

# HPOG EVALUATION EXCERPTS



G R O U P i & i

Our evaluation reports are comprehensive, thorough, honest, and rigorous. In this document, we want you to see the components that are standard to every Group i&i evaluation, as well as excerpts from a previous HPOG evaluation for your specific reference.

**As our client, here is what you can expect in an evaluation report:**

- I. Executive Summary:** A high-level overview of the project purpose and outcomes
- II. Project Overview:** A summary of the project's progress to date
- III. Methodology:** An overview of methodology used to assess progress towards stated goals
- IV. Assessment of Outcomes:** Goal-by-goal & outcome-by-outcome report of progress against pre-established performance indicators in the 3 areas signature to our evaluations:
  - Operational Effectiveness:** General operational issues identified and recommendations for enhancement
  - Output Measurement:** Detailed presentation regarding level of activity, with special attention to actual vs. desired outputs
  - Outcomes Assessment:** Analysis and discussion of how this project generated changes in specific goal areas, and to what facilitated these changes.
- V. Postscript:** A concise summary of our findings, with recommendations for future areas of development that can further enhance your organization's impact
- VI. Appendices:** Varies by project. May include:
  - A. List of partnering entities
  - B. Sources of evaluation data and methodology
  - C. Additional data tables
  - D. Survey instruments
  - E. Status of previous recommendations (for returning clients)

The following are excerpts from a previous HPOG evaluation. We hope the below content, specific to your interests, evidences our experience in this field as well as the rigor, detail and thought that goes into our client deliverables.

Our executive summaries concisely frame the project purpose and desired outcomes, achievements to date, practices, and data-informed suggestions for enhancement.

## Executive Summary – HPOG Recipient | Year 3

The HPOG Recipient, a partnership of ten community colleges, one healthcare employer, and ten Workforce Investment Systems (Board and affiliated One-Stop Career Centers), set a very ambitious five-year goal to enroll 5,000 low-income individuals from within the region into healthcare training programs.

The key goal of this program, funded by the U.S. Department of Health & Human Services, Administration for Children and Families, is not to simply train individuals but to place them on a pathway toward securing high-skill, high-wage jobs that foster sustained self-sufficiency.

### Anticipated Outcomes

By October 2015, it is expected that:

- \* 60% (3,000) of enrolled participants will complete training and 30% (1,500) will return for a second training program.
- \* 70% (2,100) of completers will become employed in the healthcare sector.
- \* 70% (1,470) of employed will be retained on the job for 6 months or longer, and 25% (525) will be promoted into positions with higher income and/or responsibility after 18 months of employment.

**Implementation Progress.** Progress in implementing training and related activities during Year 3 was steep and steady. The Consortium has all but caught up with its enrollment projections and recovered from a slow start in Year 1. Systems and procedures put in place during Year 2 have been put to the test and refined...

Preliminary feedback from participants continues to be generally positive, with consistent and genuine expressions of appreciation for the opportunities that this program has afforded them, especially given that healthcare training programs at for-profit training institutions remain cost-prohibitive, but much less so at community colleges. Overall, output indicators have recovered from a slow ramp-up period slump and are much closer to meeting projections.

### Outputs Produced

By October 23, 2013, the Consortium has achieved the following output results:

- 2,288 participants enrolled across 26 distinct healthcare-based training programs.
- A total of 1,002 participants engaged in preparatory or remedial education.
- 1,041 participants completed training (80.6% true completion rate to date); 97% receive vocational degrees or certification, and 37% acquired professional licensure.
- 207 participants unemployed at intake were employed upon completion, 148 of whom employed within healthcare occupations (representing 19% of completers).

Data above are based on records entered into PRS by October 23, 2013, for the first three years of the grant (and 48 entries in Year 3). However, they may differ from data appearing in PPR and PRS reports due to variations in definitions and reporting criteria (see Special Note at the beginning of report).

...The gaping hole in terms of meeting anticipated outcomes is that of formal employer expansion and involvement in the partnership. Here again, the presence of the Workforce Investment Boards on this partnership could be more effectively tapped in terms of employer engagement, and the sustainability issue of post-funding fully deliberated. Nevertheless, the Consortium's accomplishments have been significant and carry clear and steady signs of success. There is little doubt that the Consortium is moving operationally in the right direction.

**Challenges Ahead.** Significant progress aside, the Consortium still faces some of the challenges identified in last year's report: (1) mismatch between proposed vision and training reality for the population served; (2) gap between trainees' work experience and minimum employment requirements; (3) persisting financial challenges faced by trainees employed in low-wage-occupations that might not usher or sustain self-sufficiency...

