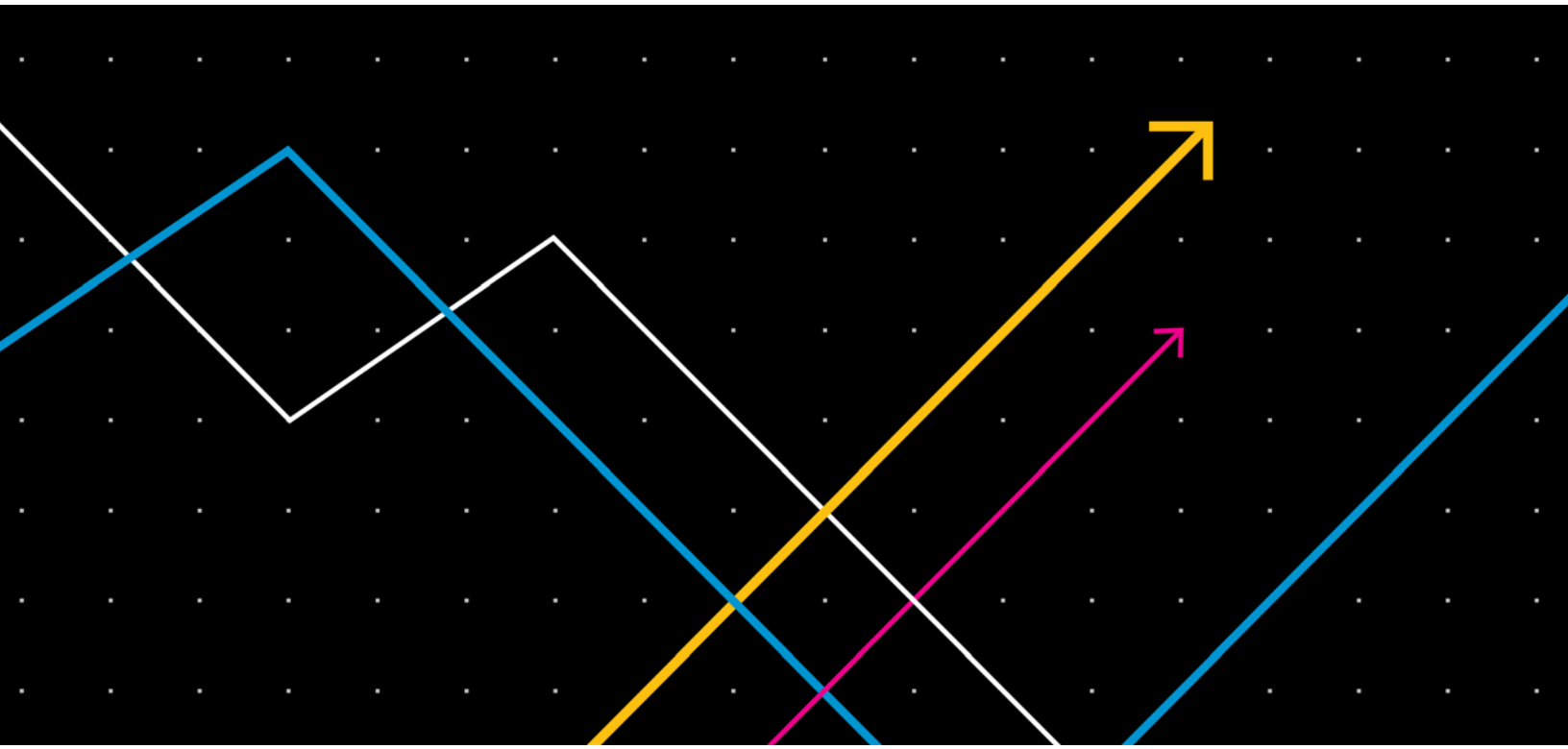

RESEARCH REPORT

Opportunities Youth Demonstration and Evaluation

Implementation Evaluation: Findings from Pilot Sites in Baltimore and Boston

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Executive Summary

Between the critical ages of 16 and 24, many low-income youth are at risk of becoming disconnected from school and the labor market.[1] Previous research suggests that more than 30 percent of high school dropouts in this age range are unemployed, partly because they lack postsecondary credentials, labor market experience, and other forms of human capital. Low-income and minority youth who obtain a high school degree and enroll in college are less likely than their peers to complete their degree, often lacking the guidance and resources needed to succeed in postsecondary education. Interventions that improve academic outcomes or connect youth with the labor market could potentially improve outcomes for these "opportunity youth." However, many such programs have been shown to be ineffective in improving long-term employment outcomes.

The US Department of Labor (DOL) funded the Opportunities Youth (Opportunities) project to develop, pilot, and evaluate innovative interventions that aim to improve long-term employment outcomes for opportunity youth or those at risk of being disconnected from education or the labor market. The project defines opportunity youth as young people between the ages of 18 and 24 who are not in school, are at risk of dropping out of school, or are unemployed.

Opportunities Project Overview

The Opportunities project, led by the Urban Institute and its partners, developed, piloted, and evaluated programs for opportunity youth in Baltimore and Boston. The goal was to determine whether the pilot programs could be successfully implemented, whether they could be replicated in new communities or expanded within the pilot sites, and whether they were effective at moving youth toward long-term, well-paid employment.

Pilot site program development occurred in three phases:

- **Conceptual and development phase (July 2012 to December 2014).** The evaluation team reviewed research evidence about the effectiveness of programs for opportunity youth. We also met with a number of researchers, practitioners, and federal agency experts to identify key components of programs that showed promise. Based on this knowledge, the

evaluation team then worked with the two pilot sites in Baltimore and Boston to develop a program model for these cities.

- **Formative phase (December 2014 to July 2015).** The evaluation team collected data about pilot program implementation through regular phone calls, two site visits, and analysis of program data. We used this data to provide real-time feedback to sites and inform improvements on elements of the program that were not working well. A report summarizing these findings and changes made to the programs was submitted to DOL in September 2015.
- **Implementation phase (December 2014 to February 2016).** This phase, which overlapped with and extended beyond the formative phase, included hiring program staff, recruiting program participants, providing services to participants, and tracking their short-term outcomes.

This report details findings of our study of the implementation phase of the two pilot programs. In 2014, the team developed a data system to support the evaluation called Opportunity Youth Tracking and Information System (OTIS) that collected program data throughout implementation.

Key Components of Promising Programs

Based on a review of the evidence and the feedback of an expert panel, the team identified three key features of promising programs for opportunity youth:[2]

- A **caring adult** to assist students in overcoming barriers to program participation, to provide guidance in setting academic and employment goals, and to provide connections to the labor market.
- Opportunities for **education and job training** that lead to degrees and certifications.
- **Contextualized learning**, in which basic academic skills, general workplace skills, and specific technical job skills are presented in a classroom context that provides job training.

Pilot Programs

DOL and the evaluation team selected Baltimore and Boston as pilot sites to develop programs incorporating these key components. These sites were chosen because of the city governments' previous innovation and success in serving youth, their well-integrated systems of youth programs, their large populations of disconnected youth, and their willingness to participate. DOL provided funding to develop and implement the program.

Through multiple discussions with the Baltimore Mayor's Office of Employment Development (MOED) and the Boston Mayor's Office of Workforce Development (formerly the Office of Jobs and Community Services), we identified gaps in services for opportunity youth. The pilot sites developed models for the pilot programs, incorporating the key program components, to fill these gaps.

Both pilot programs partnered with a local community college to provide education and job training services to help participants earn degrees and certifications. They used the caring adult model to support students and provide guidance in learning life skills and soft skills, to help them navigate education and training services, to refer them to support services, and to connect them with employers. The pilot program in Baltimore also incorporated contextualized learning, as program staff was able to participate in developing the academic course structure. Baltimore's program integrated general educational development (GED) courses and basic workplace skills along with specialized training for employment certifications and credentials.

The program in Boston, Getting Connected, began in January 2015 and ended in December 2015. The program in Baltimore, C4, began in January 2015 and ended in February 2016.

2M Research Services was hired by DOL to develop a toolkit for these pilot programs and train program staff on its use. The toolkit included planning documents for setting goals and overcoming barriers to program participation, reminder text messages for key events and deadlines, and text messages focused on creating positive social norms among program participants. These tools were developed based on 2M's review of behavioral economics research to identify relatively low-cost tweaks that may increase the effectiveness of programs.

Key Findings from the Implementation Study

This report describes the recruitment of program participants, their characteristics, the services they received, and their short-term academic and employment outcomes based on data collected during the

implementation phase. We also describe contextual factors in Baltimore and Boston that helped or hindered implementation.

Baltimore

Baltimore's pilot program recruited 25 opportunity youth who did not have high school degrees, were between the ages of 18 and 24, and were interested in a career in health care or a medical field. Over the 60-week course, Baltimore students received GED courses and additional GED tutoring. They also took courses and could receive certifications in medical terminology, electrocardiogram, venipuncture, and as certified nursing assistants (CNA). The students received an average of 498 hours of classes over the course of the program. They also completed clinical rotations in venipuncture and CNA. The program provided limited financial support ($25 per week during the school year and $8.25 per hour in class during the summer) to help address economic needs and bus passes to attend classes. Students met with the caring adult one-on-one and in groups for an average of one hour per student per week.

Twenty students completed the full course of classes: three were asked to leave because of excessive absences and behavioral issues and two dropped out. As of April 19, 2016, all 20 students had received their medical terminology and electrocardiogram certification, 15 had completed their GEDs, 15 had received their CNA certification, and 14 had received their venipuncture certification. Eleven students completed their CNA clinical rotations, but only one completed the venipuncture clinical rotation because of scheduling problems with the lab and lack of transportation. To date, six students completed their geriatric nursing assistant (GNA) state board exam. Students are continuing to pursue their GEDs, clinical rotations, and GNA state boards, and are being supported by the caring adult, who was retained by MOED after the C4 program ended. They are also receiving GED tutoring through Baltimore's YO! Center, a community center run by MOED.

Participants also received job placement assistance from the caring adult. As of April 19, 2016, four students have found full-time employment as a CNA or GNA, one is continuing her education in postsecondary training, and five have found full- or part-time work in another industry. The caring adult continues to work with students to help them find employment.

Boston

Boston's Getting Connected pilot program was located on the campus of Bunker Hill Community College (BHCC), which offers associate's degrees to over 14,000 students and prepares them to transfer to a four-year college. Graduation and transfer rates from Massachusetts' community colleges that result in bachelor's degrees are lower than the national average. The intervention was designed for student's ages 18 to 24 that were already enrolled in community college and had completed most of their developmental coursework (9–40 credits) but were at risk of dropping out of school and becoming disconnected.

Two cohorts of students were enrolled in Getting Connected. The first cohort of 75 students participated in the program for 11 months, and a second cohort of 50 students participated for 4 months.[3] The program provided caring adults (two career navigators and one employment specialist) to help students clarify career and academic goals, identify obstacles to completing their education, provide life skills education and referrals to supportive services, assist in the transfer process to four-year colleges, and assist in job placement to aid the transition from community college to the workforce.

Student participation varied depending on their needs and motivation. No students officially dropped out of the program, and caring adults continued to initiate contact if participants did not schedule meetings with them. Fifteen percent of the participants received less than one hour of services over the course of the program, 38 percent received between one and five hours of program services, and 46 percent received more than five hours. The most common activity (79 percent) was one-on-one meetings with a caring adult.

From the participants' and caring adults' perspective, the program was limited by a lack of full integration of BHCC systems. Caring adults were not trained to provide academic counseling and were not able to assist participants in scheduling their courses. These tasks were assigned to academic advisors hired by the community college. There was also little contact between professors and the career navigators, which limited the navigators' ability to identify and address academic problems early. At the conclusion of the pilot program, both career navigators were hired by BHCC to continue providing support for students. Their responsibilities were expanded to include academic counseling to better integrate these two systems.

By the end of the program, participants were, on average, 10 credits closer to completing their chosen degree. In June 2016, we received administrative data from BHCC, which we used to determine the retention, graduation, and transfer rates of students in the program.

Key Implementation Findings

The programs grew out of one conceptual approach but were shaped by the contexts in which they were implemented and the populations they served. Both programs depended on connections to the larger systems in which they were implemented. Thus, the two pilot sites diverged in their focus, their recruitment strategies, and the services they offered. A key commonality between the programs, however, was the importance of the relationship between the students and the caring adults.

Both programs were nested within larger systems of resources, which helped students access a range of services they needed. The Boston program was located at BHCC, which provides academic counseling, mental health services, financial aid assistance, and support services for students. The Baltimore program was connected to the city's YO! Centers, which provide GED tutoring and other support services. Most participants were YO! members and primarily relied on the YO! Center for GED tutoring, though tutoring was also offered at Baltimore City Community College (BCCC).

Strong partnerships between community colleges and workforce development systems led to quick start-up and fully implemented programs. Identifying gaps in services ensured the pilot programs did not overlap with other programs. Both the Baltimore and Boston program staff had many years of experience collaborating between the community colleges and the mayors' offices. Program staff stated that these programs would not have been implemented in a timely manner without these long-term partnerships already in place.

Programs were shaped by student needs and the different contexts within the cities. Though the programs were generated from a similar conceptual model, they served students with different needs, and the programs were designed to reflect the intensity of those needs. The Baltimore program provided an intensive academic and support intervention for a relatively small number of students who faced large obstacles to completing the training. Boston's program provided less intensive services to a larger number of students who faced fewer—though still serious—academic obstacles.

Both pilot sites were able to reach modified recruitment goals, demonstrating a need for the programs in these cities. Both programs modified their strategies after the initial stages of recruitment. The Baltimore program lowered the required math score on the Test of Adult Basic Education from a ninth grade to a seventh grade level to ensure they had enough eligible candidates. The Boston program lowered its minimum number of required credits for eligibility.

Programs made a trade-offs between selectivity during recruitment, size of the program, and participation levels in the program. The Baltimore program's rigorous screenings to assess the

motivations of applicants may have contributed to its completion rate: 80 percent for a 60-week intensive academic program. Boston's program was open to anyone who expressed interest. About half (53 percent) of participants received five or fewer hours of service.

The programs were different, but caring adults were the linchpin of both. Caring adults in both programs had high levels of experience working with the target populations. Caring adults were based at the community college where students received classes despite being employees of the mayor's office, increasing their availability to students. Caring adults focused on helping students navigate the larger community college system. In Baltimore, the caring adult was instrumental in getting the initial GED instructors replaced when students were unhappy with their classroom management and teaching skills. In Boston, caring adults were less able to directly negotiate with professors or academic counselors.

The integration of caring adults into pilot programs was successful according to both students and staff. Students in both sites praised each program and felt the caring adults had helped them meet their academic and career goals. Both pilot sites retained their caring adults after program funding ended to continue their work.

Pilot sites aimed to connect opportunity youth to long-term employment by charting a clear course through their academic path and connecting them with employers in their field. Because the Baltimore program focused on one industry, health care, the pathway from enrollment to employment was more direct. The Boston program focused on improving academic outcomes for students in a range of fields by identifying students' career goals and ensuring they received the education needed to meet those goals. A caring adult focused on identifying relevant career opportunities for students and connecting them with employers.

Connections with employers took time and effort to build and were dependent on identifying skilled students that were a good fit for employers. To keep employers engaged with the programs, caring adults in both cities said they had to ensure that the candidates they referred to employers had the skills that employers needed. For caring adults to recommend participants to employers, they first needed to ascertain the skills participants had acquired through their coursework. According to the caring adults, it may benefit participants to provide employment placement services for a longer period of time after coursework is completed.

Conclusion

The goal of this demonstration and evaluation project is to determine whether these pilot programs can be successfully implemented, whether expansion within these sites and to other sites is feasible, whether these programs show promise for improving outcomes, and whether a rigorous evaluation of such programs could be implemented.

The study to date has demonstrated that the services identified in the two pilot program models, based on promising program components gleaned from the research literature, were provided to participants. Implementing the program models was dependent on existing partnerships between each site's mayor's office for workforce development and selected community college. Both sites demonstrated a need among the target population for the program, insofar as they met their modified recruitment goals. Qualifications had to be modified to ensure enough students were enrolled. However, both pilot programs were relatively small, and we do not know if they could be successfully expanded. Program staff in both sites said based on their experience with the pilot programs, they supported expansion of the programs and believed they had the necessary systems in place to support expansion. Hiring caring adults with strong prior experience was important to the successful implementation of both programs. The employment aspect of the program focused on building relationships with employers. This took longer than other aspects of the program, and was only being fully realized near the end of each program.

To determine whether these programs show promise in changing outcomes for opportunity youth, the next step is a descriptive and evaluative assessment of the short-term academic and employment outcomes for students in each program. In August 2016, the evaluation team completed an evaluation report with more detail about these outcomes. In Boston, we compared students who were randomly assigned to receive an offer to enroll in the Getting Connected program with a comparison group of students who met the eligibility criteria but were randomly assigned to not be offered enrollment. In Baltimore, we provided longer-term employment information gathered in a follow-up survey of all students who enrolled in the program. We provided information, where available, about completion rates of students in similar GED programs offered in Baltimore for context on the completion rate of this program. We collected follow-up data on academic and employment outcome from participants in June 2016 for the evaluation report.

Introduction

Between the critical ages of 16 and 24, many low-income youth are at-risk of becoming disconnected from school and the labor market (Scott and Koball 2015). More than 30 percent of high school dropouts in this age range are unemployed,[4] partially because they lack postsecondary credentials, labor market experience, or other forms of human capital (Koball et al. 2011). Low-income and minority youth who obtain a high school degree and enroll in college are less likely than their peers to complete their degree, often lacking the guidance and resources needed to succeed in postsecondary education (Bowen, Chingos, and McPherson 2009). Consequently, interventions that improve academic outcomes or connect youth with the labor market could potentially improve the long-term economic outcomes of these opportunity youth. However, many such programs have been shown to be ineffective in improving long-term employment outcomes (US Department of Labor et al. 2014).

The US Department of Labor (DOL) funded the Opportunities Youth (Opportunities) project to develop, pilot, and evaluate innovative interventions to improve long-term employment outcomes for opportunity youth or those at risk of being disconnected from education or the labor market. The project defines opportunity youth as young people between the ages of 18 and 24 who are not currently in school, are at risk of dropping out of school, or are unemployed.

The Opportunities project developed, piloted, and evaluated programs in Baltimore and Boston. The goal was to determine whether the pilot programs could be successfully implemented, whether they could be replicated in new communities or expanded within the pilot sites, and whether they were effective at moving youth toward long-term, well-paid employment. The Urban Institute and its partners led the development, pilot, and evaluation activities for the project.

