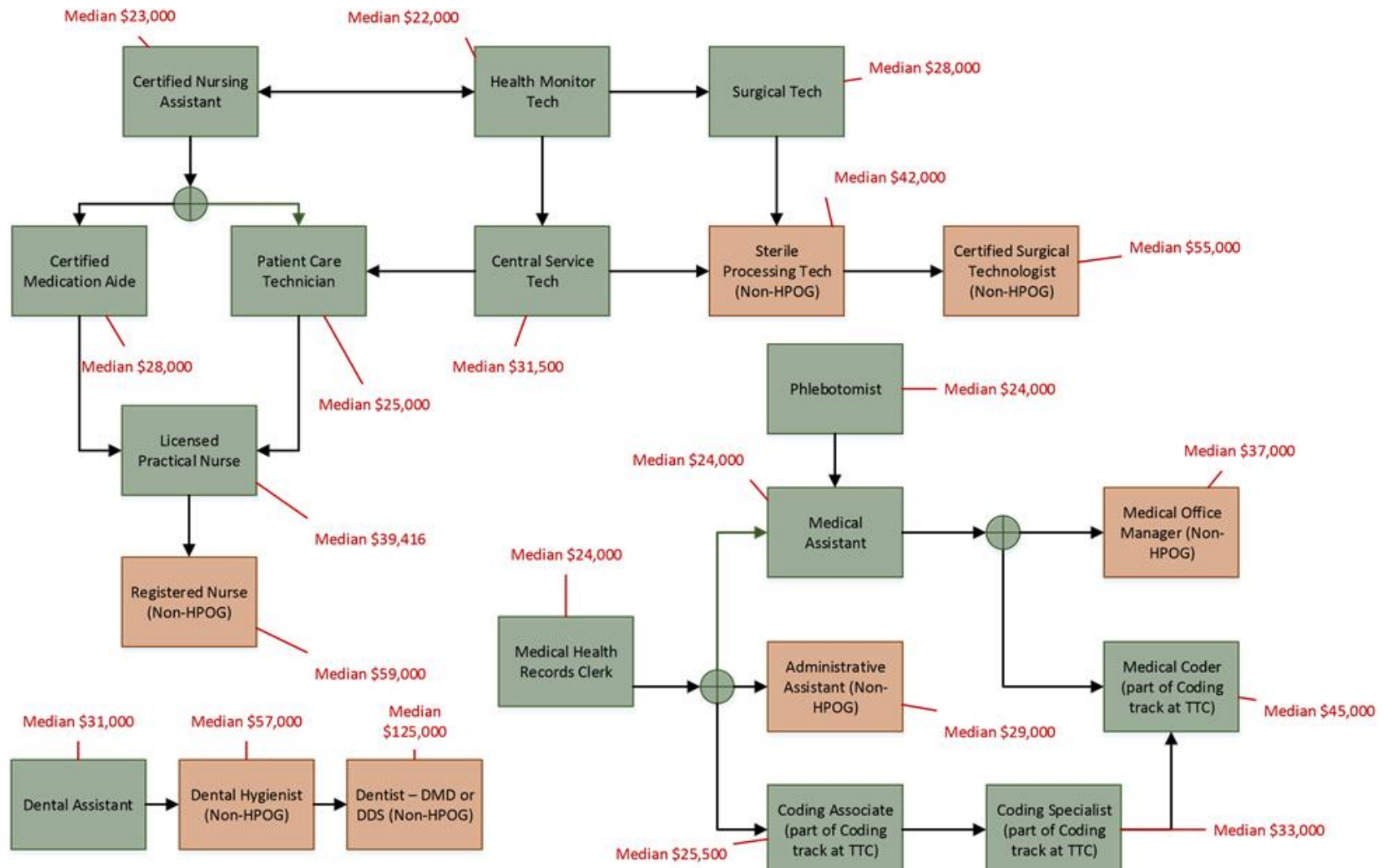
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Appendix A: 2018 CareerAdvance® Tracks Career Lattice



Appendix B: CareerAdvance® Interview Matrix

Interview Matrix

Name: _____ Date: _____

Interviewers: _____

Training Track: _____

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

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

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

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

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

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

Confidence	Low confidence		Reasonable confidence but may need coaching to improve		High confidence	
Participation Engagement	Participant does not want to engage in most elements of the program		Participant is reluctant to engage a few program elements		Participant is confident they will engage in all elements of the program	
					Subtotal	
					Divided by 13	
					Total Score	



Interview Matrix Definitions

Transportation

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

Participant Support Network

- 2. Lacks support network - Has no reliable friends, family members, or peers who can assist them while in the program with childcare or emotional support.
- 4. Unreliable support network - Has a few friends, family members, or peers who applicant could reach out to while in the program but are not generally available to help.

- 6. Inconsistent support network - Has a small support network of friends, family members, or peers that have helped in the past but may not be available to help on a consistent basis.
- 8. Small and consistent support network - Although it may not be a large pool of people, applicant has a small support network of friends, family members, or peers that will help while applicant is in program.
- 10. Large and consistent support network - Currently has a large and strong support network of people that have already agreed to support applicant while in program.