...It behooves the Consortium to rise above a multi-site training operation and position itself as a leading workforce development entity in this region of the State; the potential to expand its scope beyond programming and reach even beyond its present region remains to be harnessed. An open question stands in the way, however, and the Consortium is urged to answer it:

What value will such a partnership bring to its partner colleges, counties, and employers that they cannot acquire or produce independently? Answering this question compellingly will be challenging, to be sure, but it will make the difference between the Consortium operating as training sites working together or one alliance with shared regional workforce development goals and the capacity to seek funding for them and effectively realize them.

Our experience with HPOG evaluations underscores our strong familiarity with the national Performance Reporting System (PRS) and our proven ability to communicate with, as well as extract and analyze data from this warehouse.

## Methodology

Performance data appearing in this evaluation report were gathered directly from the section of the national Performance Reporting System (PRS) data warehouse...

The evaluators received access to the PRS data from the Urban Institute through a metafile of all fields within the database, representing all Project data entered into the system as of October 23, 2013. This date closely corresponded to the date on which all Project data had to be entered into PRS in preparation of the annual report. Data were then analyzed using standard statistical and filtering tools that led to output tables presented in this report. Such an approach was especially necessary for computing actual performance indicators (e.g., completion rates) considering that key "denominators" required for calculating ratios but not readily available in some

cases through the PRS reports (e.g., number of trainees whose training program had already ended) had to be queried from raw PRS data. This was done toward the objective of measuring the Consortium's progress against its anticipated outcomes in a manner consistent with the stated purposes of the grant application and within the spirit of its training and employment activities.

It should be noted that, in certain instances, these data may differ from those presented in PRS reports and in the automated entries in the Program Performance Report (PPR). Differences in the data can be attributed to single or multiple factors, depending on the data set. Considering that the PRS database is a real-time data source, the same data elements viewed at different points in time may have different values due to new or revised data entered into the database.

It is also important to underscore the fact that the definitions of terms used in this report may differ significantly from those of the nominally similar terms in other reports produced from the same database. As an example, one can define "Employed" to represent only employment of trainees that was reported after completion of an occupational training program, or it could be defined as any instance of employment subsequent to registration in PRS. An analysis of the database using these widely different definitions will, of course, generate different conclusions as to the number of students "Employed."

Finally, it should be noted that the PRS data fields were completed manually at the various sites. Errors and missing data have been identified throughout the data-gathering and analysis process and, in most (perhaps not all) cases, corrected. The accuracy of the analysis is intimately dependent on the accuracy and thoroughness of data entry.

**Thus, in reviewing this report, it is important for the reader to be aware of differences that may exist between the analysis reported herein and other analyses of the same data.**

We concisely qualify progress towards each of your project's goals and then add more detailed explanations and analyses.

# Snapshot Assessment by Goal

The goal-by-goal progress assessment below is a snapshot of a detailed analysis, which follows, of the extent to which the Consortium achieved its milestones.

**GOAL 1:** "Provide TANF and low-income participants with portable skills, competencies, and credentials needed to secure and retain employment in high-demand healthcare occupations."

## **Progress Toward Goal 1: [Steady]**

As described in detail within the sections below on each of the first three milestones, the Consortium is on track for meeting its enrollment targets, has surpassed its vocational training completion targets, and is steadily progressing toward its employment targets. The latter is still of concern; but the operational priorities have evolved over time: members of the Consortium have refined their approach and moved their attention from retention to training to employment, with increased knowledge and greater experience acquired along the way. The Evaluation Team is confident that this goal will be fully met—and perhaps exceeded. ...

**GOAL 3:** "Identify and address critical workforce shortages among employer partners."

## **Progress Toward Goal 3: [Slow with Noted Concerns]**

As was stated in the Year 2 report, the Evaluation Team has not seen formal evidence that colleges have selected and designed their training programs based on employer input and market data...

Outreach to employer representatives continues, and each of the colleges has tapped its strong relations with its local employers, but the Consortium has not yet formalized what is meant by employer partners nor engaged employers as such. Aside from one existing employer partner that receives HPOG funding through the Consortium and conducts its own occupational training, no other employers have yet formally joined the Consortium.

**GOAL 4:** "Formalize relationships among partners by creating a consortium to prepare TANF and other low-income participants for entry into and advancement in the healthcare sector."