The pilot site program development occurred in three phases: a conceptual and development phase, a formative phase, and an implementation phase:

- **Conceptual and development phase (July 2012 to December 2014).** The evaluation team reviewed research evidence about the effectiveness of programs for opportunity youth. We also met with a number of researchers, practitioners, and federal agency experts to identify key components of programs that showed promise. Based on this knowledge, the evaluation team then worked with the two pilot sites in Baltimore and Boston to develop a program model for these cities.

- **Formative phase (December 2014 to July 2015).** The evaluation team collected data about pilot program implementation through regular phone calls, two site visits, and analysis of program data. We used this data to provide real-time feedback to sites and inform improvements on elements of the program that were not working well. A report summarizing these findings and changes made to the programs was submitted to DOL in September 2015.
- **Implementation phase (December 2014 to February 2016).** This phase, which overlapped with and extended beyond the formative phase, included hiring program staff, recruiting program participants, providing services to participants, and tracking their short-term outcomes.

This report details our findings on the implementation phase of the two pilot programs.

Program Model Development

Development of the program models took place from July 2012 to December 2014. The project team began with a review of the literature to identify **key components of effective programs**. We then **selected two pilot sites** to take this conceptual information and develop a program model for disconnected youth that also filled gaps in their current youth services. The pilot sites **developed program models** for implementation in their cities.

Key Components of Promising Programs

The evaluation team reviewed evidence about programs for disconnected youth to identify effective practices to incorporate into the pilot programs. The team searched clearinghouses, databases, and the broader literature for rigorous evaluations of programs intended to improve employment outcomes for disconnected youth. We summarized this information in a memo submitted to DOL in January 2013 that described characteristics of promising programs. In May 2013, we held a technical work group meeting with experts to discuss the key features of these programs and how to improve them. Appendix A provides the names of the technical work group members.

Based on our review and the feedback of an expert panel, the team identified three key features of promising programs for opportunity youth:[5]

- A **caring adult** to assist youth in overcoming barriers to program participation, to provide guidance in setting academic and employment goals, and to provide connections to the labor market.
- Opportunities for **education and job training** that lead to degrees and certifications.
- **Contextualized learning**, in which basic academic skills, general workplace skills, and specific technical job skills are presented in a classroom context that provides job training.

The technical workgroup also recommended that pilot sites integrate low-cost tweaks, based on behavioral economics research, intended to improve program participation and retention. DOL contracted with 2M Research Services to develop a toolkit from which behavioral interventions could be implemented in program sites. The toolkit drew from research with several findings relevant to program implementation:

- Sending message reminders of key events in a program increases participation in program activities (Castleman and Page 2014)
- Creating positive social norms by highlighting similar students' achievements toward a desired goal improves outcomes (Castleman et al. 2014)
- Writing down specific steps toward a goal increases the likelihood of achieving that goal (York and Loeb 2014).

The toolkit included text message reminders of key program events, text messages that described goals reached by other students to create positive social norms, and a planning document that required students to identify a specific goal and the steps needed to achieve it. Additionally, the technical workgroup recommended that the caring adults assess students' GRIT (guts, resolve, instincts, and toughness), which Duckworth and colleagues (2007) demonstrate is an important component of educational persistence, through a survey administered upon entry to the program.

Selection of Pilot Sites

DOL and the evaluation team selected Baltimore and Boston as pilot sites to develop programs incorporating the three key components for serving opportunity youth. These sites were chosen because of the city governments' previous innovation and success in serving youth, their well-integrated systems of youth programs, their large populations of disconnected youth, and their willingness to participate.[6] DOL provided funding to develop and implement the program.

Through multiple discussions with the Baltimore Mayor's Office of Employment Development (MOED) and the Boston Mayor's Office of Workforce Development (formerly the Office of Jobs and Community Services), we identified gaps in services for opportunity youth. Boston identified the lack of support for already enrolled community college students as a key need in its community. The city has programs for high school dropouts and first-year community college students, but not for students who have completed their developmental coursework. Baltimore identified a need for a comprehensive academic program integrating GED instruction with community college coursework and support systems for students. The pilot sites developed models incorporating the promising program components to fill these gaps.

Pilot Program Models

Both the Baltimore and Boston pilot programs used a caring adult model to support students and provide guidance in learning life skills and soft skills,[7] to help them navigate education and training services, to refer them to support services, and to connect them with employers. They also partnered with a local community college to provide education and job training services to help participants earn degrees and certifications. The pilot program in Baltimore also incorporated contextualized learning through basic education integrated with job skills training, hands-on job training, and soft skills training in the classroom. The sites also integrated the 2M toolkit into the program.

However, the pilot sites developed different programs based on their unique service gaps and populations. Baltimore's program focused on youth who had dropped out of high school and did not have a GED. Boston's program focused on students who were already enrolled in community college. Boston community college staff believed the high dropout rate in their community was the result of the difficulty of navigating the community college system. They identified students who had completed between 9 and 40 college credits as a group at high risk of dropping out, based on internal analysis of their data. The Baltimore program was able to participate in the development of the course curriculum; Boston students were enrolled in existing courses.

Baltimore Model

The goal for Baltimore's pilot program, C4, was to provide education and job training services to youth without a high school degree to prepare them for employment in the health care sector. C4 was operated by Baltimore's MOED, funded by DOL, and located on the campus of Baltimore City Community College (BCCC). The program provided limited financial support to its 25 youth participants recruited from the YO! Center, an MOED community center for opportunity youth. After an application process that included interviews and a home visit, the program began providing services in January 2015. Though the program ended in February 2016, job placement assistance continues to be offered.

Specifically, the program included five components:

- An academic general educational development (GED) program with occupational training and credential attainment
- A small stipend during training

- A career pathway model for the health care field focusing on stackable credentials
- A caring adult model encompassing case management, classroom support, program retention, career navigation, and job placement and retention assistance
- Job readiness and life skills training infused throughout the program

A caring adult (CA) hired specifically for this program provided case management and career assistance services. The CA aimed to meet with each student at least once a week to evaluate their progress and help troubleshoot any barriers to attendance and participation in the classroom. Students also met with the CA as a group every other week. Toward the end of the program, the CA provided job placement assistance, helped students schedule interviews, and prepared students for employment. This assistance will continue as needed until students are placed in unsubsidized employment. A visual representation of the Baltimore model is provided in appendix B.

Boston Model

Boston's pilot program, Getting Connected, was operated by the Boston's Mayor's Office of Workforce Development (OWD) and the Boston Private Industry Council (PIC), funded by DOL, and located on the campus of Bunker Hill Community College (BHCC). Getting Connected was designed for students with a high school diploma who were enrolled in community college and had completed most or all of their developmental coursework. These students were targeted because they were considered at high risk of dropping out and becoming disconnected (Community colleges in Massachusetts have a 16 percent graduation rate within 150 percent of the time required to complete an associate's degree,[8] and 11 percent of students complete a bachelor's degree within six years of enrollment) (Jenkins and Fink 2016). These students needed the work experience and help developing career plans to make successful transitions from community college to four-year colleges or the workforce. The target enrollment was 120 students, and services were offered from February 2015 through December 2015.

Specifically, the program model included four components:

- A focus on career- and job-readiness assessments to inform the career pathway for each student
- Career navigation, coaching, and mentoring
- Help finding summer jobs and flexible, part-time, paid work during the school year

- Job placement assistance

Two career navigators and one employment specialist worked with the students. Career navigators recruited students and served as case managers, mentors, and coaches. They reviewed career interest inventory assessments with students and provided individual career development support. They also helped students determine if they should transfer to a four-year college and, if so, helped them navigate the available programs and application process. The employment specialist prepared students for job applications and interviews and assisted with employer recruitment and job placement. A visual representation of the Boston model is provided in appendix C.

Comparison of the Two Models

The program models in Baltimore and Boston employed caring adults who helped students identify and overcome barriers to success, were located in community colleges, and focused on academic advancement to produce positive employment outcomes.

The two program models had several key differences:

- The Baltimore program provided more intensive services to a smaller group of more academically disadvantaged youth who had not completed high school. It focused heavily on the academic component of the training and used most of its funding to pay for GED instruction and certification courses. The Boston program served students who were already enrolled in community college and used its funding to hire three caring adults, who supported students and helped them navigate a sometimes complex community college system.
- The Baltimore model provided training only for careers in health care, while the Boston model assisted students in several fields.
- The Baltimore model enrolled its participants as a single cohort that took classes together as a group throughout the 60-week program. The Boston model provided services on a more individual basis. Students were not necessarily in classes together and typically did not know each other. Students enrolled in two separate waves, one in the spring semester and one in fall.

- The Boston program placed a stronger emphasis on job placement and had an employment specialist act as a liaison between individual students and employers across a range of career fields. The specialist also helped students develop resumes and conducted mock job interviews. The Baltimore model focused on ensuring that students completed their training and certifications and provided outreach to employers in the health care field.

Implementation Study Design

This report describes the program participants, the services they received, and their short-term outcomes. We gathered data from each site through the Opportunities Youth Tracking and Information System (OTIS), phone calls with program staff, and multiple site visits. The evaluation team also observed workshops provided to participants by program staff and the toolkit training provided by 2M. Table 1 details the research questions and data collection methods used to collect information.

TABLE 1

Research Questions and Data Sources

	OTIS	Phone call	Implementation evaluation, first site visit	Implementation evaluation, second site visit
1. What activities and services did the program plan to provide to the participants?		X	X	
2. What were the pathways by which the participants entered the program?		X	X	
3. What were the characteristics of the program participants?	X			
4. Did participants receive and participate in the intended activities and services?	X		X	X
5. How were the toolkit strategies implemented?	X	X	X	X
6. Did participants achieve the desired outcomes?	X			X
7. What contextual factors were necessary for implementation, such as key partnerships, funding streams, and referral pipelines?				X

Opportunities Youth Tracking and Information System

OTIS is a web-based, secure data collection tool we developed to ensure that each Opportunities site collected valid and comparable data for this evaluation. The system was designed to collect participant demographic data at intake, record the background of participants, and track the services they received.

To ensure that OTIS would be easy to use and would collect information important to the evaluation, we met with program staff during development to get their input about the system. We gave them our plans for OTIS, demonstrated its capabilities, and incorporated their suggestions. In

December 2014 and January 2015, we trained program staff to use OTIS. An e-mail account was set up for program staff to ask questions, and we also encouraged them to call or e-mail us directly.

To ensure that program staff regularly and correctly recorded data into OTIS, we sent quality assurance documents to each site every six weeks to highlight where data were missing or appeared inaccurate. Beginning in July 2015 and continuing each month until the program ended, we developed data books analyzing participant demographics, the services they received, and their short-term outcomes. We reviewed these data books by phone with program staff to identify any problems with data entry and to reduce missing data.

Data gathered in OTIS answered the following questions for the implementation study:

- What were the characteristics of participants at intake?
- Did participants receive and participate in the intended services and activities?
- Were toolkit strategies implemented?
- What were participants' short-term academic and employment outcomes?

One question asked at intake concerned receipt of public benefits. Benefit information was difficult to collect for two reasons: First, the list of benefits in OTIS was initially quite long, and caring adults reported that program participants felt overwhelmed by the process. Caring adults also felt uncomfortable asking for this information at intake. We discovered a large amount of missing information in our regular assessment of OTIS data. After speaking with the caring adults, we reduced the number of benefit programs about which we collected information. We also developed paper forms for caring adults to use in collecting this information, as they felt this would reduce any embarrassment participants might feel in sharing this information face-to-face. Additionally, caring adults began asking for the information retrospectively once they had established a rapport with participants after several months in the program. Still, there remained a high level of missing information on benefit receipt in the Baltimore program.

Phone Calls

We maintained consistent contact with program staff to gather information about program implementation. Beginning in the fall of 2014, when the two sites began building their respective interventions and recruiting participants, we spoke with program staff on a weekly basis to monitor

progress. Initially, these calls were designed to discuss issues with program development. Beginning in January and February 2015, as sites began implementing their programs, the calls included discussion of recruitment and implementation issues, with a particular focus on understanding changes made to the program model in response to such issues.

In February 2015, we held an hour-long conversation with each site focused specifically on how they had modified their program models during implementation. In the spring, calls became biweekly while programs were in the midst of full implementation. These calls were used to obtain updates on program implementation and to discuss any issues with inputting data into OTIS. In the winter of 2015–16, we moved calls to a monthly basis to focus on data collection in OTIS and program closeout issues. Phone calls addressed several questions:

- What activities and services did the program plan to provide to participants?
- What were the pathways by which participants entered the program?
- Were toolkit strategies implemented?

Site Visits

The implementation evaluation was also informed by two one-day site visits—one near the beginning of the program and one near the end. We held small group and one-on-one interviews with program staff and vendors (BHCC, BCCC, and caring adults) and the grantees (Baltimore's MOED and Boston's MOWD and PIC). Each interview lasted approximately 60–90 minutes. We also conducted hour-long focus groups with program youth, who were invited by the caring adults to participate in the study. Appendix D provides the protocols for the first site visit. The first site visit focused on the following implementation research questions:

- What activities and services did the program plan to provide to participants?
- What were the pathways by which participants entered the program?
- Did participants receive and participate in the intended services and activities?
- How were toolkit strategies implemented?

The second site visits occurred in the last month of the intervention, with a format similar to the first visit. We interviewed the same staff members in Boston, and almost the same staff in Baltimore

with the exception of different course instructors. We again held hour-long focus groups with youth selected by program staff. This site visit focused on the challenges sites faced during implementation, how they addressed those challenges, any changes they made to the program, and how contextual factors within their cities may have affected program implementation and success. We referenced the program model last updated in February 2015 to verify changes made to the model. Appendix E provides the discussion protocols for the second site visit. The second site visit focused on the following implementation research questions:

- Did participants receive and participate in the intended services and activities?
- How were toolkit strategies implemented?
- Did participants achieve the desired outcomes?
- What contextual factors, such as key partnerships, funding streams, and referral pipelines, were necessary for implementation?

Implementation of the Program Model in Baltimore

This section describes the resources and contextual factors necessary to implement the program model in Baltimore, the characteristics of participants enrolled in the program and their pathways to enrollment, services received by participants, and participants' short-term outcomes. We also describe the implementation of the toolkit developed by 2M Research Services.

Context of C4 Program Initial Implementation

The C4 program, intended to help youth without a high school degree or GED obtain CNA certification and employment, was developed by MOED, the DOL grantee, in partnership with BCCC. Program staff said this close collaboration was crucial to the implementation of C4.

Partner collaboration. While C4 was a new program, it was built on several years of partnership between MOED, which operates the YO! Centers, and BCCC, which has worked with the YO! Centers for many years. Shortly after the YO! Centers opened in 2000, they contracted BCCC to conduct its literacy program at the centers. In subsequent years, YO! Centers and BCCC collaborated on several skills training classes. Similarly, MOED and BCCC have worked together on several projects using local, state, and federal grants. Staff noted that over the past 14 years, MOED and BCCC have worked together to serve similar populations with programs comparable to C4. As a result, MOED and BCCC staff knew each other and had experience coordinating activities.

Resources. Program staff stated that resources were adequate to provide program services to participants. The program was supported by a caring adult hired specifically for this intervention. The position required previous experience working as a mentor, coach, and/or case manager with similar populations. Other key staff included part-time instructors and administrators from BCCC and staff from MOED. The program also relied on YO! Centers to provide additional GED tutoring and to connect participants with support services. This support at times overlapped with that provided within the program; however, it was viewed by program staff as helpful to the success of the C4 program because it reinforced the participants' preexisting relationships with the YO! Centers.

Overall, program staff said that the program had the necessary resources to support implementation of the model and serve students. Staff said the budget was adequate for the number of students in the program. Instructors said they had the resources needed to effectively teach their classes. The program assigned a site coordinator at Bio Park, where all program classes were held, who was available to instructors to handle any needs, such as additional supplies, that came up.

Recruitment. Recruitment and enrollment of eligible participants began in late 2014. MOED set a goal of 50–75 eligible applicants from the two Baltimore YO! Centers to narrow down to 25 participants. Program staff reported one major barrier to their recruitment efforts: the need to lower the Test of Adult Basic Education (TABE) math score requirement from a ninth-grade level to a seventh-grade level to enlarge the pool of eligible candidates. Of the 25 students who enrolled in the program, 15 scored below a ninth grade level at intake.

During the admissions phase, eligible participants underwent a panel interview with at least one MOED manager, one YO! Center staff member, and the caring adult hired for the project. Program staff said two questions were instrumental in identifying the most motivated applicants:

- What have you been doing for the past six months?
- Have you ever been through a training like this, and if so, were you successful? Why or why not?

Program staff believe that responses to these questions were good indicators of an applicant's motivation to advance their education and employability. Additionally, they stated that recruiting students within a limited range of education levels ensured all participants could learn the material at the same pace.

Program staff and students we interviewed agreed that the admissions interviews clearly established expectations for participation in the program and stressed the importance of daily attendance and of communicating attendance issues to the caring adult. Additionally, focus group students agreed that involving the caring adult at the beginning of the interview process helped them develop a rapport with him early on in the program.

Participant Characteristics

Participants entering the Baltimore intervention were disconnected from education and employment, as shown in table 2. All participants were Black, most were female (96 percent), had not advanced past 10th grade (80 percent), and were unemployed or not in the labor force (96 percent). (Though the education levels of five students were not entered into the database, all of the students in the program did not have a high school degree or a GED.) Additionally, 23 of the 25 students entered the program as parents. This table highlights comments from one program staff member, who noted that the students who entered the program had adult problems and few resources with which to tackle them.

Table 3 provides an overview of participant benefit receipt at the time of program intake. Among students without missing data, most received Supplemental Nutrition Assistance Program benefits and Women, Infants, and Children benefits, and close to 40 percent received child care subsidies and Temporary Assistance for Needy Families. None had attended college, and therefore, none received academic supports in the form of direct loans, Pell Grants, or Perkins Loans, highlighting their initial disconnection from formal education before entering the program.