Current Financial Health

- 2. Not enough income to meet basic needs - Applicant is not employed. No financial support from family or friends. Does not receive state, federal, or government assistance. Could not pay for childcare or meet basic needs without support from CareerAdvance.
- 6. Small or inconsistent income for basic needs - Applicant receives occasional financial support from family or friends or through temporary employment. May receive some state, federal or government assistance.
- 10. Enough income to meet basic needs - Applicant has means of income through personal employment. Could receive financial support from family or friends, if needed. A backup plan is in place for childcare. Receives assistance from state, federal, or government entities.

Desire to Work in Healthcare Industry

- 2. No desire to work in industry - Applicant is not interested in a career in the healthcare field. Does not want to work caring for patients, with doctors, or other medical staff. Working in a clinic, hospital, nursing home, or medical facility is not appealing.
- 6. Desire to work - Applicant is interested in working but may not see themselves staying in the healthcare field long term. They see the program as a way to get free training so they can get a job.
- 8. Desire to work in healthcare industry - Although specific area for healthcare career may not be determined, applicant has a personal desire to work closely with patients. They can take orders from doctors, and work professionally with other medical staff. They are aware of the roles and responsibilities for providing direct patient care, as well as being comfortable working in various types of medical facilities. Open to working various shifts as well as overtime.

Schedule Flexibility (Employment)

- 2. No flexibility - Unable or unwilling to work various shifts which may include days, evenings, overnights, weekends, holidays, and overtime. This may be due to health needs, lack of childcare support from family or friends, no personal motivation, or religious beliefs.
- 6. Some flexibility with assistance - May be able to work various shifts at times which may include days, evenings, overnights, weekends, holidays, and overtime. Has a family member or friend that can help

with childcare if aware in advance. May prefer specific shifts due to personal, physical, or religious beliefs but open to picking up additional shifts as able.

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

Work History

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

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

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

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

2 Generational Impact

0. No child in these categories

2. Has at least one child between the ages of 8-15 years old.

4. Has at least one child between the ages of 5-8 years old.

6. Has at least one child under the age of 5 that is not enrolled at CAP Tulsa or Educare.

10. Has at least one child currently enrolled in CAP Tulsa or Educare School or Learning at Home program.

Need for CareerAdvance Program

2. No need for CareerAdvance program-Has means to complete training on own and does not need wrap around services.

6. Low need for CareerAdvance program- Needs at least one supportive element of CareerAdvance to complete training and become employed.

8. Average need for CareerAdvance program-Needs several supportive elements of CareerAdvance to complete training and become employed.

10. High need for CareerAdvance program- Will not be able to complete training and enter employment without paid training and wrap around support services.

Wage Impact

2. Negative wage impact - Applicant will make less in the long term due to participation in program. Program will not positively impact financial stability of applicant or applicant's family.

4. No wage impact - Applicant will see no long term wage impact due to participation in program. Program will not impact financial stability of applicant or applicant's family.

6. Some wage impact - Applicant will see marginal increase in wages due to participation in program. Program will marginally improve financial stability of applicant and applicant's family.

10. Substantial positive wage impact - Applicant will see substantial increase in wages due to participation in program. Program will substantially improve financial stability of applicant and applicant's family. Applicant will move towards financial security due to program.

Coachable

Communication

1. Ineffective communication-Applicant is unable to professionally communicate orally or through written word. The receiver must ask many clarifying questions to communicate well with this person.

3. Some effective communication- Applicant needs some coaching on how to communicate effectively and professionally. They may need help with tone of voice or body language.

5. Effective communication - Applicant is able to effectively communicate information clearly though verbal and written means. May need some coaching on professional communication.

Motivation for Career Success

1. No motivation - Applicant does not have any goals or internal drive. Poor perception of education and has no knowledge of career goal for life. Unwilling to receive helpful information or guidance.

3. Some motivation but needs coaching - Applicant has a reason to attend school. May have a short-term goal but no long-term plan. May have unrealistic goals that will require coaching to develop. Has basic understanding of job duties and training required. May have some concerns about working in the field that can be addressed.

5. Highly motivated - Applicant has a strong drive. Has a personally significant and clearly defined reason to be in school. Has an end goal in mind with a plan to reach goal. Has personal experience related to the field. May have related training to chosen field. No concerns about working in career.

Confidence

1. Low confidence - Demonstrates significant lack of personal self-worth and motivation to overcome situations experienced previously in life. Does not see a brighter future for self or ability to take necessary steps to become successful.

3. Reasonable confidence but may need coaching to improve -Demonstrates personal self-worth and motivation to overcome challenging situations. May have goals but is unsure how to reach them. Needs some coaching to help them overcome obstacles and reach goals.

5. High confidence - Has a great understanding of self and has developed personal motivation to reach goals. Knows they are capable and does not let setbacks overwhelm them in becoming successful. Has an end career goal in mind and values self to achieve that goal.

Participation Engagement

1. Participant does not want to engage in most elements of the program - Applicant does not plan on checking emails, returning phone calls or texts, attend partner meetings, or following up with academic coach on problems that may arise while in program. Does not want to update career Advisor on employment status throughout program or receive assistance in obtaining employment at end of program. This may be due to lack of time or personal motivation. Does not see value in being engaged.

3. Participant is reluctant to engage in a few of the program elements - Applicant plans to check emails return phone calls or texts but shows some reluctance about communicating with staff in a timely manner. Applicant is unsure about the value of a few program elements which could include the cohort approach, research study or coaches. With some coaching this participant could see the value of these program elements.

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