## **Progress Toward Goal 4: [Solid]**

The Consortium has reached a point of balanced operational efficiency and effectiveness. The only concerns under Goal 4 are: (1) the point relevant to Goal 3 around employer partners; and (2) the issue relating to what extent the Consortium is operating as a collection of colleges rather than a consortium with a unified vision.

Detailed analyses provide your organization with full access to the data and logic that informed all evaluation conclusions.

## Detailed Analysis by Goal

### SECOND MILESTONE: Completion and Credentialing in Vocational Training

By the end of Year 3, enrolled individuals had completed their training programs at a “true completion” rate of 0.806 (80.6%). Critical to rate computation is the fact that training programs are not set within fixed semesters; they have varying beginning and end dates across the training sites and straddle grant years. In order to compute this rate (or percentage) precisely, two figures are needed:

- (1) the numerator, or total number of unique completers; and
- (2) the base denominator, or total number of enrollees who should have completed by the end of Year 3 (i.e., whose training programs had ended by Year 3).

The following table illustrates the rigor in the adopted analysis that leads to the true completion rate, to be compared with the proposed outcome.

Numerator	Enhanced Denominator (Base) Approaching truest value from left to right				
	Unique Records in PRS by 10/23/13	Enrolled (Receiving services or in training) by 10/23/13	Enrolled in vocational training	Individuals still enrolled in VOC training by 10/23/13(*)	Individuals expected to have completed by 10/23/13(**)
Completers by End of Year 3 (Denominator)	2,866	2,800	2,288	549	1,739
Numerator/ Denominator	48.9%	50.0%	61.2%		80.6%

(\*) “Still enrolled” can also be referred to as “Not yet completed.”

(\*\*) Many trainees are still enrolled in programs that had not come to closure by the end of Year 3 (or upon data capture on 10/23/13, more precisely). Most of these enrollees are expected to complete their training in Year 4 or early in Year 5 if they are pursuing associate’s degrees.



It is important to emphasize, following the note in the table above, that a large number of individuals were still involved in training on the date of data capture (October 23, 2013). To illustrate: 1,240 individuals were enrolled in Year 3 (see total row in Table 3), 698 of whom were in the last two quarters (Table A of Reference D); and a number of these, as well as most of those enrolled in associate's degree programs, were still enrolled and had not yet completed their training. As such, of the 2,866 records in the PRS system, 1,739 records represent the base against which the true to-date completion figure must be computed.

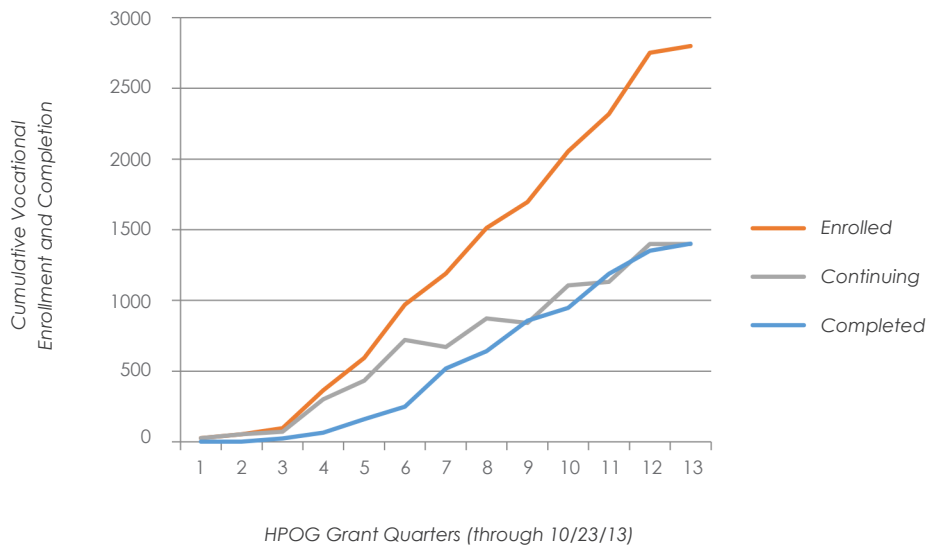
The "true to-date" completion percentage as of the date of data capture stands at 80.6% ( $100 \times 1,401 / 1,739$ ), which significantly surpasses the proposed completion rate of 70%.

## Cohort Analysis

**Completion by Quarter.** A presentation of quarterly cohort enrollment and completion data places this issue, which is not currently captured in any of the PRS reports, in full perspective (Table 9) and prevents erroneous first-impression assessment of completion. [For breakdown by training site, see Tables D1 to D11 in Reference D.]