TABLE 2

Demographics of C4 Participants

	Count	Percentage
Race		
Black	25	100%
Gender		
Male	1	4%
Female	24	96%
High school education at intake		
Missing	5	20%
10th grade or less	15	60%
11th	4	16%
12th grade, no GED/high school degree	1	4%
Employment status at intake		
Not in labor force or unemployed	24	96%
Employed part time	1	4%
Number of dependent children		
None	2	8%
One	6	24%
Two or more	17	68%

TABLE 3

C4 Participant Benefit Receipt

	Yes	No	Unknown/Missing
Subsidized child care	6	9	10
Supplemental Nutrition Assistance Program/Food Stamps	19	2	4
Temporary Assistance for Needy Families	6	10	9
Women, Infants, and Children Program	9	8	8
Temporary Assistance for Needy Families employment and training	5	12	8
Federal direct loans	0	17	8
Pell Grant	0	17	8
Perkins Loans	0	17	8

Program Components and Implementation

The program included several key components:

- access to a caring adult to provide mentoring and links to supportive services
- limited financial support to help offset the economic hardship students experienced during the program
- a range of academic and training classes
- employment placement services

Caring Adult

The caring adult was hired by MOED in November 2014 to help interview and recruit participants and provide case management and career assistance. The caring adult was the linchpin that kept the program functioning. He established relationships with participants, instructors, and program staff to understand the needs of the participants, marshal resources for them, connect them with appropriate supports, and troubleshoot issues. Program staff emphasized the importance of picking the right person for this role. Key requirements included previous experience working as a caring adult with a similar population and the ability to relate well with that population.

MOED and BCCC staff stated that the caring adult advocated for students and developed close relationships with them. As one program staff member explained, "He was almost an advocate for us

and them, a go-between. That was really critical. It's very easy to have it be us versus them in the academic world, but he was [a] good go-between." The caring adult also engaged with external organizations, such as the Department of Social Services, when necessary to address scheduling conflicts for students.

Program staff and participants noted that having the caring adult's office at BCCC, even though he was hired by MOED, was helpful. He was near the participants and easily accessible during the school day. He built rapport with the course instructors, who shared updates about participant progress and promptly identified issues that participant faced in their classes.

By all accounts, the caring adult played a supportive role with the students. Participants said they viewed the caring adult as a support system and a "big brother." One participant said the caring adult had been a motivation and inspiration to her. "He's more so like a family member to me," she said. "I can call him, and he'll get me through or we can sit down and talk. I can go to his office at any given time. He actually checks on me when I don't even go to him. He keeps me on a steady pace."

In addition to working directly with students, the caring adult reached out to employers to inform them about the program, invite them to speak about careers in the health care field, and help students find long-term employment. This is discussed in more detail in the section of the report on employment services. The caring adult met with students individually for an average of half an hour per student per week and in groups for an average of one hour every other week.

Stipends and Financial Support

Students received a weekly stipend of $25 while attending classes. During the summer, they were paid $8.25 an hour, funded through Baltimore's summer youth employment program. If students missed class, they were docked a day's payment. Students also received bus passes. Program staff stated that the financial support was important to students who were economically disadvantaged. Most participants did not work while they were in this intensive program, and many had children and other family members to support. Some students also received some financial support, separate from this program, from the Department of Social Services (table 3).

Early on, program staff helped students set up bank accounts at Wells Fargo. Fifty percent of their program stipend checks were direct deposited into a savings accounts to encourage saving. Four participants were unable to set up bank accounts because of bad credit, so they received checks instead

of direct deposit. According to program staff and students, little money was saved because of the immediate financial needs students faced.

Program staff stated that future iterations of this program should include child care for participants. As noted in table 2, most participants entered the program as parents. One program staff member noted that comprehensive child care service "would have killed some of the barriers for a lot of them. Even if they're getting child care through the state, if one thing goes wrong, or if they miss a meeting, things get messed up...But, if there's one thing that could have helped to benefit the program, it probably would have been some kind of child care resource."

Education

This section describes each of the academic and training components: GED, contextualized learning, medical terminology (med term), electrocardiogram (EKG), venipuncture, and certified nursing assistant (CNA) classes. To work as a CNA in Maryland, one must be certified, which requires a GED and completion of an accredited CNA program (which, for this program, includes medical terminology). The EKG course and venipuncture certification are not required to become a CNA, but these additional certifications allow students to be eligible for positions that require them.

GED classes. The GED component, which ran from January–June 2015, was the most extensive part of the program, with four out of five days per week devoted to GED study. GED preparation and training was provided in four sections—math, reading, science, and social studies—and students prepared for one section of the test at a time.

Students were unhappy with the original instructors' poor classroom management skills and lack of course content knowledge. Students raised these concerns with the caring adult, who brought them to the attention of BCCC and MOED staff, and the GED instructors were replaced. Program staff was able to draw from a pool of GED instructors at the college, which allowed for a quick transition. The new instructors had stronger classroom management skills, resulting in fewer classroom distractions. The caring adult and students both noted an improvement in classroom engagement, and students said the teaching style of the new instructors made it easier to follow the curriculum and stay focused.

Several students had difficulty passing certain sections of the GED test, particularly the math section. As noted earlier, the program lowered the TABE math score enrollment requirement from a ninth grade level to a seventh grade level in order to attract a large enough pool of students. It is unclear

how this affected performance on the math GED. Five of the 15 students who scored below a ninth grade level on the math TABE did not complete the program, and all of the students who scored at a ninth grade level or higher did. However, among the 20 students that completed the program, pass rates on the math GED were 80 percent among those with lower math TABE scores compared to 70 percent among those with higher scores.

Students who failed GED section tests were initially offered tutoring by the GED instructor after class, which instructors were responsible for scheduling. However, few students took advantage of this additional assistance because of scheduling difficulties. Instructors then offered tutoring on Fridays during the hours of the basic skills class (described in more detail below) and at other times during the week. Still, many participants preferred the tutoring at their local YO! Center instead. Focus group participants attributed this to their stronger and longer-lasting relationships, predating the intervention, with the YO! Center tutors.

The timing of the GED exams also posed issues for students. If students failed their GED test, they would often have to wait a month or longer to retake the test. And as noted in the formative evaluation report, GED tests were taken after a section had been completed and the practice exam passed. As there was no break between GED section classes, some students did not take their official test until they were well under way with their next GED section (or even two sections ahead). According to the students in the focus groups, this made it difficult to retain the information they learned in class and may have correlated with several students failing some of their initial GED section exams.

The unrest the city of Baltimore experienced in April 2015 following the death of Freddie Gray caused GED classes to be canceled for two days. Classes were eventually able to resume without any further obstruction, but this delayed some of the GED sections being taught.

Bridge classes. Students received a bridge course addressing life skills and soft skills, such as classroom etiquette and study habits. This class was taught on Fridays from January–March 2015, with the other four days devoted to GED classes. Several program staff and students noted that classroom etiquette was a challenge to classroom engagement at the beginning of the program. More than once, staff and instructors mentioned the phrase "changing the culture" as an important part of the program.

Beginning in March, the bridge class was replaced with a medical terminology (med term) class. The program also scheduled a basic skills class immediately following the med term class, allowing more time for soft skills training and review of any content students were struggling to grasp.

At the beginning of the program, staff reported a high number of absences and tardiness, sometimes caused by life issues such as difficulty securing child care. The caring adult worked with these students to help them as much as possible. Some students, however, were simply not as committed to the program as their peers. Several actions were taken to rectify this situation. As described in the formative evaluation report, program staff locked the doors one morning after class had started. Students that arrived late met with the program directors for a discussion about the importance of their prompt arrival to class. The directors then talked to the entire class about the commitment they made to the program and the inexcusability of being late. The program developed and implemented an attendance policy and corrective action plan. Students received a verbal warning first; if tardiness did not improve, they moved into a corrective action plan. This plan monitored attendance, tardiness, and performance for 30 days. One instructor implemented pop quizzes to heighten the level of student engagement. Students agreed the nearly daily quizzes forced them to get their work done and concentrate on the day's lesson.

Despite the focus on improving classroom behavior, the increased focus on soft skills training, and the change in GED instructors, students and instructors noted that engagement continued to be an issue with a small group of participants. Although the program's detailed application and interview process was designed to gauge an applicant's motivation and likelihood of success, students and instructors believed that some in the program did not have the maturity or level of commitment necessary for this type of intensive program. Some participants expressed frustration that other students were impeding their progress. "I just feel like, why are you here?" one said. "If you don't want it, don't prevent the next person from getting what they need. A lot of us are behind because of other individuals sitting there blocking, taking idle time to do nonsense."

As a result, three students were dismissed from the program in the first half of 2015. After the removal of these three students and the beginning of the hands-on clinical portion of the program, students became more engaged in the program, according to the caring adult and program participants. Staff noted that, in the future, it would be imperative to focus on improving the mindset of participants before they enter the program. One staff member said, "I often say to myself that we've got to get young people to understand that if they've got an issue or challenge at home, the job or the training shouldn't be the first thing to get bumped. Because that's what they do, and it just compounds the issues they're dealing with." An additional two students dropped out of the program for other reasons.

Medical terminology classes. From March through May 2015, the med term class was taught once a week during the GED section of the program, with one four-day week in the middle of the course.

Students found it difficult to transition between GED instruction and med term each week. Originally, students who did not pass med term were to take an additional evening class at the college, but nearly half the class did not pass the med term exam the first time. Program staff regrouped the class by whether students passed med term. The 14 students who passed moved onto the EKG section, and 10 students retook med term before moving on to EKG. (One student dropped out of the program before the med term exam).

EKG classes. After students completed their med term class, they began the EKG class. These classes began for the first cohort in mid-June 2015 and for the second cohort later that month.

This was the final content class students took before beginning their industry certification courses and clinical rotations. The class was originally expected to run through May and June but was compressed to four weeks to accommodate the delays in completing the GED and med term classes. Similar to the med term class, GED instructors were present in the classroom to assist the EKG instructor.

Venipuncture and CNA classes. Two separate clinical courses were provided to students: venipuncture and CNA courses. Each course was held two days a week. Students remained in two groups, A and B. Group A completed these courses in late September, and group B finished in mid-October.

Table 4 shows how much time participants spent in each of the classes they received as part of this intervention as well as the duration of the classes. GED classes required the most time, with students spending an average of 171 hours in these courses over six months. Students spent an average of 92 hours in CNA courses and 87 hours in venipuncture courses. The med term, bridge, and EKG courses took the least time to complete, with students spending between 36 and 59 hours in these classes.

TABLE 4

Average Hours Spent in Classes

	Duration	Average hours spent in class
GED	January–June	171
Bridge class	January–March	36
Med term	March–May	59
Electrocardiogram	June–July	55
Venipuncture	September–October	87
Certified nursing assistant	September–October	92

Clinical Rotations and Certifications

After students completed their clinical courses and passed their CNA and venipuncture exams, they were to begin their CNA and venipuncture clinical rotations. The CNA clinical rotations were to be completed at a Baltimore nursing home and required a minimum of 16 hours.

The venipuncture clinical rotations were more difficult to schedule. As of March 2016, only 1 of the 14 students that passed the venipuncture exam had completed their venipuncture clinical rotation. Unlike the CNA clinical rotations, venipuncture clinicals must be done individually at locations throughout the city and county of Baltimore over two weeks. There has been difficulty scheduling students for their venipuncture clinical rotations for several reasons. One, it has been difficult to find locations where students can conduct their clinicals. Initially, the program partnered with LabCorp to place students in the company's Baltimore County facilities. But the Friday before many students were scheduled to begin their rotations, LabCorp shut down all of their local clinical sites, substantially affecting the program's ability to place students. The program has been in contact with the Johns Hopkins University medical system and believes they will be able to place these students soon. Of the locations the program has been able to find, some outside of the city are difficult for students to get to because of lack of transportation.

Some challenges carried over from the GED classes into the clinical classes. The venipuncture instructor noted that although students were very dedicated in her classes, many struggled with trying to pass the GED test while engaged in clinical courses, which may have negatively impacted their performance. As she noted, "I can tell you it was a huge stressor. It was like, 'Uh, I have too much to pass; I've really got to study.' And one of them was even coming to those classes, and she signed up for an extra GED class at night. She was very passionate about it, and she did all of that and she did pass, but that was a huge stressor."

GNA (geriatric nursing assistant) state board exam. The final component of the intervention was for students to take the GNA state board exam. GNA certification is required for all nursing assistants working with the elderly in licensed nursing homes in the state of Maryland, and the certification is valid for two years. A GNA certification is not necessary to become a certified CNA, but it opens additional job opportunities in nursing homes. The exam, given once a month and paid for by the program, is open to all students who have completed their CNA clinical rotations at an approved nursing home.

We discuss the students' success in each component of the program in the outcomes section of the report.

Behavioral Interventions

The 2M toolkit included two components: (a) goal-setting documents, also called planning documents, which required students to work with the caring adult to identify a goal and write out the steps needed to meet that goal; and (b) Text Connect, group text messages that served as reminders of key program dates, such as tests and other important events. The GRIT assessment was not administered in Baltimore. 2M conducted initial toolkit training for BCCC staff in February 2015 and made additional visits to Baltimore throughout 2015 to assist with implementation.

Planning document. Students filled out the planning document at the beginning of the program, and some filled out multiple documents for different career and life goals. Initially, the caring adult did not discuss this document with students to review the goals they had outlined for themselves and to see if they had met them. But after feedback from the first formative evaluation site visit, the caring adult began to review the documents with students to discuss how they could achieve their goals. The caring adult also reviewed the document with student parents to help them establish backup plans for when their routine child care fell through.

During the implementation site visit, the caring adult noted that students seemed to like the idea of writing their goals down and using the document as a type of tracking mechanism. He said students "really felt good about the things that they had accomplished, and it kind of helped them stay focused." Students in our focus groups described mixed reactions to the planning document. Some told us that writing down their goals helped them figure out the steps they needed to take to successfully reach those goals. Others felt setting goals was important but did not see the planning document as necessary to that process. Participants also said the document was often discussed during their one-on-one meetings with the caring adult and was updated to reflect the milestones they achieved and how goals changed as a result.

Text Connect. The toolkit also included text messages to remind students of program milestones, tests, and announcements. These texts were initially designed to be sent to students relatively frequently to nudge them toward program goals. This was meant to supplement messages from the caring adult, who would send out one or two group text messages every week. However, program staff felt the Text Connect messages, which were sent by the caring adult to 2M and delivered through a third-party service, were inefficient, as it could take a while for the message to get from the caring adult to the system and then be delivered. Program staff told evaluators it was easier to have the caring adult send texts directly to students, rather than scheduling with Text Connect in advance.

The caring adult did use Text Connect for some events or messages planned in advance, but in sum, only 2 unique text messages were sent through the Text Connect system (a total of 45 texts across all the students). Despite the lack of texts sent through Text Connect, all students confirmed that receiving text messages directly from the caring adult was a helpful reminder of important dates and said the Sunday evening reminders about being on time for class helped them refocus on the program after the weekend.

In sum, the toolkit was only partially implemented, with the planning document being viewed as a useful guide by some students whereas the 2M text messaging system went largely unused.

Formative evaluation recommendation. The formative evaluation report provided to DOL in September 2015 presented more specific recommendations to improve the intervention. These recommendations were based on what we saw during these visits and our extensive conversations with program staff to see what was feasible and could be accomplished. Appendix F provides a list of our recommendations and whether they were adopted by the site.

Academic and Certification Outcomes to Date

Twenty students remained in the program through the end of classes and clinical rotations. As noted earlier, three students were asked to leave because of poor attendance and classroom behavior, and two students dropped out of the program. These five students all had math TABE scores below a ninth grade level at intake.

As of April 2016, 15 of the remaining 20 students had passed all four GED section tests. The remaining five students who have not received their GEDs have passed all but the math section, potentially highlighting the need for math tutoring early in the program.

All 20 students who completed the program have passed the med term certifications, and 15 have passed the CNA exam. Eleven students completed the CNA clinical rotation and are now certified CNAs.

The EKG course, venipuncture certification, and GNA boards are not required to become a certified CNA but students are eligible for more job openings if they have these certifications. All students passed the EKG course, but only one has completed the venipuncture clinical rotation, primarily because of the scheduling difficulties mentioned previously. Finally, six students passed the GNA state

board exam and are now certified CNAs who can also work in a nursing home. Table 5 shows how many students completed each certification and clinical.

TABLE 5

Number of C4 Students Completing Course and Clinical Requirements

	Number passed as of April 2016
Required for CNA certification	
Completed GED	15
Med term	20
CNA exam	15
CNA clinical	11
Not required for CNA certification	
Electrocardiogram	20
Venipuncture exam	14
Venipuncture clinical	1
GNA state boards	6

Linking Students to Employment

The caring adult was also responsible for assisting students with job placement. He did this by bringing in guest speakers from relevant industries and reaching out to employers to educate them about the program.

Speakers. Guest speakers met with the entire group of participants, always on a Friday, and spoke for about an hour, sharing their experiences and providing guidance. Four professionals spoke to students, including a job developer from MOED, a participant of a previous, similar program who went on to have a successful career in health care, and the owner of a health care temp agency. A financial literacy counselor from Wells Fargo also spoke to the class about financial management. Moving forward, program staff said they would include more speakers in future iterations of the program because they believed they were helpful to students.

During the implementation site visit, students spoke highly of the guest speakers and found them to be knowledgeable and relatable. In particular, students in our focus groups said they enjoyed speaking with the woman who had been a participant in a similar program. Students said she had a positive influence on them, especially since this discussion occurred at a time when students who had not passed their GED sections or their med term exam were feeling particularly discouraged.

Employment. As students finished the clinical rotation portion of the intervention and began taking the clinical and venipuncture exams and the GNA state licensing exam, the caring adult focused on linking students with long-term employment. He reached out to employers near the end of 2015 and in early 2016 to tell them about the program and the students. Employers were receptive, but at that time, no students had completed all of their clinicals and passed the GED, which are necessary to obtain employment in these fields. Several employers have committed to hiring students once they have earned all of their credentials.

As of April 19, 2016, 10 participants were either employed or continuing in further education. Four found full-time employment as a CNA or GNA, and one was continuing their education in postsecondary nursing training. Five found full-time or part-time work in another industry (food service and warehouse work). For our final report, we talked with the students during summer 2016 to find out whether they completed all of their credentials and found long-term employment. The caring adult has stayed in contact with the participants through his position at MOED and continued to provide us with updates on employment status. He also agreed to assist us in contacting the youth to inquire about their employment outcomes.

TABLE 6

Number of C4 Students Employed or Enrolled in Postsecondary Education as of April 2016

	Students
Full-time CNA/GNA	4
Further postsecondary education	1
Other full-time/part-time	5
Total	**10**

Conclusions

Students in Baltimore faced many obstacles to completing their education and finding jobs. They entered the program with low academic attainment and little employment experience. Most were parents with child care responsibilities. The program itself encountered difficulties with ineffective GED course instructors and poor classroom management but quickly rectified these problems by hiring new instructors and instituting a corrective action plan for students who missed too many classes. Many students had difficulty passing the GED tests on their first attempt. This led to classes sometimes overlapping, requiring students to continue preparing for the GED while also learning new material.