Table 9. Quarterly Enrollment and Completion (By 10/23/13) – All Years in Grant Years															
Enrolled Quarter	All	Completed Year 1				Completed Year 2				Completed Year 3				Completed Year 4	Completed TO DATE (%)
		1st	2nd	3rd	4th	1st	2nd	3rd	4th	1st	2nd	3rd	4th	1st	
Y1-1st	26	0	0	11	10	0	0	1	0	0	0	0	0	0	22 (85)
2nd	28		0	11	0	3	2	4	2	0	0	0	0	0	22 (79)
3rd	42			2	15	6	0	0	0	0	1	0	0	1	25 (60)
4th	268				15	63	17	34	13	7	3	9	1	1	163 (61)
Y2-1st	229					25	44	78	2	2	3	0	0	2	156 (68)
2nd	376						25	131	37	19	9	10	3	1	235 (63)
3rd	221							22	47	44	7	9	1	1	131 (59)
4th	322								20	127	26	16	6	0	195 (61)
Y3-1st	185									18	35	51	7	0	111 (60)
2nd	357										7	131	66	2	206 (58)
3rd	263											13	50	25	88 (33)
4th	435												31	16	47 (11)
Y4-1st	48													0	0
<b>Total</b>		<b>2,800 (in addition to 66 records without enrollment dates or 2,866)</b>													<b>1,401 (49)</b>

A careful analysis of completion data shows no clear pattern in terms of time duration from enrollment to completion. This is due to the wide variation among programs, e.g., certificates and associate's degrees, and even differing training hours' requirements by college program....Another way to look at the timeline for completion is to plot the cumulative enrollment and completion by quarter. The following chart shows enrollment dynamics of the HPOG cohorts—the middle line showing the difference for effect (note that the difference includes a small percentage of those who were not retained)....



**A Six-Month Retrospective.** A survey was administered (October 14 to November 5, 2013) for individuals who had completed their HPOG training six months prior or earlier. The survey revolved around (1) issues around employment; (2) how HPOG participation improved/affected participants' lives and life outlook; and (3) how participants' attitudes about their ability to sustain financially and other factors have changed through their HPOG participation.

**Fifty-one** HPOG trainees responded. Here are some highlights of the findings:

- HPOG improves confidence and life outlook, but not actual ability to sustain financially:** Most respondents reported that they became more confident, ambitious, and optimistic about life, as well as more interested in working in healthcare, as a result of their HPOG participation. However, confidence in their ability to actually support themselves financially working in healthcare did not improve significantly. This aligns with input received from several participants via phone interviews...
- Job seekers face challenges with job availability and needing experience:** A large percentage of survey respondents (47%) reported that, although they are working, it's not in healthcare. Key challenges they cited in finding healthcare jobs included...

- **Part-time work is often the only option, especially for less-experienced graduates:** Of the 18 survey respondents who are currently employed in healthcare, a large majority (67%) are employed only part-time....A total of 82% of the part-time workers reported that they had never worked in healthcare prior to HPOG...
- **Health pathways do provide hope:** Out of 18 survey respondents who are currently employed in healthcare, 50% (9) see hope for promotion if they can get additional training, while 22% (4) see hope for promotion even without further training.

At Group i&i, we not only look at your output data but also evaluate “the bigger picture” and provide an assessment on your organization’s operational processes and strategies, often linked to success.

## Operational/Program Review Management

**Most college operations are running smoothly, with some colleges experiencing staff turnover and several reporting workload challenges.** College 4 lost its Site Coordinator this past year, and a new Site Coordinator and Job Developer came on board this summer...Workload continues to be a challenge for Site Coordinators and now Job Developers as they juggle placement and 6-month and 18-month tracking of employed HPOG graduates.

**Challenges persist with the TANF population, with basic skills training emerging as key to success.** One-Stop representatives report continued challenges serving TANF clients, a historically hard-to-serve population, but note that providing basic skills training has been a “game-changer.”

**Health pathways approach is developing and appears to be receiving greater focus, but approaches vary, with a goal of multiple certificates not emerging as a clear priority across all colleges.** As referred to earlier, the Consortium leadership developed a helpful chart this past year outlining the pathway options, of which colleges have spoken highly (Reference Section E). Furthermore, many Site Coordinators “push” the concept of pathways with participants from the outset. However, as was the case in the last grant year, the original grant goal of ensuring that 30% of program graduates return for a second training/certificate does not appear to be a clear priority objective across all colleges. This is perhaps due to the need to focus on the two highest priorities of enrollment and employment...