Program staff reported that existing community partnerships and the work of the caring adult helped students remain connected to the program. In the end, the completion rate for this 60-week program was 80 percent. Among those who completed the program, 75 percent passed the GED, and most of the remaining students have passed three of the four GED sections. Reflecting on this, one staff member said, "I put my realistic hat on in terms of my experience working with this population, then I'm really satisfied." Additionally, 50 percent of those who completed the program have continued their post-secondary training or found employment, although only half have found employment in the health care sector. In our outcomes evaluation report, we will update the employment information and assess, based on the data we are able to gather from BCCC, how this employment rate compares to other similar programs.

Implementation of the Program Model in Boston

The Getting Connected program was intended to help students already enrolled in community college identify career goals and get them on track to graduate community college or transfer to a four-year college. The program was developed by the Mayor's Office of Workforce Development (MOWD) and Boston's Private Industry Council, in partnership with BHCC. MOWD was the DOL grantee and developed the program in close partnership with the Private Industry Council and BHCC. Program staff said this close collaboration was crucial to the implementation of Getting Connected.

Context of the Getting Connected Program

Partnerships. As in Baltimore, program staff at MOWD and the Private Industry Council had worked with BHCC in the past. In particular, they had implemented a coaching program, Success Boston, for newly enrolled students. Program staff asserted that this previous partnership helped the organizations work well together and supported the quick start-up of Getting Connected.

In some ways, Getting Connected was modeled after Success Boston in that it provided a supportive, caring adult to help students navigate the community college system. Success Boston, implemented in 2008, is currently being rigorously evaluated as part of the Social Innovation Fund.

Resources. Program staff stated that the resources provided by DOL were adequate to support the program. Getting Connected served 125 students, a small number relative to the total BHCC student body of 14,000, so expanding the program to serve all eligible students would require considerably more resources. BHCC has many support services that were available to students, such as mental health, financial aid, and housing services, and the caring adults could use these resources to provide additional supports to students.

Hiring caring adults. Three caring adults (two career navigators and one employment specialist) were hired toward the end of December 2014. The hiring process took about a month longer than anticipated because of difficulty finding appropriately qualified candidates. Ultimately, staff found three candidates with extensive experience serving as coaches and mentors and relevant education in counseling. The delay in hiring postponed recruitment by a couple of weeks.

Recruitment. Staff began recruiting and enrolling students in January 2015. Boston's record-breaking snowfall in winter 2015 created unexpected delays in recruitment. The program changed its plan to enroll all students in spring 2015 to two stages of enrollment that created two cohorts of students. The first cohort consisted of 75 students in spring 2015. These students stayed in the program until it ended in December 2015. Recruitment for the second wave of 50 students began in August 2015 and was completed in early September. These students were enrolled in the program for a shorter period of time, until the program ended in December 2015. The two cohorts combined to serve 125 students, slightly exceeding the original target enrollment of 120.

Originally, the program planned to recruit students who had completed between 15 and 40 college credits. Before this program, Success Boston had been targeting newly enrolled community college students. For Getting Connected, staff identified their target group as students who have completed their developmental college courses but may be at high risk of dropping out before completing a two-year degree or transferring to a four-year college. Concerns about the retention of community college students were founded on research that showed low graduation rates for Massachusetts community college students (Bowen, Chingos, and McPherson 2009). Program staff initially set the credit requirement at 15 but reduced it to 9 to expand the pool of eligible students.

Recruitment began in January 2015 with a letter sent to eligible students describing the program. The caring adults then reached out to students through phone calls and e-mails to invite them to enroll. Caring adults also added walk-in hours to meet with eligible students in person and educate them about the program. Program staff described the walk-in hours as crucial to the recruitment and enrollment process.

The program was designed to begin in the fall semester 2014 but was postponed by delays in the Opportunities project funding. Program staff recommended that future iterations of this program recruit in the late summer to coincide with the first semester of the school year. This would allow them to coordinate their recruitment efforts with BHCC fall orientations, and caring adults could assist students throughout the entire school year, rather than only toward the end.

Despite the reduction in the minimum credits required to just 9, OTIS showed two-thirds of students in the first cohort had more than 30 credits at time of enrollment. This was in part because the original recruitment list was drawn using college credit status as of fall 2014. By early 2015, credits earned in fall 2014 had been added to students' credit totals and raised the number of credits that students had earned at time of enrollment. For the second cohort of participants, program staff focused

on recruiting students with fewer credits, and just one-third of the second cohort enrolled with more than 30 credits.

Staff also told us they believe self-selection for the program occurred. That is, students who were closer to completing their degree entered the program because they were thinking more seriously about employment or pursuing further postsecondary education after graduation. Although the program staff wanted to help students nearing graduation, its intent was to help those earlier in their college career improve their persistence and assist with internships and jobs early on to prepare them for employment after graduation.

Participant Characteristics

Getting Connected served a population with different demographics than C4. Table 7 displays the characteristics of students in the program. Most were female (59 percent), Hispanic (46 percent), and had no children at intake (95 percent). Additionally, 41 percent were Black, 6 percent were Asian, 2 percent white, and 2 percent were another race/ethnicity.

TABLE 7

Demographic Characteristics of Getting Connected Participants

	Count	Percentage
Gender		
Male	51	41%
Female	74	59%
Race		
Hispanic	58	46%
Black	51	41%
Asian	8	6%
White	5	4%
Other	3	2%
Number of children		
None	119	95%
One	6	5%
Employment status at intake		
Not in labor force	77	62%
Employed part time	33	26%
Employed full time	13	10%
Missing	2	2%

Students did not face the same level of academic disadvantage as students in Baltimore. However, as shown in table 7, most (62 percent) were not in the labor force at time of enrollment; 36 percent were employed either part time or full time. All students had completed high school or a GED before enrolling in community college. Very few (less than 1 percent) received public benefit assistance outside of Pell Grants (94 percent, N=117).

Roles of the Caring Adults

There were two career navigators (CN) and one employment specialist (ES) who provided services to participants.

Career navigators. The primary role of the CNs was to help participants identify their career goals, ensure they were on track to meet those goals, and help them overcome obstacles to their academic goals. To do so, CNs primarily met with students individually. With their guidance, participants completed career assessments and long-term academic and career goal plans. CNs helped participants identify barriers to completing their coursework and connect students, when appropriate, with social services offered by BHCC.

Employment specialist. The employment specialist helped students write resumes and prepare for job interviews and connected students with employment opportunities. To do this, the ES provided individual help with resumes, held mock interviews, took students to career fairs, and reached out to employers to identify employment opportunities and advocate for hiring students in the program.

Most students received at least one service from either the CNs or ES, and only two students never met with either. Fifteen percent of the participants received less than one hour of services through the program, 38 percent received between one and five hours, and 46 percent received more than five hours. The most common activity was meeting one-on-one with a caring adult (79 percent).

Services Provided by the Career Navigators

Assessments. The CNs used two main assessments to gather information about students' employment, career, and educational goals. The assessments were used to guide conversations between the CNs and students.

- The Do What You Are assessment helped students think about what they wanted to do and what they needed to work on to get a job in their chosen field.
- The Holland career codes assessment helped students identify their personality type and provided career ideas that matched best with those personalities.

In total, 50 students took the Do What You Are assessment and 15 took the Holland test. The CNs also incorporated the GRIT assessment, part of the behavioral interventions toolkit, into their initial assessments and administered it to 116 students.

Career and academic planning. Much of the career navigators' work consisted of one-on-one meetings with students where they developed plans for meeting students' academic and career goals and guidance about their course work. The program used a planning worksheet that provided a guide for students to develop an academic and career plan. It asked students about their work experience, short-term academic goals, and long-term (four-year) goals and expectations. This worksheet incorporated concepts from the toolkit planning document, including breaking a goal down into actionable steps and providing specific information about what, where, how, and when students plan to achieve their career and education goals. But the worksheet differed from the toolkit planning document in that the latter focused on overcoming obstacles to short-term specific problems. As shown in table 8, 72 students completed this worksheet with the CNs and spent on average 0.9 hours doing so. Eighty-eight students spent time discussing career planning with the CNs and spent an average of 1.6 hours doing so.

TABLE 8

Services Provided by Career Navigators and Average Amount of Hours Students Received Service

Service	Number of students receiving service	Average hours receiving service
Career and education plan	72	0.9
Career planning	88	1.6
Academic counseling	39	1.1
Other individual meetings	78	0.7

Academic counseling. The career navigators were not trained to provide formal academic advising to students. BHCC retains its own staff to provide this service. Further, CNs could not make changes to students' schedules or enroll them in classes. Students had to do this through their assigned advisors. However, many students wanted informal academic advising and said they felt more comfortable talking to their CN because they had a closer relationship with their CN than with their academic

advisor. As shown in table 8, 39 students received academic advising from the CNs, for an average of 1.1 hours.

Identifying barriers and referrals for student support services. The CNs were tasked with helping students identify and address nonacademic barriers to academic success (e.g., financial insecurity and lack of housing) and supports to address those barriers. These discussions were somewhat stymied by the open nature of the CN offices, which were located within the larger academic advising department to be more accessible for students. The offices lacked the privacy necessary to engage in these sensitive conversations. In response to this challenge, the project team and the Boston program staff developed a written survey to help identify these barriers. Furthermore, the caring adults reported that most students initially did not feel comfortable discussing these topics with them until they established a greater rapport. Students only began to open up to their CNs near mid-semester. During the program, 32 students (26 percent of students enrolled in the program) identified barriers to academic success that they needed support to address. BHCC provided a wide range of services on campus, such as financial aid assistance, a food pantry, and mental health services, and CNs typically helped connect students who needed additional support to those services. Four students asked for help multiple times, for a total of 40 support requests made to the CNs. The most common support services needed addressed financial insecurity (12), housing (4), transportation (4), and mental health (4). Other barriers mentioned by one or more students included food insecurity, family insecurity, health, access to health insurance or child care, and English language ability.

For the second cohort of students, the CNs coordinated program enrollment with orientation sessions at the community college that presented information about the support services available at BHCC. Program staff noted that students received the information but often did not remember it until they faced a specific issue. Thus, staff tried to reiterate this information in several ways, such as having the caring adults conduct a workshop in October about resources available at BHCC.

As shown in table 8, CNs recorded additional individual meetings with students, which covered barriers and any supports they may have needed to complete their coursework. Seventy-eight students (62 percent of all participants) had at least one general one-on-one meeting with a CN for an average of 0.7 hours.

Assistance with college transfers. The CNs were also responsible for educating students about their transfer options. CNs stated that some students wanted to transfer to a four-year college but were unclear about what courses they needed to take and what options were available. The CNs took 11 students to a college transfer fair that provided information about a range of colleges in the area.

The CNs also took nine students on at least one college tour in the Boston area. CNs stated the goal of these tours was to educate students about the range of possibilities for transfer and help them better understand the transfer process.

Services Provided by Employment Specialist

Though the program initially planned to offer many of its employment services through group workshops, the caring adults found that students preferred individual assistance for three reasons:

- Unlike the Baltimore program, participants in Getting Connected had varied class and work schedules and were not always on campus at the same time.
- Students in Boston did not know each other, and group sessions did not hold the added appeal of spending time with a cohesive group.
- The ES served students with a range of target careers, which meant the assistance had to be more individualized. At intake, students identified 12 different fields for their targeted careers. The most common occupational goals identified by students were health science (23 percent); business administration and management (14 percent); and science, technology, engineering, or math (12 percent). Additionally, 14 percent of students had set no target occupation.

The employment specialist created an intake form to obtain industry and job functions of interest, transportation availability, current technical skills, and documents secured or needed (e.g., government-issued identification, resume, and social security card) for each student. Students were asked to complete this form before meeting with the ES so he could better understand their needs, strengths, and desires for employment placement.

TABLE 9

Services Provided by Employment Specialist and Average Amount of Hours Students Received Service

	Number of students receiving service	Average hours receiving service
Resume assistance	93	0.9
Cover letter assistance	10	0.9
Job application plan	43	1.6
Interview preparation	31	1.1
Mock interview	8	0.6

	Number of students receiving service	Average hours receiving service
Group interview	9	2.0
Job coaching	12	0.9
Job skills workshop	17	0.8
Meeting employers	11	1.8
Career fair	3	1.5

Resume and cover letter assistance. The employment specialist noted that he used initial meetings to develop resumes as a way to better understand students' career goals and academic and employment history. The goal of this service was for students to have a complete resume or cover letter at the end of the meeting. As shown in table 9, 93 students received help with a resume for an average of 0.9 hours, and 10 received help writing a cover letter for an average of 0.9 hours.

Other job preparation. The ES also provided other job preparation assistance, such as helping develop a job application plan, preparing for interviews, mock interviews, group interviews, and job coaching (helping students address current employment issues). The job application plan helped students identify job opportunities and apply for appropriate jobs. The ES helped students prepare for interviews by discussing appropriate dress and etiquette. Students felt the mock interviews were helpful because they were closely modeled on real interviews. Job coaching addressed issues such as how to ask for schedule changes, promotions, or raises. As shown in table 9, 43 students participated in the job application plans for an average of 1.6 hours, 31 students participated in interview preparation for an average of 1.11 hours, 8 had a mock interview for an average of 0.6 hours, 9 participated in a group interview for an average of 2 hours, and 12 received job coaching for an average of 0.9 hours.

Group-based activities. Some group-based activities were provided through the program. These included a job skills workshop that covered topics such as searching for jobs online, appropriate dress for job interviews, and soft skills needed to obtain and keep an entry-level job. As shown in table 9, 17 students attended this workshop for an average of 0.8 hours. The ES also set up meetings with employers for students to learn about the jobs available through a specific employer and how to get those jobs. Eleven students attended an employer meeting for an average of 1.8 hours. The ES also took three students to a career fair to meet and learn about multiple employers. Three participants attended the career fair for an average of 1.5 hours.

Employer contacts and referrals. Part of the employment specialist's job was to identify local employment opportunities for students. Contacts with employers took time to develop, but the ES was able to work with several local employers to provide part-time, well-paid jobs that he felt would be a good fit for program participants. As he noted, about half the students (47 percent) had never been

employed, so getting some employment experience would help them develop important job skills. The ES also advocated for students in the program to encourage employers to hire them. Again, this activity took time because the ES had to get to know the students in order to understand their skill sets. The ES stated that for a program such as this to continue being of interest to employers, the program must refer qualified students.

Behavioral Interventions

In February 2015, 2M provided training on the toolkit to the Getting Connected caring adults. They found the training helpful and interesting and particularly liked learning about the research that supported these types of interventions. However, they requested more in-depth training about how to implement the toolkit, and 2M returned in the spring. After the follow-up training, the caring adults felt prepared to implement the toolkit.

Planning document. The planning document was used to identify short-term issues and develop a concrete plan to address these issues. There was some confusion, at first, among program staff about the difference between the toolkit planning document and the career and academic planning document that was part of Getting Connected. After the follow-up training by 2M, program staff understood that the toolkit planning document was more appropriate for short-term issues or to address specific barriers students faced in completing their coursework.

Originally, the toolkit best practices suggested that the CNs should complete between three and four of the documents with each student. However, program staff found that this was too onerous given the amount of time they could spend with students. After speaking with 2M about their reservations, they agreed they would aim to complete one document with each student. They would complete additional documents when specific issues arose that could be addressed through this approach. Thirty students in the program completed at least one planning document. Some completed more than one document, and in all, 48 planning documents were completed.

Text Connect. Boston utilized the Text Connect system. In all, 31 unique text messages were delivered to Getting Connected students, for a total of 1,184 text messages sent across students. Unlike Baltimore, where program staff found it easier to send texts directly to students, Boston caring adults relied on the Text Connect System to send reminders about key events.

Program staff requested a small change to the texts in the spring of 2015. Initially, the texts included a general greeting and did not address students by name. Program staff conveyed their concern about the lack of personalization during the formative evaluation. A key goal of Getting Connected was to provide students with a personalized connection within the larger BHCC system. The caring adults asked if the texts could be modified to include individual names. After the evaluation team spoke with the Institutional Review Board and concluded this would not violate student confidentiality, 2M modified the texts to include students' names.

The Text Connect system in Boston included not only reminders of key events, but also "social norming" texts. These texts communicated other participants' progress in the program, with the goal of inspiring students with the successes of others like them. One such text stated, "Nine students applied at Apple. All made it through the first interview and into the second round!" This type of text was not sent in C4 because the students knew each other, took courses together, and were aware of the progress of their fellow students.

The "social norming" texts were not sent to all students. To test the effectiveness of these texts, the evaluation team randomly assigned half the students to receive them and half to not receive them. In the outcomes evaluation report, we will determine whether these texts had an impact on student outcomes by comparing engagement with services and courses completed between the two groups.

Academic Outcomes to Date

The data in OTIS, which go through the beginning of December, when the program ended, are not conclusive because we do not have the full information about courses completed in the fall 2015 semester. Based on the data available, students made progress toward completing their education during the course of the program. Students in the program gained an average of 10 credits during the program, and four students transferred to a four-year college.

In June 2016, we received administrative data from BHCC about course completion, retention at BHCC, graduations, and transfers. We also received similar data about eligible students not offered a spot in the program to use as a comparison group. As mentioned earlier, eligible students were randomly assigned to be offered spots in the program.

Employment Outcomes

Obtaining updated employment information about the participants was difficult. The ES inquired about employment status at intake and again during follow-up meetings. Many students, however, only met with the ES for one consultation about their resume or other job preparation help. Thus, he was unable to obtain this information for many students. We are also unable to use administrative data such as unemployment insurance wage data to estimate post-program wages and job retention because the data will not be available before the end of the project.

Conclusions

Getting Connected served students already enrolled in community college. However, based on their internal data, BHCC knew that many students attending the school have a hard time completing their college degree or transferring to a four-year college and were at risk of dropping out. The program offered students supports to address obstacles they may face in completing their education. It also offered guidance about career goals and finding employment.

The program faced a number of initial obstacles to recruitment. The delay in hiring caring adults for the program, coupled with the severe weather Boston experienced in winter 2015, led to a slower than anticipated start for the program. Getting Connected addressed this issue by delaying recruitment of 40 percent of the target enrollment until the fall 2015 semester. This change was actually more in line with the original program model of starting students in the program at the beginning of the school year. Further, program staff agreed that recruiting and enrolling 125 students within one semester would have likely been too many for the CAs to serve effectively.

Getting Connected also faced challenges scheduling group meetings with students. Staff originally planned to incorporate more group workshops and trainings into the program, but the variation in student schedules was not conducive to this structure. Almost all services were provided individually.

Getting Connected did not screen applicants for motivation to engage in the program, as C4 did. All eligible students were invited to join the program. There was greater selectivity in C4 than in Getting Connected, which could have affected the motivation of students. Because the caring adults continued to try to engage with students throughout the program, there was no official drop-out rate for the intervention. However, we do know that 2 percent of the 125 participants never met with the caring adults and 15 percent received less than one hour of services.