**The Consortium and its funder may be losing the forest for the trees in the drive to meet enrollment targets.** As stated in last year’s report, the Consortium set very ambitious enrollment targets at the outset. Over the course of three years, staff members have reported challenges around the time required for “hand-holding” the grant’s hard-to-serve population while still enrolling even more students. Some colleges are having no problems meeting their enrollment targets, while others are struggling to keep up. There has been some concern expressed that the drive to meet enrollment numbers could be impeding colleges’ ability to actually get appropriate people through the program and employed. The impact study, with its requirement to recruit additional individuals for a control group, may be further exacerbating this issue. Furthermore, some report continued concern that if the colleges provide HPOG support for books and services for existing students, those students will be “counting” as HPOG participants—which seems contrary to the original “expansive” intent of the grant.

**Impact study generating a range of reactions across the Consortium, with some partners on board and others—especially rural colleges—voicing mild to serious concern.** Some colleges have raised no concerns about the impact study and see it working smoothly; however, other colleges and some One-Stop representatives have voiced serious concerns ranging from the potential negative impact on meeting enrollment targets to ethical concerns....further community building around this issue may still be needed.

Our team consists of associates with expertise spanning a wide range of evaluation methodologies—from expertise in the most sophisticated statistical analyses to rigorous survey design to advanced group facilitation and interview skills.

## Appendix A: Sources of Evaluation Data and Methodology

*Methods.* Observations presented in this report are a synthesis of data and information gathered throughout Year 3 (and prior) of the grant by members of the Evaluation Team through a number of activities and from a variety of resources. These include:

Detailed **review of documents**, including grant program guidelines, initial application, 120-day work plans, interim PPR reports, promotional materials, website content, One-Stop referral forms, course lists and curricula, staff job descriptions, and résumés, among others. [Some of these materials were reviewed prior to Year 3 but remain pertinent as background materials.]

**Labor market research** within New Jersey relevant to the programs offered or planned by the Consortium, a review of similar academic program offerings in the region and the type of certification and accreditation available.

Careful **occupational review** for every program offered by the Consortium through the U.S. Bureau of Labor Statistics' resources regarding academic scope, professional context, and prospect for advancement.

Numerous **individual conversations** with the Consortium leadership and manager; as well as select grants directors at the colleges; College Site Coordinators and job developers; and One-Stop Operators and Coordinators.

**Attendance and participation** at the Consortium's 2012–2013 summits.

Listening/logging in to a few **webinars** conducted by ACF or the Urban Institute.

Attendance at **technical seminars** with JBS International and a number of random-assignment-related presentations by Urban Institute/Abt Associates.

**Observations** of select organizational Site Coordinators' meetings.

**Several discussions** with the PRS manager and data coordinators.

Extensive **PRS data** captures, reviews, cross-tabulations, and analyses quarterly and at various multiple junctions throughout the year.

**Individual interviews** in August/September 2013 with: (1) all ten Site Coordinators, one college program director, and one college job developer; (2) one program liaison (at a large partner employer); (3) select One-Stop Liaisons; and (4) a handful of employers (30 interviews; see table below).

**An extensive participant survey** (online and in print), administered in Grant Year 3, which analyzed responses from 198 participants across the colleges.

**A survey of completers** (online), administered in late summer 2013, which allowed for the analysis of 57 responses (with special incentives for three randomly selected respondents, provided by the Evaluation Team and with prior approval by ACF).

**In-depth interviews** with 10 participants who completed the training (with special incentives for each participant provided by the Evaluation Team and with prior approval by ACF).

To help tell your story, we also like to include the voices of those whom your project is impacting.

## Appendix B: Ten stories from program participants

Following are the stories of ten Consortium program graduates.

Three of the ten completed their training programs between one and six months ago, while seven completed their health training programs six months ago or previously. These stories reflect the wide diversity of the HPOG graduates, their life paths, and the ways in which the HPOG program is impacting their lives.

## A First-Generation Immigrant Pursues a Long-Held Dream

### Luis, Licensed Practical Nurse (LPN)

Fifty-one-year-old Luis came to the United States from the Dominican Republic in the 1980s to seek better financial opportunities. Although neither of his parents attended college, Luis chose to pursue a bachelor's degree in international economics at Fordham University in the Bronx. He did well and completed his degree, but when the economy suffered during the '90s, he struggled to find a job that paid well. Still, Luis and his wife always managed to make ends meet without government support and eventually moved to Weehawken, where they raised two sons who excelled in school and earned academic scholarships—one to Montclair State University, where he is studying psychology, and the other to Fairleigh Dickinson University to study film.