Extending the employment support services could enhance this program in the future. As described by the program staff, it took time for the ES to develop relationships with employers and learn enough about students' skill sets to identify matches between students and employers. Thus, in future programs, hiring employment specialists early enough to begin engaging with employers before program enrollment begins would allow more time to develop those relationships. In addition, extending employment services beyond the school year would allow the ES to get to know the participants' skill sets and match them with appropriate employers.

We completed a formative evaluation report for Boston with recommended changes to the program during its implementation. The program staff incorporated these changes while the program was ongoing. A list of these recommendations is provided in appendix G.

Key Implementation Lessons

Based on the information collected during the site visits and regular monitoring calls, we identified several key lessons about implementing these programs for disconnected youth. These lessons are based on the insights of program staff and focus group participants.

Both programs were nested within larger systems of resources, which helped students access a range of services they needed. The Boston program was located at BHCC, which provides academic counseling, mental health services, financial aid assistance, and support services for students. The Baltimore program was connected to the city's YO! Centers, which provide GED tutoring and other support services. Most participants were YO! members and primarily relied on the YO! Center for GED tutoring, though tutoring was also offered at Baltimore City Community College (BCCC).

Strong partnerships between community colleges and workforce development systems led to quick start-up and fully implemented programs. Identifying gaps in services ensured the pilot programs did not overlap with other programs. Both the Baltimore and Boston program staff had many years of experience collaborating between the community colleges and the mayors' offices. Program staff stated that these programs would not have been implemented in a timely manner without these long-term partnerships already in place.

Programs were shaped by student needs and the different contexts within the cities. Though the programs were generated from a similar conceptual model, they served students with different needs, and the programs were designed to reflect the intensity of those needs. The Baltimore program provided an intensive academic and support intervention for a relatively small number of students who faced large obstacles to completing the training. Boston's program provided less intensive services to a larger number of students who faced fewer—though still serious—academic obstacles.

Both pilot sites were able to reach modified recruitment goals, demonstrating a need for the programs in these cities. Both programs modified their strategies after the initial stages of recruitment. The Baltimore program lowered the required math score on the Test of Adult Basic Education from a ninth grade to a seventh grade level to ensure they had enough eligible candidates. The Boston program lowered its minimum number of required credits for eligibility.

Programs made trade-offs between selectivity during recruitment, size of the program, and participation levels in the program. The Baltimore program's rigorous screenings to assess the motivations of applicants may have contributed to its completion rate: 80 percent for a 60-week

intensive academic program. Boston's program was open to anyone who expressed interest. About half (53 percent) of participants received five or fewer hours of service.

The programs were different, but caring adults were the linchpin of both. Caring adults in both programs had high levels of experience working with the target populations. Caring adults were based at the community college where students received classes despite being employees of the mayor's office, increasing their availability to students. Caring adults focused on helping students navigate the larger community college system. In Baltimore, the caring adult was instrumental in getting the initial GED instructors replaced when students were unhappy with their classroom management and teaching skills. In Boston, caring adults were less able to directly negotiate with professors or academic counselors.

The integration of caring adults into pilot programs was successful according to both students and staff. Students in both sites praised each program and felt the caring adults had helped them meet their academic and career goals. Both pilot sites retained their caring adults after program funding ended to continue their work.

Pilot sites aimed to connect opportunity youth to long-term employment by charting a clear course through their academic path and connecting them with employers in their field. Because the Baltimore program focused on one industry, health care, the pathway from enrollment to employment was more direct. The Boston program focused on improving academic outcomes for students in a range of fields by identifying students' career goals and ensuring they received the education needed to meet those goals. A caring adult focused on identifying relevant career opportunities for students and connecting them with employers.

Connections with employers took time and effort to build and were dependent on identifying skilled students that were a good fit for employers. To keep employers engaged with the programs, caring adults in both cities said they had to ensure that the candidates they referred to employers had the skills that employers needed. For caring adults to recommend participants to employers, they first needed to ascertain the skills participants had acquired through their coursework. According to the caring adults, it may benefit participants to provide employment placement services for a longer period of time after coursework is completed.

Conclusion

The goal of this demonstration and evaluation project is to determine whether these pilot programs can be successfully implemented, whether expansion within these sites and to other sites is feasible, whether these programs show promise for improving outcomes, and whether a rigorous evaluation of such programs could be implemented.

The study has to date demonstrated that these two pilot programs, based on promising program components gleaned from the research literature, could be implemented. According to program staff, this was dependent on strong existing partnerships between each site's mayor's office for workforce development and selected community college. Both pilot programs were relatively small, and we do not know if they could be successfully expanded. Participation numbers showed a need among youth in both cities for such programs, but qualifications had to be modified to ensure enough students were enrolled. According to students and program staff, the caring adults were the key to successful implementation. Program staff also said that hiring career navigators and counselors with strong prior experience was important to the implementation of both programs. The employment aspect of the program focused on building relationships with employers. This took longer than other aspects of the program, and was only being fully realized near the end of the programs.

To determine whether these programs show promise in changing outcomes for opportunity youth, the next step was a descriptive and evaluative assessment of the short-term academic and employment outcomes for students in each program. In August 2016, the evaluation team completed an evaluation report with more detail about these outcomes based on data collected in May and June 2016.

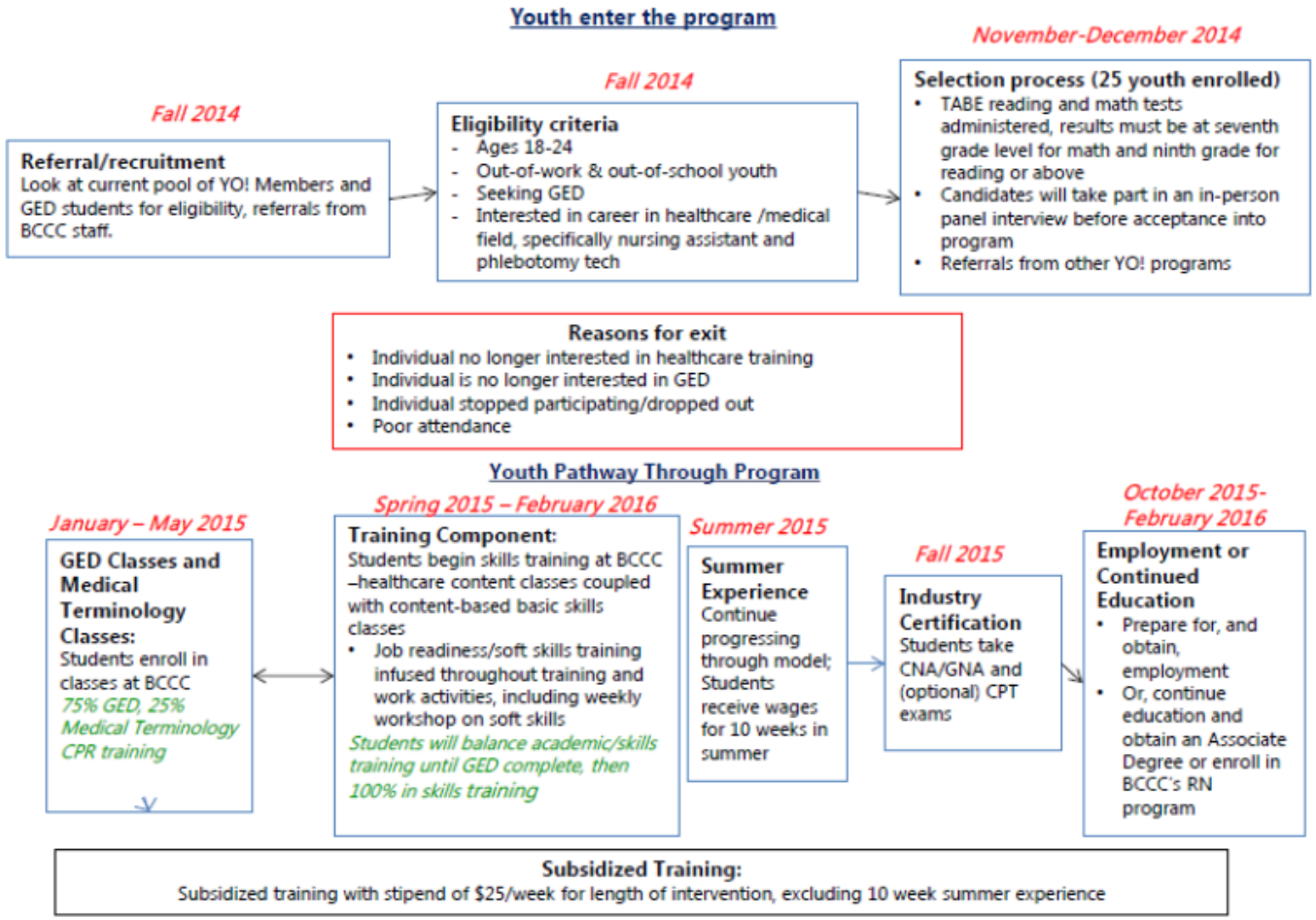
Appendix A. Names and Positions of Technical Workgroup Members

- Jeffrey Smith, Professor of Economics, University of Michigan
- Rebecca Maynard, Trustee Professor of Education and Social Policy, University of Pennsylvania
- Freya Sonenstein, Professor at John Hopkins University and Director of the Center for Adolescent Health Promotion and Disease Prevention
- Jim Boucher, Director of Strategic Development for the Capital Workforce Partners
- Lisa Salazar, Acting Director for the Youth Opportunity System in the LA Community Development Department
- Dan Bloom, Director, Health and Barriers to Employment Policy Area at MDRC
- Matt Stagner, Director of Human Services Research, Mathematica Policy Research

Appendix B. Steps in Proposed Model: Baltimore

FIGURE B.1

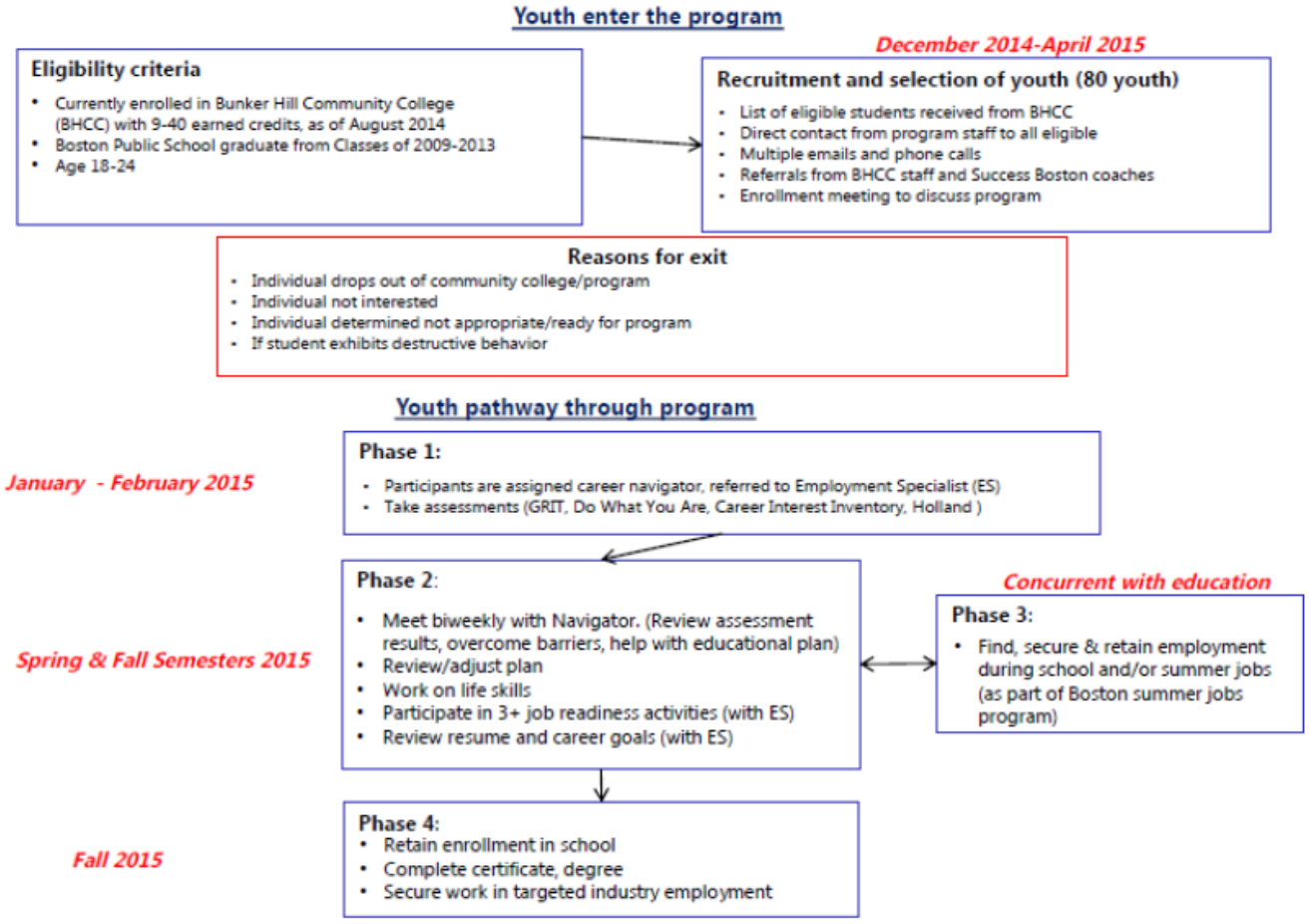
Steps in Proposed Model: Baltimore, March 2015



Appendix C. Steps in Proposed Model: Boston

FIGURE C.1

Steps in Proposed Model: Boston, March 2015



Appendix D. Protocols for First Implementation Site Visit

I. Grantee/Community College Staff

Program enrollment/retention

I. Eligibility and recruitment *[First site visit only]*

a. Describe the program's eligibility criteria

b. Describe site's recruitment and enrollment process

i. What were the main sources for referrals?

c. Did you have difficulty attaining your enrollment goals, on time?

i. If yes, what were the main challenges to achieving this goal?

II. Feedback *[First site visit only]*

a. What eligibility criteria do you think are necessary for your program's success?

b. What eligibility criteria might need adjustment to increase recruitment and retention?

III. Retention

a. What has been the youth's retention in the program (how many have dropped out; how many are in danger of dropping out)?

b. What are early signs of barriers that impede retention?

c. How do you address these barriers?

IV. Improvements

a. Would altering any of the recruitment, enrollment, or retention processes improve program participation?

Assessments

I. Administered

a. Which assessments were administered before? *[First site visit only]*

b. What assessments (if any) are administered during the program? How often are these assessment administered?

c. What were the outcomes of the assessments?

d. How are the outcomes recorded and used in the program?

II. Improvements

a. How can the administration or use of the assessments be improved?

Toolkit

I. Implementation

b. How has the text connect strategy been implemented in the program?

c. How have the planning strategies (planning goal sheet) been implemented in the program?

d. Have the students heard from alumni of the program? *[BALTIMORE ONLY]*

e. What has been the response of each strategy by the youth?

i. By the Career Navigators?

f. Do the toolkit strategies and activities align with the existing services and roles of the caring adults?

II. Support

a. Do you feel support is available to the Career Navigator to implement the toolkit strategies?

III. Feedback

a. What is your overall feeling about the presence of the Career Navigator toolkit within the program intervention?

b. Do you think certain strategies have been implemented with more ease than others? If so, which ones and why?

c. Do you think certain strategies are not working with your program's youth population? If so, which ones and why?

d. Do you think certain strategies are having more of an impact then others? If so, which ones and why?

e. What have been the challenges to implementing and executing any aspect of the toolkit?

IV. Improvements

a. Could any of the toolkit strategies be improved to help achieve its goals (helping youth navigate decisions of time, complex or uncertain decisions; or emphasizing a growth mindset-*Baltimore only*)?

b. Could the development or approach to any of the toolkit strategies, or the toolkit as a whole, be improved to improve youth's retention?

c. Could any changes be made to the toolkit that would enable the Career Navigators to better perform their job?

Intervention components: Education

I. Implementation

a. What aspects of the education component have been implemented? [Baltimore only]

II. Courses/program of study

a. Length, intensity, goals of classes? [Baltimore only]

b. To what extent is there contextualized learning in the classroom? [Baltimore only]

c. Are classes related to career goals of students?

III. Youth participation

a. Describe the youth's participation and retention in the classes?

b. Do you receive updates on youth's attendance in their classes? What has been your response if you find out a student is in danger of failing a class or has dropped out (or, if this hasn't happened yet, what would be your response)? [Boston only]

c. What are the challenges with, and obstacles to, youth attendance and retention in the education classes?

d. What are the successes with youth attendance and participation in the education classes?

IV. GED testing [Baltimore only]

a. How youth become aware of tests

b. How youth register for tests

c. How youth prepare for test

d. Number of pursuing GED

e. Number of youth who tested for GED

f. Success rate for passing GED

g. Challenges with GED prep and testing

h. Successes with GED prep and testing

V. Credential testing [*Second visit only*]

a. How youth become aware of tests

b. How youth register for tests

c. How youth prepare for test

d. Number of pursuing credential tests

e. Number of youth who tested

f. Success rate for passing tests

g. Challenges with prep and testing

h. Successes with prep and testing

VI. Feedback

a. What aspects of the education component have been particularly helpful? Why?

b. What aspects of the education component have been particularly unhelpful? Why? What could be changed to make the component more useful?

VII. Improvements

a. How could the education component of the program be improved to increase attendance in class and retention in the program?

Intervention components: Employment

BALTIMORE

I. Employment experiences in program

a. Did any youth enter the program employed, and retain that employment?

b. Have any youth obtained a job during the program?

c. For those that did, how did youth obtain their employment?

d. Has the program offered any assistance to help the youth retain employment while in the program?

II. Job preparation

a. What activities have the youth engaged in geared towards job preparation?

b. What job preparation activities do you deem as most critical for this population?

c. Have employers been engaged in any job preparation activities?

d. Has it been difficult to engage employers in the process and activities?

e. Do you anticipate youth will search for full time employment post-program, or continue education? *[Second visit only]*

f. For those that are seeking employment, how have youth been preparing for post-program employment? *[Second visit only]*

III. Feedback

a. Do you think employer engagement impacts youth's retention in the program, or their future (or current) employment outcomes?

b. For youth who have retained employment during the program, have you noticed an impact on the youth's participation in the program?

IV. Improvements

a. How can the relationship with employers be improved?

b. How can the job preparation activities be improved?

BOSTON

I. Employment in Program

a. About how many youth entered the program employed?

i. Were these youth supported in any way by program staff to help retain employment?

b. About how many youth have gained employment since the program began? *[First visit only]*

i. How did these youth find their jobs?

ii. Are these jobs career related?

iii. Are these jobs full or part time?

II. Job preparation

a. What activities have the youth engaged in geared towards job preparation?

b. What job preparation activities do you deem as most critical for this population?

c. How involved have employers been in job preparation activities?

III. Summer employment

a. How many youth have obtained summer employment/internships?

i. How many youth obtained career related internships?

b. How are [have] youth preparing [prepared] to obtain summer employment?

c. How active are employers in this process?

IV. Improvements

a. What improvements can be made to the job preparation activities?

b. What improvements can be made to the engagement with employers?

Intervention components: Career Navigators/Employment Specialist

I. Career navigator

a. Have the Career Navigators engaged in the program as planned?

b. What is working well with the Career Navigator role/staff?

c. What has been challenging with the Career Navigator?

d. How would you improve the Career Navigator role?

II. Employment specialist [Boston only]

a. Has the Employment Specialist engaged in the program as planned?

b. What is working well with the Employment Specialist role/staff?

c. What has been challenging with the Employment Specialist?

d. How would you improve the Employment Specialist role?

III. Other educational advising

a. Outside of the Caring Adults, do youth receive additional educational advising?

i. If yes, how often do they receive this advising?

ii. From whom?

iii. What occurs during these advising sessions/opportunities?

iv. Can you gauge the quality of this advising?

v. Have any youth's educational plans or goals changed as a result of this advising?

vi. Are there challenges with this academic advising?

II. Caring Adult

Role: CAREER NAVIGATORS

I. Overview

a. Please describe in detail your role and your responsibilities

II. Engagement and Interactions

a. What types of interactions have you had with youth, both in group and one-on-one settings

i. What activities do you engage youth in on a weekly basis?

ii. How often do you connect with youth?

iii. What is the quality of these interactions?

iv. Are there other interactions you would like to have with youth, but haven't been able to do? If so, what would be needed to do so?

b. What types of interactions have you had with other intervention partners (community college instructors and grantee staff)?

i. What activities do you engage in with other program participants on a weekly basis?

ii. How often do you connect with these other program participants?

iii. What is the quality of these interactions?

iv. Are there other interactions you would like to have with other partners, but haven't been able to do? If so, what would be needed to do so?

c. What types of interactions do you have with external support service providers?

i. How often do you connect with these providers?

ii. What is the quality of these interactions?

iii. Do these providers succeed in fulfilling the needs of the youth that you are seeking? If not, please explain why.

iv. Are there other needs or interactions you think are needed with external service providers?

III. Capacity and Resources

a. Do you have the available time to implement the intervention components – the youth engagement, the toolkit strategies, the employer engagement, etc.?

b. Do you have the available resources you need to implement the intervention components – the youth engagement, the toolkit strategies, the employer engagement, etc.?

c. Do you have ongoing support and/or training from grantee staff throughout the program when and if challenges arise?

IV. Use of OTIS

a. Have you been using OTIS to enter student information? Please describe your experience with using OTIS to enter this information.

b. Have you been using OTIS to enter information about your engagement with students? Please describe your experience with using OTIS to enter this information.

c. Has OTIS served as a useful case management tool? Why or why not.

d. Have you encountered any challenges with using OTIS? If so, please explain.

e. Was the training you received on OTIS sufficient for you to use the system?

f. Have you received the support you needed to effectively use OTIS, including responses to questions?

g. Do you have any recommendations about how to improve the use of OTIS?

V. Feedback

a. What is working well in your interactions with the youth?

b. What is not working well in your interactions with the youth?

c. What is working well with any support/training you receive to assist you in your job?

d. What is not working well with any support/training you receive to assist you in your job?

e. What other Challenges do you face in your job?

VI. Improvements

a. How could the intervention be improved to improve the quality or frequency of your engagement with the program youth?

b. What improvements could be made to improve youth retention and participation in the program?

c. What tools or resources do you need to be successful?

Role: EMPLOYER SPECIALIST [BOSTON ONLY]

I. Overview

a. Please detail your role, and your responsibilities

II. Engagement and Interactions

i. How often do you connect with youth, including workshops and other interactions?

ii. What is the quality of these interactions?

iii. Are there other interactions you would like to have with youth, but haven't been able to do? If so, what would be needed to do so?

b. What types of interactions have you had with other intervention partners (community college instructors and grantee staff)?

i. What activities do you engage in with other program participants on a weekly basis?

ii. How often do you connect with these other program participants?

iii. What is the quality of these interactions?

iv. Are there other interactions you would like to have with other partners, but haven't been able to do? If so, what would be needed to do so?

c. What types of interactions do you have with employers?

i. How often do you connect with employers?

ii. What is the quality of these interactions?

iii. Are there other interactions you would like to have with employers, but haven't been able to do? If so, what would be needed to do so?

III. Capacity and Resources

a. Do you have the available time to implement the all intervention components – the youth engagement, the toolkit strategies, the employer engagement, etc?

b. Do you have the resources you need to implement the all intervention components – the youth engagement, the toolkit strategies, the employer engagement, etc?

c. Do you have ongoing support and/or training from grantee staff throughout the program when and if challenges arise?

IV. Use of OTIS

a. Have you been using OTIS to enter student information? Please describe your experience with using OTIS to enter this information.

b. Have you been using OTIS to enter information about your engagement with students? Please describe your experience with using OTIS to enter this information.

c. Has OTIS served as a useful case management tool? Why or why not.

d. Have you encountered any challenges with using OTIS? If so, please explain.

e. Was the training you received on OTIS sufficient for you to use the system?

f. Have you received the support you needed to effectively use OTIS, including responses to questions?

g. Do you have any recommendations about how to improve the use of OTIS?

V. Feedback

a. What is working well in your interactions with the youth?

b. What is not working well in your interactions with the youth?

c. What is working well in your interactions with employers?

d. What is not working well in your interactions with employers?

e. What is working well with any support/training you receive to assist you in your job?

f. What is not working well with any support/training you receive to assist you in your job?

g. What other Challenges do you face in your job?

VI. Improvements

a. How could the intervention be improved to improve the quality or frequency of your engagement with the program youth?

b. What improvements could be made to improve youth retention and participation in the program?

c. What tools or resources do you need to be successful?

Program enrollment/retention

I. Eligibility and recruitment *[First site visit only]*

a. Were you made aware of the programs eligibility criteria, and recruitment and enrollment efforts?

b. Did you have difficulty attaining your enrollment goals, on time?

i. If yes, what were the main obstacles to achieving this goal?

II. Retention

a. What has been the youth's retention in the program?

b. What are early signs of barriers that impede retention and participation in your activities?

c. How do you address these barriers?

III. Feedback *[First site visit only]*

a. What eligibility criteria do you think are necessary for your program's success?

b. What eligibility criteria might need adjustment to increase recruitment and retention?

IV. Improvements

a. Would altering any of the recruitment, enrollment, or retention processes improve program participation?

Toolkit:

I. Training and Support

a. Did the initial toolkit training adequately prepare you for implementation of the various toolkit strategies?

b. How useful was the manual and other resources you received during the toolkit training?

c. What else would have been helpful to receive or review during the initial training?

d. Do you need ongoing, continuous training and support in order to implement the various toolkit strategies?

i. If no, do you think support is available if you ever need it?

e. Do you receive any ongoing training and support?

i. If yes, is that support readily available?

f. What types of support are most helpful in executing the various strategies of the toolkit?

g. What types of support do you wish you had that you do not in order to execute the various elements of the toolkit?

II. Implementation: For each toolkit strategy:

a. Group Text Messages [CAREER NAVIGATOR only; BALTIMORE only]

i. How many group texts have been sent?

ii. What sort of responses did you receive to the text(s)?

iii. How easy was it to communicate the message, and work with 2M to receive any messages and responses?

iv. Do you think this is an effective method of sending information and reminders?

v. What challenges have you encountered in sending the group text messages?

vi. Which aspects of the text messages are working well? Why?

b. Planning Documents

i. How many times have youth filled out the planning documents with you?

ii. How receptive have youth been to the planning document?

iii. Have you been able to follow up with youth on their planning document and track progress?

iv. What challenges did you encounter trying to implement the planning document and have youth fill it out?

v. What aspects of the planning document work well? Why?

c. Growth Mindset [BALTIMORE only]

i. Have alumni visited the youth yet?

ii. If yes, how receptive were the youth?

iii. Did the youth fill out their responses?

iv. What challenges did you have in having youth fill these out?

v. What aspects of this strategy worked well?

Intervention components: Education [CAREER NAVIGATOR only]

I. Implementation [BALTIMORE only]

a. What aspects of the education component have been implemented?

II. Courses/program of study

a. Length, intensity, goals of classes [BALTIMORE only]

b. To what extent is there contextualized learning in the classroom [BALTIMORE only]

c. Are classes related to career goals of students

III. Quality of instruction

a. How do youth engage in the classroom? [BALTIMORE only]

b. How involved are the instructors in the youth's learning and progress through class? [BALTIMORE only]

c. Are there any differences between instructors? [BALTIMORE only]

d. Any challenges youth encounter with engaging in classes

IV. Youth participation

a. Describe the youth's participation and retention in the classes?

b. Do you receive updates on youth's attendance in their classes? What has been your response if you find out a student is in danger of failing a class or has dropped out (or, if this hasn't happened yet, what would be your response)? [BOSTON only]

c. Do you have any way of monitoring youth's engagement and participation in their classes? [BOSTON only]

d. What are the challenges with, and obstacles to, youth attendance and retention in the education classes?

e. What has worked well to maintain youth attendance and participation in the education classes?

f. What educational advising do program youth receive?

g. How do a youth's career plans and goals enter into the educational advising youth receive?

V. GED testing [BALTIMORE only]

a. How do youth become aware of tests?

b. How do youth register for tests?

c. How do youth prepare for the test?

d. Number of youth who tested for GED

e. Success rate for passing GED

f. Are there any challenges with GED prep and testing?

g. Are there any successes with GED prep and testing?

VI. Credential testing [*Second visit only]*

a. How do youth become aware of tests?

h. How do youth register for tests?

i. How do youth prepare for the test?

j. Number of pursuing credential tests

k. Number of youth who tested

l. Success rate for passing tests

m. Are there any challenges with prep and testing?

n. Are there any successes with prep and testing?

VII. Feedback

a. What aspects of the education component have been particularly helpful? Why?

b. What aspects of the education component have been particularly unhelpful? Why?

VIII. Improvements

a. How could the education component of the program be improved to increase attendance in class and retention in the program?

b. What could be changed to make the education component more useful?

c. How has the educational component of the intervention been adapted to improve success with program implementation and youth engagement?

i. Have you seen any changes in program implementation or youth engagement as a result of these adaptations?

Intervention components: Employment

BALTIMORE

I. Employment experiences in program

a. Did any youth enter the program employed, and retained that employment?

b. Have any youth obtained a job during the program?

c. For those that did, how did youth obtain their employment?

d. Have you engaged in any activities with these youth to support their employment?

II. Job preparation

a. What activities have you engaged in with youth to assist the youth in preparing for employment post-program?

b. Have employers been engaged in any job preparation activities? If yes:

i. How frequently have employers been involved in a program activity?

ii. What was the employers' role?

iii. What is your understanding of the quality of these engagements?

III. Feedback

a. Which job preparation activities do you think are the most successful? Why?

b. Which job preparation challenges have not worked as well? Why?

c. Do you think employer engagement will impact youth's retention in the program, or their future (or current) employment outcomes?

d. For youth who have retained employment during the program, have you noticed an impact on the youth's participation in the program?

e. How have youth received the different job preparation activities and program requirements?

IV. Improvements

a. How can the relationship with employers be improved?

b. How can the job preparation activities be improved?

c. Are there activities you wish you could engage youth in but you don't have the necessary resources to do so?

BOSTON

I. EMPLOYER SPECIALIST: Employment experiences in program

a. Roughly, how many youth entered the program with employment secured? [First Site Visit Only]

b. For those not employed upon entering the program, what activities have you engaged in with youth to help them obtain employment?

c. Have any youth obtained a job during the program?

d. For those that did, how did youth obtain their employment?

e. What types of jobs have youth obtained?

f. What activities have you engaged in with these youth to support their employment?

g. Have you been engaged with the employers that are employing the youth?

II. Job preparation

a. What activities have you engaged in with youth to assist the youth in preparing for employment (summer job or post-program)?

b. What employment workshops have you administered so far?

i. How often has each been offered?

ii. How many youth have attended the workshops?

iii. What was the youth's feedback on the workshops?

c. Have employers been engaged in any job preparation activities? If yes:

i. How frequently have employers been involved in a program activity?

ii. What was the employers' role?

iii. What is the quality of these engagements?

III. Summer employment

a. How many youth have secured summer employment?

b. Are the summer jobs youth have obtained in the industry or career of their interest?

c. EMPLOYMENT SPECIALIST: How have you engaged with youth during the summer employment *[Second visit only]*

i. What is the frequency of these interactions?

ii. What is the quality of these interactions?

d. EMPLOYMENT SPECIALIST: Have you maintained contact with youth's supervisors during the internship? *[Second visit only]*

i. What is the frequency of these interactions?

ii. What is the quality of these interactions?

iii. Did supervisors fill out the baseline assessment on their employee youth?

1. If yes, what did you do with the results of this assessment?

2. What do you plan to do at the end of the internship with the supervisors' assessments of the youth?

e. What are you doing with those youth that did not obtain summer employment? *[Second visit only]*

IV. Feedback

a. What job preparation activities have worked well? Why?

b. What job preparation activities have not worked well? Why?

c. What interactions with employers have worked well? Why?

d. What activities that have engaged employers have not worked well? Why?

e. What feedback have you received from employers that have employed youth?

f. What feedback have you received from employers that have engaged in any job preparation activities?

V. Improvements

a. What improvements can be made to the job preparation activities?

b. What improvements can be made to the engagement with employers? [EMPLOYER SPECIALIST only]

III. Community College Instructors [Baltimore only]

I. Courses/program of study

a. Length, intensity, goals of classes

b. To what extent is there contextualized learning in the classroom?

II. Youth participation

a. How do youth engage in the classroom? (i.e. group projects, presentations, etc.?)

b. What challenges do you find youth encounter with engaging in classes?

c. Describe the youth's participation and retention in the classes?

d. What are the challenges with, and obstacles to, youth attendance and retention in the education classes?

e. Do you provide additional tutoring or assistance outside of class?

i. If yes, how often does this occur?

ii. How many youth take advantage of this?

f. How do you see youth managing the multiple demands of GED and healthcare bridge classes, studying for GED tests, and other workshops and meetings as required by the program?

III. GED testing

a. How do youth become aware of and register for tests?

b. Number of youth who tested for GED already?

c. Success rate for passing GED

d. Challenges with GED prep and testing

e. Successes with GED prep and testing

IV. Credential testing [*Second visit only]*

a. How do youth become aware of and register for tests?

b. How do youth prepare for test?

c. How many youth are pursuing credential tests?

d. How many youth have taken a credential test?

e. Success rate for passing tests

f. Challenges with prep and testing for credential tests

g. Successes with prep and testing for credential tests

V. Feedback

a. What has worked well to maintain youth attendance and participation in the classes?

b. What parts of the class are working for the youth (the timing, size, pace of class, peer engagement, tests, location, etc.)? Why?

c. What parts of the class are not working as well for the youth (the timing, size, pace of class, peer engagement, tests, location, etc.)? Why?

VI. Improvements

a. How could the classes be improved to increase attendance in class?

b. How could the classes be improved to increase the youths testing and class outcomes?

IV. Youth

Caring Adult

I. Interaction

a. How often do you meet with your career navigator (and employer specialist)?

b. How often do you hear from them, either by text, email, social media, see them in the halls, etc.?

c. How long do you meet with them in a formal setting (scheduled meeting, workshop, etc.)?

d. Do you meet in any group settings with the caring adult and other program youth?

II. Feedback

a. How helpful are your formal meetings with the caring adult(s)?

b. How helpful is your other weekly interactions with the caring adult(s)?

c. What is working with your formal meetings? Why?

d. What is not working well with your formal meetings?

e. How is this Caring Adult different from other advisors or instructors you've encountered?

III. Improvement

a. What improvements can be made around your interactions with the caring adults?

Toolkit:

I. Implementation

a. Group Texts

i. How many group texts from the Navigator Messenger have you received?

ii. How often do you receive a group text?

iii. Did you find these texts helpful, as reminders or sharing information?

iv. Did you ever respond to one of these texts? a. If yes, did you receive an adequate response or follow up, if needed?

v. Do you think these should continue?

vi. What other ways would be helpful for you to receive the type of information shared in a group text?

b. Planning document

i. How many of these planning documents have you filled out with the career navigator?

ii. How easy or difficult was it to fill out?

iii. Have you seen the document since filling it out (do you ever review it with your career navigator or review it if you're encountering an obstacle?)?

iv. Do you think writing out a plan in this manner has helped you to achieve the goal in the plan?

v. What have been some challenges in completing this document?

vi. Do you feel more committed to the plan because you wrote it out than you might otherwise?

vii. Do you feel that achieving the goal (set out in each planning document) is more easily achievable because of this document?

viii. What other ways would be helpful to achieve your goals and tasks?

c. Meeting with Alum *[BALTIMORE only]*

i. Did you meet with alumnae of the group?

ii. What happened during the meeting? What did the alumnae talk about during the meeting?

iii. Was it helpful to hear from the alumnae?

1. What did you like most about the meeting?

2. What did you like least?

iv. Did you complete the writing exercise after the meeting?

v. Do you know why you were asked to complete the exercise?

vi. Did you find the writing exercise helpful?

1. What did you like most about the meeting?

2. What did you like least?

Intervention Components: Education

BALTIMORE

I. Courses/program of study

a. Length, intensity, goals of classes

b. Do you feel the healthcare bridge class is preparing you for your medical classes next fall? Why or why not?

c. Do you feel the GED classes are adequately preparing you for taking and passing the GED test? Why or why not?

II. Youth participation

a. How do you typically engage in the classroom? (i.e., group projects, presentations, etc.?)

b. What challenges do you have to engage in classes?

c. Do you feel you receive support from your instructors outside of class time if needed?

i. Are your instructors accessible?

ii. How often do you seek additional tutoring or support outside of class time?

d. Do you receive support from the career navigator to attend, and succeed in, class?

e. What are the challenges with, and obstacles to, your attendance in the classes?

i. How do you overcome these challenges?

f. How involved and invested do you feel are your instructors in your learning in the class?

III. Advising

a. Do you talk to the career navigator, your teachers, or any others in the program about your education plans?

b. Do you discuss with anyone whether the classes are meeting your goals for school and, eventually, work?

c. Do you have discussions with anyone around how to align your education and career plans?