In the mid-1990s, Luis's best friend, who is a nurse in Florida, suggested Luis pursue nursing, telling him he would love the field. Excited about the prospect of becoming a nurse, Luis eventually started a nursing program and did well and received good grades until he hit a difficult exam that many students, including him, failed, causing him to fail his first semester. He was told it would be a year before he could start another program, which put him in a bad spot financially. Still he persevered, doing Spanish-English translation at a hospital, while also working for \$10.50 per hour as a security guard at a bank, until one day "out of the blue" [he heard about] HPOG. When he discovered he was eligible for the program, he was "extremely excited" and signed up for an LPN program, which he completed in 18 months. Unfortunately, the state licensing exam was not available for him to take until over 6 months after he completed his program; however, in July 2013, he sat for his licensure exam and passed, finally receiving his license in August. Luis is now in his second month of searching for an LPN position.

Luis's passion is working with elderly patients. His long-term dream is to earn a full RN, practice nursing for seven or eight years, and eventually teach nursing. Although Luis is still searching for an LPN position, he has decided to pursue his RN even sooner than he had initially planned and intends to speak to the college about his options in the next week. He is confident he will find the right program... If he secures work as an LPN, he expects to earn around \$20 per hour, which he thinks will allow him to finance his RN studies without grant support. After almost a decade of holding the dream to enter the nursing field, Luis is now well on his way.

Many of our clients involve us in evaluating multi-year projects. This allows our investment with you to be longitudinal – we’re invested in your long term success!

## Appendix C: Status of Year-1 and Year-2 Recommendations

Following is a review of recommendations made by the Evaluation Team in the October 2011 and January 2013 final annual reports, and status of these recommendations.

Earlier Recommendations		Status
<b>Tier 1 (recommended action in 30 days)</b>		
Overall operation	<p><b>Y2</b></p> <ul style="list-style-type: none"> <li>✓ Inspire a clear focus on goals and data</li> <li>✓ Establish a high-level steering committee</li> </ul> <p><b>Y1</b></p> <ul style="list-style-type: none"> <li>✓ Clarify roles/responsibilities of staff and partnering entities</li> <li>✓ Formalize organizational structure</li> <li>✓ Finalize and publish operational policies</li> </ul>	<p>Complete across the board</p> <p>(A greater focus by management on data-driven decision-making has been observed)</p>
Career Planning & Job Placement	<p><b>Y2</b></p> <ul style="list-style-type: none"> <li>✗ Define “employer partner”</li> <li>✗ Increase effort to get new employer partners on board</li> </ul> <p><b>Y1</b></p> <ul style="list-style-type: none"> <li>✓ Develop an effective employment-tracking and reporting system</li> </ul>	<p>Partnership by employers has not yet been formalized</p> <p>On track: Management purchased Salesforce.com database and services</p>



Earlier Recommendations	Status
<b>Tier 1 (recommended action in 30 days)</b>	
Recruitment	<p><b>Y2</b></p> <ul style="list-style-type: none"> <li>✘ Explore the need to establish a standard definition of enrollment</li> <li>✘ Reassess the 4,000-incumbent-worker enrollment target</li> <li>✘ Clarify the number target and "profile" of TANF enrollees</li> </ul> <p><b>Y1</b></p> <ul style="list-style-type: none"> <li>✔ Finalize/communicate the low-income definition for program eligibility</li> </ul>
Curriculum	<p><b>Y2</b></p> <ul style="list-style-type: none"> <li>✔ Develop a policy for providing HPOG graduates with subsequent training</li> <li>✔ Establish a career pathways roadmap</li> </ul> <p><b>Y1</b></p> <ul style="list-style-type: none"> <li>✘ Facilitate joint academic planning</li> </ul>
Data Collection	<p><b>Y2</b></p> <ul style="list-style-type: none"> <li>✔ Reassess One-Stops' role in data collection</li> <li>✔ Develop a plan for tracking employment outcomes beyond Unemployment Insurance data</li> </ul> <p><b>Y1</b></p> <ul style="list-style-type: none"> <li>✔ Establish a compliance system for national data-reporting requirements</li> </ul>