IV. GED testing

a. How do you become aware of and register for tests?

b. Have you tested for any sections of the GED yet?

i. If yes, have you passed?

c. Challenges with GED prep and testing

d. Successes with GED prep and testing

V. Credential testing [*Second visit only]*

a. How do you become aware of and register for tests?

b. How do you prepare for test?

c. Are you pursuing credential tests?

d. Have you taken a credential test?

i. If yes, have you passed?

e. Challenges with prep and testing for credential tests

f. Successes with prep and testing for credential tests

VI. Feedback

a. Thinking about all of your classes, what has worked well for you? What do you like most about them? (probe: the timing, size, pace of class, peer engagement, tests, location, content, instructor approach, etc.)? Why?

b. What parts of the class are not working as well for you (the timing, size, pace of class, peer engagement, tests, location, etc.)? Why?

c. Do you feel these classes are preparing you for employment in the healthcare field?

VII. Improvements

a. How could the classes be improved to improve your attendance in class?

b. How could the classes be improved to improve your outcomes (test scores, GED and Cert test attainment) in the class?

BOSTON

I. Advising

a. What educational advising have you received since January 2015?

i. How often do you receive educational advising?

b. Who has this advising been given by?

c. Did you feel this advising help shape your class choices?

i. Have your education plans changed as a result of this advising?

d. Do you feel this advising helped you pick classes that are related to your career goals?

II. Current Classes

a. Do you feel your current courses are the right ones for your education goals? Your career goals?

b. How engaged are you typically in class?

c. How often do you miss a class?

III. Feedback

a. What are the challenges in receiving educational advising?

IV. Improvements

a. How can the education advising and your classes be improved to increase your attendance in class and retention in the program?

b. How can the education advising and your classes be improved to help you achieve your educational goals?

Intervention Components: Employment

I. Job Preparation

a. Did the career interest assessment help you discover new interests or direct your interests [BOSTON only]?

b. Did the MOED Youth Work Readiness Assessment taken at the beginning of the program help you discover new interests or direct your interests? [BALTIMORE only]

c. How are effective are the job preparation workshops?

i. How frequently do you attend one?

ii. Which have been the most helpful? Why?

iii. Which have been the least helpful? Why?

iv. What would you change about any of the workshops? What would you keep?

d. Do you feel you've received support to explore the careers of interest to you?

e. Do you have a better sense of what you want to do for work now, as compared to before you started the program (in Jan/Feb of 2015)?

f. Do you feel better prepared to enter an internship or employment now, as compared to before you started the program?

g. Do you feel better prepared to obtain a job/internship that is career focused?

h. Do you feel better prepared to obtain employment after your courses are complete in the industry of interest?

i. What job prep skills do you wish you could gain that you haven't yet in this program?

II. Employment in Program

a. Have you held a job since Jan/Feb 2015?

i. If yes, did the caring adults, or anyone in the program, provide support during your employment?

ii. If yes, have you encountered any challenges in maintaining your job?

1. Did the caring adult(s) help you address these challenges?

2. Were you able to overcome them and stay in your job?

III. Summer Employment [BOSTON only]

a. Have you secured summer employment yet?

i. If yes, is the summer employment related to a career you are interested in pursuing?

ii. If yes, how did the caring adults help you obtain this job?

iii. If no, have you had any interviews?

iv. If no, what activities have you done to find a job?

v. If no, what are the challenges to obtaining a summer job? Has the caring adult(s) helped you to address these challenges?

vi. If no, do you feel confident you will obtain a summer job?

vii. If no, do you have another plan for earning money this summer? [Second visit only]

viii. If no, will this impact your enrollment in school in the Fall? *[Second visit only]*

Appendix E. Protocols for Second Implementation Site Visit

I. Boston

Grantee/Community College Staff:

I. How are things going with this second cohort? Updates on the intervention for second cohort?

II. Enrollment

a. How easy or difficult to meet enrollment numbers? How long did it take to reach the targets?

b. Describe the methods you used for outreach and enrollment

c. Did you have to change your methods this year?

III. Intervention:

a. Describe the key elements of the program for the second cohort and how these elements differ from the first cohort?

i. Do you think the shorter time frame impact the success of the program?

ii. From your perspective, what would be the ideal amount of time that a cohort would stay in the program?

b. Looking back on the program from the beginning, what parts do you think worked the best?

i. What do you think are the biggest successes of the program?

ii. What do you think are the biggest challenges for the program's success?

c. If you could start over again, what changes would you make to the program?

d. If you were going to advise another location on implementing an intervention like this, what would you describe as the main lessons learned?

IV. Youth participation

a. Describe the youth's retention in the intervention?

b. What do you think are the biggest challenges to keeping youth in the program?

Intervention Context

I. Relationship between PIC and BHCC

a. Please give a brief history of how the partnership was formed?

b. What elements need to be in place to have a successful partnership like this?

c. What are the biggest challenges to a partnership like this?

II. Context: Boston – In this section, I want to better understand how having this program within the context of Boston might affect its implementation. (This includes things like the employment context here, the types of students who live here, as well as the way the different public service systems interact)

a. Do you think there are things that are unique to Boston that would affect how this program is implemented? How so? (This can include the employment context, the community college system, the public benefits system, the partnerships between agencies)

i. Why is Boston a good place to implement this type of program?

ii. What challenges do you face in Boston to implementing this type of program?

b. What aspects of Boston's workforce or community college system are important to successfully implement the program? Do you think other systems (like public benefits or youth programs) affected the implementation of the program?

c. Are there any other systems you would want to partner with should you implement the program in the future?

d. What systems do you wish had been in place to support the program?

e. What would you want to change, if you could, about Boston to better support the program?

III. Future of Program, Your assessment of the future of this program in Boston

a. Under ideal conditions (plenty of funding, for example), would you maintain the program after this year?

i. If funding and time weren't an obstacle, what changes would you make to the program (under the ideal conditions)?

ii. Would you implement this program in its current form in additional locations in Boston (under ideal conditions)? How would you choose locations? What are some of the criteria you would consider for choosing locations?

1. What are the biggest obstacles to implementing the program in other sites?

iii. Given the current situation, do you have plans to maintain the program or implement it in other sites?

iv. What sources will you look to for funding?

b. If not, why not?

IV. Target Population

a. How would you change or define the target population differently if you were to implement the program in the future? Why?

i. Would you change the eligibility criteria? Number of credits needed? Age?

V. Staff

a. What do you think are the most important characteristics the career navigators and employment specialist should have to be successful in this job?

i. How difficult do you think it would be to hire qualified staff? Do you think being in Boston helps or hinders hiring?

ii. If you were hiring staff in the future, what would you look for on their resume?

iii. What do you think is the ideal caseload for staff?

b. Would you change the training process for staff? If so, how?

VI. Data Systems

a. Do you think OTIS was helpful for tracking student progress?

b. What type of data system would you use in the future should you implement the program?

i. What would the ideal data system include?

CAREER NAVIGATORS AND EMPLOYMENT SPECIALIST:

I. Overview

a. Describe the how you did outreach and enrollment this semester

i. Were there differences from last year? What obstacles did you encounter in recruitment this semester? Why do you think there were differences from the previous semester?

ii. Did you enroll a different type of student? Or do they seem similar to the previous cohort?

iii. How is your caseload right now? Do you feel like it is the right amount? What would be the ideal caseload for you?

b. Please describe any changes to your role and your responsibilities this semester?

II. Engagement and Interactions

a. Describe the interactions have you had with youth in the second cohort, both in group and one-on-one settings.

i. Have you changed your approach from the previous semester?

ii. How often do you meet with the students from the fall cohort? How is the quality of the interactions? Any differences from the previous semester?

iii. Have you removed any services or workshops from the program? Have you added any services or workshops?

1. How has attendance been at the workshops? How do you advertise them? Do you have a set schedule of workshops or are they more as need arises?

iv. Would you like to have more or different types of interactions with students, but haven't been able to do? If so, what supports or resources would be needed to do so?

v. Overall, what do you think is the best thing about the program for the students? What do you wish you could provide (what unmet needs do you see in the students) that you are not able to because of limited time or resources?

III. Student Retention

a. Do you feel like students remain engaged in the program over time? How do the students who stay engaged differ from those who don't? Do you think that there could be changes in the program to increase engagement for some students?

b. Do you think the right students are targeted for the program? What changes would you make to the target population? What types of students seem to get the most from the program?

i. What eligibility criteria do you think are necessary for your program's success?

ii. What eligibility criteria might need adjustment to increase recruitment and retention?

c. How often do you meet with the community college staff and the PIC?

i. Is this about the same as last semester? More or less? What types of issues do you discuss?

ii. What is the quality of these interactions?

1. Do you feel you get the support you need to do your job? What changes would you make to supports or resources to help you do your job better?

d. Describe how the three of you work together.

i. Has that changed over the course of the program? In what ways?

ii. If they implemented this program in another city, what advice would you give them about designing these roles? What advice would you give them about hiring staff as Career Navigators or Employer Specialists? And, what supports are needed to help the staff work together well?

IV. Capacity and Resources

a. Do you have enough available time AND resources to implement the intervention components with the students

i. Do you feel the youth enrolled in September are getting the same level of support and services from you and the program as those enrolled last semester?

ii. Ideally, how long should students have access to the Getting Connected program? What do you think is the ideal amount of time to be enrolled in the program?

V. Training

a. How would you change the training you received? If you could design the ideal training for this job, what would it include?

VI. Use of OTIS

a. Has OTIS served as a useful case management tool? Why or why not?

b. What are the primary challenges with using OTIS?

c. Was the training you received on OTIS sufficient for you to use the system? If you could design a training for OTIS, what would it be like?

d. What additional support would you like to have to use OTIS?

e. If you could redesign OTIS, what changes would you make? Do you have any recommendations about how to improve the use of OTIS?

Toolkit:

I. Use of the toolkit

a. Do you think the students find the text reminders helpful? What changes would you make to them or to the process of using the texts?

b. Do you think the planning documents are helpful to the students? What changes would you make to them?

c. What changes would you make to the training about the toolkit?

i. Do you need ongoing, continuous training and support in order to implement the various toolkit strategies?

ii. If no, do you think support is available if you ever need it?

d. GRIT Assessment

i. What are your thoughts on the GRIT assessment? Did you find it useful? Would you use it again, if you had the choice? What was the youth's response to the assessment?

Intervention components: Education

I. Courses/program of study

a. Have students changed their course schedules based on your advising? What effect do you think your advising has had on student motivation to attend classes or stay in school?

b. How much communication do you have with the students' educational advisors? What is the relationship like? What do you think the ideal communication would be like? Are there ways to improve communication?

c. How much communication do you have with students' professors? What is that relationship like? What do you think the ideal amount of communication would be? Are there ways to improve communication between professors and CN/ES?

i. Do you receive updates on youth's attendance in their classes? What has been your response if you find out a student is in danger of failing a class or has dropped out (or, if this hasn't happened yet, what would be your response)?

ii. Did you receive notifications from the Early Alert system? Or other updates when students had problems in the class?

iii. What are the challenges with, and obstacles to, youth attendance and retention in the education classes?

II. Improvements

a. From your perspective, how could the educational advising and instruction be changed to better meet students' goals? What are the primary issues students raise about the advising and instruction? What do you do to try to help students resolve these issues? What obstacles do you face in helping students resolve these issues?

Intervention components: Employment

I. Employment experiences in program

a. Describe the summer employment experiences of students in the program?

b. Do students typically retain that employment into the school year?

II. Engagement with Employers

a. How have your interactions with employers evolved over the course of the program?

b. If you were to start over again, what do you think the program should do differently in working with employers?

c. Are there other interactions you would like to have with employers, but haven't been able to do? If so, what would be needed to do so?

III. Capacity and Resources

a. Do you have the available time and resources to implement the components of your job to all youth? – resume and job prep activities, workshops, assistance getting jobs, any toolkit strategies, the employer engagement, etc.?

b. What do you think is the right number of youth for you to most effectively/efficiently administer all the services needed to all youth?

Recommendations

I. Thinking about all aspects of the program, if you could go back and redesign it in any way (don't worry about resources or time) what changes would you make to the program?

a. Staff Training

b. Recruiting of Students

c. Eligibility Criteria for students

d. Data tracking system

e. Program Design

f. Support from PIC and BHCC

g. Interaction with other BHCC staff

Youth:

Caring Adult

I. How did you hear about the Getting Connected program?

II. Why were you interested in enrolling in the program? What did you hope to get out of it?

III. Tell me a bit about what you do in the program.

Specific Questions about the Elements of the program

IV. Interaction

a. How often do you meet with your career navigator? How often do you hear from them by text or email? Or see them in the halls?

i. What do you do in these meetings? How often are they one-on-one meetings? How often group meetings?

ii. Do you ever have difficulties scheduling or attending the meetings? What would make it easier?

1. Is the CN available when you are free?

iii. What types of issues have they helped you deal with?

b. How often do you meet with the ES? How often do you hear from him by text or email?

i. What do you do in these meetings? How often are they one-on-one meetings? How often group meetings?

ii. Do you ever have difficulties scheduling or attending the meetings? What would make it easier?

1. Is the ES available when you are free?

iii. What types of issues has he helped you deal with?

V. Feedback

a. How helpful are your meetings and interactions with the CN and ES? What do you enjoy the most about meeting with them? What things could they do to be more helpful?

b. How is this CN and ES different from other advisors or instructors you've encountered at BHCC?

c. If you could give feedback to the CN or ES about the meetings or the workshops, what would you tell them? Any ways they could improve them? What do you think works well?

Toolkit:

I. Implementation

a. GRIT Assessment

i. Did you take the GRIT assessment? How easy/difficult was it to take?

ii. Did you think this was a helpful assessment to take – did it provide new insight or enhance your interactions with your Career Navigator?

b. Group Texts

i. How many group texts from the Navigator Messenger have you received?

ii. How often do you receive a group text?

iii. Did you find these texts helpful, as reminders or sharing information?

iv. Did you ever respond to one of these texts?

1. If yes, did you receive an adequate response or follow up, if needed?

v. Do you think these should continue?

vi. What other ways would be helpful for you to receive the type of information shared in a group text?

c. Planning document

i. Have you done a planning document with the CN? This is different than the education planning document? It is intended to address one obstacle you might encounter.

ii. How easy or difficult was it to fill out?

iii. Have you seen the document since filling it out (do you ever review it with your career navigator or review it if you're encountering an obstacle?)?

iv. Do you think writing out a plan in the document has helped you to achieve the goal in the plan?

v. What have been some challenges in completing this document?

vi. What other ways would be helpful to achieve your goals and tasks?

Intervention Components: Education

I. Advising

a. Did you feel advising from your career navigator help shape your class choices?

i. Have your education plans changed as a result of this advising?

b. Do you feel this advising helped you identify majors that are related to your career goals?

c. Did you ask for advice related to your class performance or talking to a professor?

II. Current Classes

a. Do you feel your current courses are the right ones for your education goals? Your career goals?

III. Feedback

a. What are the challenges in receiving educational advising?

IV. Improvements

a. How can the education advising be improved?

Intervention Components: Employment

I. Job Preparation

a. Did you take the Career Assessment with the Career Navigator - did the career interest assessment help you discover new interests or direct your interests?

b. Did any other assessments help you direct your career interests or class choices?

c. Which Job preparation workshops (given by Rob) have you attended?

i. How did they help with job preparation? What was the best thing about the workshops?

ii. What types of changes would you make to the workshops to better help you in looking for employment?

iii. What additional workshops would you suggest?

d. Have your career interests changed since you started working with Rob and the CN? How so? Can you give an example?

e. Do you feel better prepared to obtain a job/internship related to your career interests? In what ways do you feel better prepared?

f. What job prep skills do you wish you could gain that you haven't yet in this program?

II. Employment in Program

a. Have you held a job since September 2015?

i. If yes, did the caring adults, or anyone in the program, provide support during your employment?

ii. If yes, have you encountered any challenges in maintaining your job?

1. Did the caring adult(s) help you address these challenges?

2. Were you able to overcome them and stay in your job?

III. Wrap Up

a. Would you recommend the Getting Connected program to other students? If so why? If not, why not?

b. If you could change the program in any way, what would you do differently? What advice do you have for the people who created the program?

c. What additional supports or resources could BHCC provide to support you in your classes and in finding employment?

II. Baltimore

Grantee/Community College Staff:

I. Enrollment

a. How easy or difficult was it to meet enrollment numbers?

b. Describe the methods you used for outreach and enrollment

II. Intervention:

a. Describe the key elements of the program during the past few months and how it has worked for the students?

i. Do you think the classes and clinicals were better received by the students than the GED and med term classes?

ii. From your perspective, what would be the ideal amount of time that a cohort would stay in the program?

b. Looking back on the program from the beginning, what parts do you think worked the best?

i. What do you think are the biggest successes of the program?

ii. What do you think are the biggest challenges for the program's success?

c. If you could start over again, what changes would you make to the program? Would you have kept the schedule of classes and clinicals the way it was or changed things?

d. If you were going to advise another location on implementing an intervention like this, what would you describe as the main lessons learned?

e. What are your thoughts on the number of students who have received their GED so far versus still working on it? On how many who have obtained employment vs still searching? Do any of these numbers surprise you? Why or why not?

III. Youth participation

a. Describe the youth's retention in the intervention?

b. What do you think are the biggest challenges to keeping youth in the program?

Intervention Context

VII. Relationship between MOED and BCCC

a. Please give a brief history of how the partnership was formed?

b. What elements need to be in place to have a successful partnership like this?

c. What are the biggest challenges to a partnership like this?

VIII. Context: Baltimore – In this section, I want to better understand how having this program within the context of Baltimore might affect its implementation. Our goal is to understand how the program might need to be changed should it be implemented in another city. (This includes things like the employment context here, the types of students who live here, as well as the way the different public service systems interact)

a. Do you think there are things that are unique to Baltimore that would affect how this program is implemented? How so? (This can include the employment context, the community college system, the public benefits system, the partnerships between agencies)

i. Would you select the healthcare industry as the focal industry if you did it again? Why or why not? What about the healthcare industry in Baltimore made this selection the right or wrong choice?

ii. Why is Baltimore a good place to implement this type of program?

iii. What challenges do you face in Baltimore to implementing this type of program?

b. What aspects of Baltimore's workforce, community centers, or community college system are important to successfully implement the program? How important was the YO! Center as a resource in implementing the program's components, especially the GED portion? Do you think other systems (like public benefits or youth programs) affected the implementation of the program? Did these programs conflict or otherwise interfere with how the program was implemented (difficulty in scheduling meetings, providing benefits, etc?)

c. Are there any other systems you would want to partner with should you implement the program in the future?

d. Would you change the integration of the YO! Centers in this program in the future? For example, would you specifically include them in the GED portion of the program and use them directly as a resource to teach the students or provide additional tutoring beyond what was already utilized?

e. What systems do you wish had been in place to support the program?

f. What would you want to change, if you could, about Baltimore to better support the program?