Tier 2 – Suggested for full consideration in Q1 Y2		
Overall operation	<p><b>Y2</b></p> <ul style="list-style-type: none"> <li>✓ Conduct a financial, staffing, and job-placement audit of each training site</li> <li>✓ Strengthen a sense of community and team spirit among Site Coordinators</li> <li>✓ Clearly identify roles and responsibilities of Co-Directors</li> <li>✓ Involve Site Coordinators in staffing decisions</li> </ul> <p><b>Y1</b></p> <ul style="list-style-type: none"> <li>N/A Produce a web-based procedures manual</li> <li>✗ Update/improve the Consortium website</li> <li>✓ Facilitate the sharing of "good practices" as common practice</li> </ul>	Tangible, steady progress on all fronts, but website still needs improvement
Career Planning & Job Placement	<p><b>Y2</b></p> <ul style="list-style-type: none"> <li>✗ Launch a "Work in Healthcare" Campaign</li> <li>✗ Periodically gauge the labor market "pulse"</li> </ul> <p><b>Y1</b></p> <ul style="list-style-type: none"> <li>✗ Request that employer liaisons include HR representation and experience</li> <li>✓ Hold a "Job Placement" summit</li> <li>✗ Explore offering a work-study program to TANF participants</li> </ul>	Minimal progress. Informal efforts made to explore apprenticeships, connections with Jobs4Jersey
Recruitment	<p><b>Y2</b></p> <ul style="list-style-type: none"> <li>✗ Consider providing motivational workshops to TANF participants</li> </ul> <p><b>Y1</b></p> <ul style="list-style-type: none"> <li>✓ Project new enrollment targets for the remainder of the grant</li> <li>✓ Consider a "two-track" enrollment/referral process</li> <li>✓ Develop a joint college/One-Stop review process</li> <li>✓ Ensure criminal background compliance where appropriate</li> <li>✓ Adopt standard language (start a healthcare career) for marketing purposes</li> </ul>	Significant progress  (Projections are being made; still attempting to meet initial target figures. Recruitment process improved substantially, and colleges reached a higher level of independence.)

Tier 2 – Suggested for full consideration in Q1 Y2		
Curriculum	<p><b>Y2</b> None</p> <p><b>Y1</b>  <ul style="list-style-type: none"> <li>✔ Develop health professions pathways</li> <li>✘ Institute workforce needs-assessment reviews (with employer input)</li> </ul> </p>	<p>Career maps done; not clear how they are disseminated</p> <p>No workforce needs-assessment review yet</p>
Data Collection	<p><b>Y2</b>  <ul style="list-style-type: none"> <li>✔ Consider utilizing social media to stay connected with participants</li> <li>✔ Revisit having participants commit in writing to providing employment information</li> </ul> </p> <p><b>Y1</b>  <ul style="list-style-type: none"> <li>✔ Establish data collection schedule and task list</li> <li>✔ Brief all One-Stops on their data-collection requirements</li> </ul> </p>	<p>Attempted</p> <p>Complete</p>
<p>✔ : Complete    ✔ : Nearly Complete    ✘ : Not Complete</p>		

**Reference Section G. Snapshot Table of Enrollment/Completion/Still-Enrolled Data by Vocational Program and Training Site – Through 10/23/13**

(In each cluster, left to right: Enrollment, Completion, Still Enrolled)

VOC Program [Enrolled/Completed/Still Enrolled]	TOTALS	College1	College 2	College 3	College 4	College 5	College 6	College 7	College 8	College 9	College 10	Other Site
Medical and Health Managers (11-9111)	6 0 6	0 0 0	0 0 0	0 0 0	6 0 6	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0
Substance Abuse and Behavioral Disorders Counselors (21-1011)	6 0 6	5 0 5	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	1 0 1	0 0 0	0 0 0	0 0 0	0 0 0
Respiratory Therapists (29-1126)	9 0 8	8 0 8	0 0 0	0 0 0	0 0 0	1 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0
Registered Nurses (29-1140)	66 5 50	31 0 31	4 1 2	0 0 0	22 0 16	9 4 1	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0
Dental Hygienists (29-2021)	34 4 29	34 4 29	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0
Cardiovascular Technologists and Technicians (29-2031)	86 65 15	23 22 1	13 9 1	9 2 7	0 0 0	0 0 0	8 7 0	6 6 0	16 15 0	3 3 0	8 1 6	0 0 0
Diagnostic Medical Sonographers (29-2032)	12 0 12	7 0 7	5 0 5	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0
Radiologic Technologists and Technicians (29-2034)	12 0 12	12 0 12	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0
Emergency Medical Technicians and Paramedics (29-2041)	122 72 19	0 0 0	0 0 0	0 0 0	6 1 3	0 0 0	0 0 0	0 0 0	105 63 16	0 0 0	11 8 0	0 0 0
Pharmacy Technicians (29-2052)	206 129 45	10 7 3	32 14 13	51 38 7	0 0 0	0 0 0	29 19 2	11 7 1	38 16 18	0 0 0	22 17 1	13 11 0
Respiratory Therapy Technicians (29-2054) [*]	3 0 2	3 0 2	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0
Surgical Technologists (29-2055)	9 2 6	7 1 5	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	2 1 1	0 0 0	0 0 0
Licensed Practical and Licensed Vocational Nurses (29-2061)	144 49 54	0 0 0	0 0 0	0 0 0	23 2 11	2 2 0	0 0 0	2 1 1	0 0 0	0 0 0	117 44 42	0 0 0
Medical Records and Health Information Technicians (29-2071)	132 84 26	0 0 0	17 11 2	11 8 1	0 0 0	1 1 0	32 24 6	16 14 2	0 0 0	14 6 8	41 20 7	0 0 0
Health Technologists and Technicians (29-2099)	6 3 3	0 0 0	6 3 3	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0
Home Health Aides (31-1011)	152 118 21	31 27 2	34 30 0	51 31 15	0 0 0	0 0 0	0 0 0	1 1 0	0 0 0	35 29 4	0 0 0	0 0 0
Nursing Assistants (31-1014)	516 392 68	76 56 14	75 53 10	105 77 3	47 19 24	40 39 0	0 0 0	53 49 4	0 0 0	68 59 4	0 0 0	52 40 9
Patient Care Technicians (31-1016)	130 93 15	25 17 5	37 29 5	47 32 4	0 0 0	3 3 0	0 0 0	0 0 0	0 0 0	0 0 0	18 12 1	0 0 0
Physical Therapist Assistants (31-2021)	12 8 2	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	12 8 2	0 0 0
Physical Therapist Aides (31-2022)	4 4 0	0 0 0	0 0 0	0 0 0	0 0 0	4 4 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0
Massage Therapists (31-9011)	10 4 4	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	10 4 4
Dental Assistants (31-9099)	145 27 10	0 0 0	25 17 5	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	103 0 0	0 0 0	0 0 0	17 10 5
Medical Assistants (31-9092)	301 229 95	9 2 7	12 5 5	87 66 4	23 0 13	0 0 0	77 32 22	23 15 6	0 75 20	10 7 1	25 7 6	35 20 11
Medical Equipment Preparers (31-9093)	3 2 1	3 2 1	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0
Medical Transcriptionists (31-9094)	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0
Phlebotomists (31-9097)	122 87 28	22 20 1	2 0 1	0 0 0	0 0 0	0 0 0	34 18 14	7 6 0	0 0 0	25 22 2	13 12 0	19 9 10
Medical Secretaries/Physician Office Specialists (43-6013)	40 24 12	7 2 5	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	33 22 7	0 0 0	0 0 0
<b>Totals (Enrolled   Completed   Still Enrolled) As of 10/23/13</b>	<b>2,288 1,401 549</b>	<b>313 160 138</b>	<b>262 172 52</b>	<b>361 254 41</b>	<b>127 22 73</b>	<b>60 53 1</b>	<b>180 100 44</b>	<b>120 99 15</b>	<b>262 169 54</b>	<b>190 149 27</b>	<b>267 129 65</b>	<b>146 94 39</b>
	<b>TOTALS</b>	<b>College 1</b>	<b>College 2</b>	<b>College 3</b>	<b>College 4</b>	<b>College 5</b>	<b>College 6</b>	<b>College 7</b>	<b>College 8</b>	<b>College 9</b>	<b>College 10</b>	<b>Other Site</b>

(\*) Owing to PRS data-entry error, the enrollment figure for Respiratory Therapy Technician training (29-2054) is inaccurate. There was no enrollment in this training program at College 1. Among the three individuals listed, two were in Respiratory Therapy and one in patient Care Technician training.



G R O U P i & i

Group i&i Consultancy | [www.Groupi-i.com](http://www.Groupi-i.com)

626 Chestnut Street, Union, NJ 07083

*t.* 908.258.0043 *f.* 908.845.0222 *e.* [info@groupi-i.com](mailto:info@groupi-i.com)

*This is copyrighted material. Please request permission for use or adaptation ([info@Groupi-i.com](mailto:info@Groupi-i.com)).*