IX. Future of Program, Your assessment of the future of this program in Baltimore

a. Under ideal conditions (plenty of funding, for example), would you maintain the program after this year?

i. If funding and time weren't an obstacle, what changes would you make to the program (under the ideal conditions)?

ii. Would you implement this program in its current form in additional locations in Baltimore (under ideal conditions)? How would you choose locations? Would you recruit from other youth programs besides YO! Would you increase the number of students served beyond 25 students? Would you hire additional navigators? What are some of the criteria you would consider for choosing locations?

1. What are the biggest obstacles to implementing the program in other sites?

iii. Given the current situation, do you have plans to maintain the program or implement it in other sites or enroll another cohort of youth to go through the program?

iv. If so, what sources will you look to for funding?

b. If not, why not?

X. Target Population

a. How would you change or define the target population differently if you were to implement the program in the future? Why?

i. Would you change the eligibility criteria? TABE score? High school grade level? Age? Gender?

XI. Staff

a. What do you think are the most important characteristics the career navigator should have to be successful in this job? How about for the instructors?

i. How difficult do you think it would be to hire qualified staff? Do you think being in Baltimore helps or hinders hiring?

ii. If you were hiring staff in the future, what would you look for on their resume?

iii. What do you think is the ideal caseload for staff? Should they handle more or less than they current have?

b. Would you change the training process for staff? If so, how?

XII. Data Systems

a. Do you think OTIS was helpful for tracking student progress?

b. What type of data system would you use in the future should you implement the program?

i. What would the ideal data system include?

CAREER NAVIGATOR:

VII. Overview

a. Please describe any changes to your role and your responsibilities in the past few months?

VIII. Engagement and Interactions

a. Describe the interactions you had with youth in the program, both in group and one-on-one settings.

i. Have you changed your approach from earlier in the year? Has feedback from 2M and the team changed your approach?

ii. How often do you meet with the students? How is the quality of the interactions? Any differences from the previous months?

iii. Have you removed any services, guest speakers, or workshops from the program? Have you added any services, guest speakers, or workshops?

1. How has attendance been at the workshops/guest speakers? How do you advertise them? Do you have a set schedule of workshops or are they more as need arises?

iv. Would you like to have more or different types of interactions with students, but haven't been able to do? If so, what supports or resources would be needed to do so?

v. Overall, what do you think is the best thing about the program for the students? What do you wish you could provide (what unmet needs do you see in the students) that you are not able to because of limited time or resources?

IX. Student Retention

a. Do you feel like students remain engaged in the program over time? How do the students who stay engaged differ from those who don't? Do you think that there could be changes in the program to increase engagement for some students?

b. Do you think the right students are targeted for the program? What changes would you make to the target population? What types of students seem to get the most from the program?

c. How often do you meet with the community college staff and the MOED staff?

i. Is this about the same over the past few months? More or less? What types of issues do you discuss?

ii. What is the quality of these interactions?

1. Do you feel you get the support you need to do your job? What changes would you make to supports or resources to help you do your job better?

X. Capacity and Resources

a. Do you have enough available time AND resources to implement the intervention components with the students

i. Ideally, how long should students have access to the program? What do you think is the ideal amount of time to be enrolled in the program?

XI. Training

a. How would you change the training you received? If you could design the ideal training for this job, what would it include?

XII. Use of OTIS

a. Has OTIS served as a useful case management tool? Why or why not.

b. What are the primary challenges with using OTIS?

c. Was the training you received on OTIS sufficient for you to use the system? If you could design a training for OTIS, what would it be like?

d. What additional support would you like to have to use OTIS?

e. If you could redesign OTIS, what changes would you make? Do you have any recommendations about how to improve the use of OTIS?

Toolkit:

II. Use of the toolkit

a. Do you think the students find the text reminders helpful? What changes would you make to them or to the process of using the texts?

b. Do you think the planning documents are helpful to the students? What changes would you make to them?

c. What changes would you make to the training about the toolkit?

i. Do you need ongoing, continuous training and support in order to implement the various toolkit strategies?

ii. If no, do you think support is available if you ever need it?

Intervention components: Education

III. Courses/program of study

a. What effect do you think your advising has had on student motivation to attend classes or stay in the program? Were there any specific things you did that you thought were effective in improving their motivation?

b. How much additional tutoring did the students generally need to succeed in this program? Was this more or less than you initially anticipated? Did the program provide this additional support in a manner that you thought was suitable and effective? How well do you think the YO! Centers were in providing additional support? Would you have changed the relationship between the YO! Centers and this program from the beginning (officially had them as tutors, etc.)?

c. How much communication do you have with the students' instructors? What is the relationship like? What do you think the ideal communication would be like? Are there ways to improve communication?

i. What are the challenges with, and obstacles to, youth attendance and retention in the education classes?

IV. Improvements

a. From your perspective, how could the courses and curriculum be changed to better meet students' goals? What are the primary issues students raise about the classes and instruction? What do you do to try to help students resolve these issues? What obstacles do you face in helping students resolve these issues?

b. If they implemented this program in another city, what advice would you give them about designing your role? What advice would you give them about hiring staff such as yourself? And, what supports are needed to help the staff work together well?

Intervention components: Employment

III. Employment experiences in program

a. Describe the employment experiences of students in the program? Has it helped or hindered their progress in the program?

IV. Engagement with Employers

a. How have your interactions with employers evolved over the course of the program?

b. If you were to start over again, what do you think the program should do differently in working with employers?

c. Do you think the employers who have spoken to students have benefitted them?

d. Are there other interactions you would like to have with employers, but haven't been able to do? If so, what would be needed to do so?

II. Capacity and Resources

a. Do you have the available time and resources to implement the components of your job to all youth? – resume and job prep activities, workshops, assistance getting jobs, any toolkit strategies, the employer engagement, etc?

b. What do you think is the right number of youth for you to most effectively/efficiently administer all the services needed to all youth?

Recommendations

II. Thinking about all aspects of the program, if you could go back and redesign it in any way (don't worry about resources or time) what changes would you make to the program?

a. Staff Training

b. Recruiting of Students

c. Eligibility Criteria for students

d. Data tracking system

e. Program Design

f. Support from MOED and BCCC

g. Interaction with other BCCC staff, specifically instructors

Youth:

Caring Adult

VI. How did you hear about the Opportunity Youth program?

VII. Why were you interested in enrolling in the program? What did you hope to get out of it?

VIII. Tell me a bit about what you do in the program.

Specific Questions about the Elements of the program

IX. Interaction

a. How often do you meet with Myles? How often do you hear from him by text or email? Or see them at BCCC? Has this level of interaction changed in recent months?

i. What do you do in these meetings? How often are they one-on-one meetings? How often group meetings?

ii. Do you ever have difficulties scheduling or attending the meetings? What would make it easier?

1. Is Myles available when you are free?

iii. What types of issues has he helped you deal with?

X. Feedback

a. How helpful are your meetings and interactions with Myles? What do you enjoy the most about meeting with him? What things could the do to be more helpful?

b. How is Myles different from other advisors or instructors you've encountered at BCCC? How is he different from the adults you engage with at the YO! Center?

c. If you could give feedback to Myles about the meetings or the workshops, what would you tell him? Any ways they could improve them? What do you think works well?

Toolkit:

II. Implementation

a. Group Texts

i. How many group texts from the Navigator Messenger have you received?

ii. How often do you receive a group text?

iii. Did you find these texts helpful, as reminders or sharing information?

iv. Did you ever respond to one of these texts? a. If yes, did you receive an adequate response or follow up, if needed?

v. Do you think these should continue?

vi. What other ways would be helpful for you to receive the type of information shared in a group text?

b. Planning document

i. Have you done a planning document with Myles? This is different than the education planning document? It is intended to address one obstacle you might encounter.

ii. How easy or difficult was it to fill out?

iii. Have you seen the document since filling it out (do you ever review it with your career navigator or review it if you're encountering an obstacle?)?

iv. Do you think writing out a plan in the document has helped you to achieve the goal in the plan?

v. What have been some challenges in completing this document?

vi. What other ways would be helpful to achieve your goals and tasks?

Intervention Components: Education

V. Advising

a. Did you feel advising from your career navigator help shape how you progressed through your classes?

i. Have your education plans changed as a result of this advising?

b. Do you feel this advising helped you identify your career goals?

c. Did you ask for advice related to your class performance by talking to Myles or talking to one of the instructors?

d. Do you continue to go to the YO! Center for tutoring and educational advising? If yes, why? Could the program have offered more here to replace that help, or would you have continued to use the YO! Center resources regardless? What aspects of the YO! Center are attractive and do you wish you had in this program?

VI. Classes

a. Do you feel the classes you took as part of this program were properly outlined and developed? Would you change the order in which these classes proceeded? Did they help you establish career goals?

b. Did the initial classes (Bridge and Med Terms) prepare you for the content classes (Venipuncture, CNA, etc.)

c. Should more time be given to any component of the education programming (GED sections, Med Terms, content classes)?

d. Did you need extra tutoring and help for classes? Was it available through this program? Did you find the instructors knowledgeable and helpful when you needed extra assistance?

i. How many go to the YO! Center to receive extra help with classes here? What could have been provided through this program so that you wouldn't have to do that – so all of your education needs for this program were met in this building/through this program?

VII. Certifications

a. Have you received your: GED, EKG certification, Med Term certificate, EKG certification, CNA certification, or Venipuncture certification? Anything else?

VIII. Feedback

a. What are the challenges in your classes?

b. What are the challenges in the educational format of this program – GED and basic healthcare classes first, followed by content courses? What about it worked well?

IX. Improvements

a. How can the classroom instruction be improved?

b. How can the classes be improved?

Intervention Components: Employment

IV. Job Preparation

a. Did any other assessments help you direct your career interests or class choices?

b. Did you attend workshops Myles hosted, or guest speakers Myles brought in to the program?

i. How did they help with job preparation? What was the best thing about the workshops or guest speakers?

ii. What types of changes would you make to the workshops or speakers to better help you in looking for employment?

iii. What additional workshops would you suggest?

c. Have your career interests changed since you started working with Myles? How so? Can you give an example?

d. Do you feel better prepared to obtain a job/internship related to your career interests? In what ways do you feel better prepared?

e. Do you think the program is setting you up to obtain a job in the immediate future?

f. Do you currently have a job or have one that you will begin?

g. What job prep skills do you wish you could gain that you haven't yet in this program?

V. Clinicals

a. Have you completed your clinicals as part of this program?

i. If yes, did you find it useful in tying together what you learned in the classroom with real-world experience?

ii. If yes, is it helpful in providing you with future employment?

iii. If no, do you plan to complete them and when?

iv. If no, what are the main reasons you have yet to complete them? Is there anything the program could have done to help you complete them at this point?

VI. Employment in Program

a. Have you held a job since February 2015?

i. If yes, did Myles, or anyone in the program, provide support during your employment?

ii. If yes, have you encountered any challenges in maintaining your job?

1. Did the Myles help you address these challenges?

2. Were you able to overcome them and stay in your job?

b. What are your future plans for employment?

i. Has the program helped you obtain a job already?

ii. Will you be staying in the medical field for now or considering other fields?

iii. Will you be looking to obtain further educational credentials?

VII. Wrap Up

a. Would you recommend this program to other students? If so why? If not, why not?

b. If you could change the program in any way, what would you do differently? What advice to you have for the people who created the program?

c. What additional supports or resources could BCCC provide to support you in your classes and in finding employment?

Instructors:

I. Your role

a. Review what and when they taught the classes

b. How did the program prepare you for your position, what sort of orientation did you receive?

Intervention Context

II. Youth participation and engagement

a. Describe the interactions you had with youth in your classes? (i.e. group projects, presentations, etc.?)

b. Did you oftentimes meet one-on-one with the students?

i. How was the quality of the interactions? Any differences over the progression of the course?

ii. Did you change your approach based on the progression of classes?

c. What challenges do you find youth encounter with engaging in classes?

d. Describe the youth's participation and retention in the classes? Did it change over the course of your classes? Were there any differences based on age, employment, or educational background?

e. What are the challenges with, and obstacles to, youth attendance and retention in the education classes?

f. How were the youths able to manage the class schedule as well as other demands the program put on them?

III. Program Operation

a. Was the program schedule conducive to student learning or were they burned out when you began working with them?

b. Should the class schedule have been changed based on your knowledge of the program?

IV. Preparation, Resources, and Support

a. How often did you meet with each other to discuss upcoming lesson plans, students' progress, classroom challenges and successes, etc?

b. How often did you meet with Ida and/or Kerry and Ernest?

i. Do you feel you have enough support and resources from them to do your job to the best of your ability?

1. If not, what additional support and resources would be helpful?

2. If yes, what do you think are the critical aspects of their support and the resources you have?

c. How often did you meet or check in with Myles?

i. Do you discuss classroom challenges and/or challenges with particular students with Myles?

V. Tutoring and advising

a. Did you provide additional tutoring or assistance outside of class?

i. If yes, how often did this occur?

b. How many youth took advantage of this?

VI. Feedback

a. What worked well to maintain youth attendance and participation in the classes?

b. What parts of the class worked for the youth (the timing, size, pace of class, peer engagement, tests, location, etc.)? Why?

c. What parts of the class did not work as well for the youth (the timing, size, pace of class, peer engagement, tests, location, etc.)? Why?

VII. Improvements

a. How could the classes be improved to increase attendance in class?

b. How could the classes be improved to increase the youths testing and class outcomes?

c. What advice would you give to instructors working with a similar population going through a similar program?

d. How would you change the pace of the program to improve students' outcomes and experiences?

Appendix F. Overview List of Recommendations to Baltimore

Finding: Original GED instructors lacked necessary classroom management skills and knowledge in some content areas

Recommendation: In future hiring, prioritize classroom management skills and experiences, as well as experience working with a similar population. It may be preferable to have different instructors for different sections, so they can have more knowledge and expertise in the subjects they are responsible for teaching.

Finding: Original TABE math score requirement limited the eligibility pool

Recommendation: For future programming, if it appears that an association exists between low Math TABE scores and failing Math GED test scores in this pilot program, a mandatory math tutoring program could be set up for those youth who enroll under a certain Math TABE score. The program could decide to have a minimum overall (math plus reading combined) TABE score. This would help ensure that those weaker in math will still be likely to succeed in the language arts and social studies sections (those that emphasize reading and writing skills). This will limit the amount of tutoring and extra help needed to focus more on just a few subjects of need.

Finding: Tool Kit Goal setting sheet is not consistently filled out or reviewed as detailed by the toolkit instructions

Recommendation: Evaluators recommended that the career navigator should purposefully plan to schedule a 30 minute meeting with each youth over the summer to pull up their goal sheet, discuss progress and have youth write out their update on the goals themselves. Additionally, youth should be able to define and write down a 2nd goal during that meeting.

Finding: Tardiness to class was a problem at program inception

Recommendation: Evaluators recommended that Baltimore continue enforcing the CAP policy, and have youth sign a similar attendance policy at enrollment for future programs.

Finding: Outside distractions can deter youth from fully engaging in class

Recommendation: After the first site visit, evaluators recommended the following:

1. The career navigator should begin recording reasons for absences and tardiness to class in OTIS. This would allow evaluators to identify systemic approaches to addressing the issues that may be beyond the scope of the current program.
2. To maintain motivation and focus, program staff will encourage instructors to implement pop quizzes in their classes.

Update: The career navigator confirmed he continues his daily attendance report, with a synopsis of what is going on and the reasons for absences and tardiness. He has been recording reasons for absences and tardiness to class in OTIS. To help youth maintain focus on their work while they are in the classroom, one instructor has implemented pop quizzes in order to heighten the students' level of engagement, and indicated it has been helpful to keep them engaged. Youth agreed the nearly daily quizzes force them to get their work done and concentrate on the day's lesson (youth have to complete all of the assigned work for the day and then take the quiz before leaving class). Finally, the career navigator and youth noted an improvement in classroom engagement when the GED instructors were replaced. Youth reported that the teaching style of the new instructors made it easier to follow the curriculum and stay focused on instruction.

Finding: Cell phones in class were a distraction at the onset of the program

Recommendation: The evaluators recommended that the career navigator collect students' phones at the beginning of class and keep them outside of the classroom, returning them at the end of each class, in order to alleviate this problem.

Finding: Some youth who struggled with the GED sections needed additional motivation to continue in the program

Recommendation: The evaluators recommended that program staff continue to schedule and bring in outside speakers to keep youth motivated. They should prioritize bringing in speakers with similar life stories and backgrounds to the students so as to maximize the impact of their speeches.

Update: Since the second site visit, another alumnus from BCCC has spoken to the students about what to expect working in the health care industry, including information about both the demands of the job and opportunities for career growth. At the time of this report, staff scheduled two speakers to speak to youth on preparing for interviews and career opportunities in different types of health care settings.

Finding: Some youth struggle with proper classroom etiquette and lack the maturity needed to succeed in college level courses

Recommendation: Evaluators recommended that Grantee staff and the career navigator sit down with the instructors and have them identify the youth they believe are not mature enough for the program. If there is agreement on their level of motivation and maturity – staff should review whether anything in the application or interview process raised flags about the student's ability to commit to the demands of the program. At the end of the program, staff should see how these students fared in the end. Despite perceptions of not being committed or mature enough – did they make it through the program? Did they get employed? For future programming, prior to the start of any GED classes, Baltimore could institute a mandatory preparation session/orientation to cover expectations for classroom etiquette and strategies for succeeding in the classroom (good note taking, study habits, test taking strategies, etc.).

Update: Grantee staff and the career navigator have connected with instructors to identify youth struggling with classroom engagement. Three of these youth have been dismissed for repeated absences. A few other youth will have a challenge completing the program because they have only passed one GED section so far. At this point the Program staff are not able to identify anything in the youth's background or responses during the interview and application process that might have indicated they would struggle to succeed in this program. They told evaluators that some of the youth they had second thoughts about during the interview process are doing extremely well in the program and others who appeared to have a great support system in place and plenty of motivation are struggling to meet expectations. Outcomes for all youth will continue to be monitored through the duration of the program.

Finding: Students struggled to retain information from weekly Med Terms class

Recommendation: (For future programming) Med Terms should be taught as its own continuous section that takes place between the GED sections

Finding: GED sections are compressed and don't allow adequate time for review and test taking prior to next section

Recommendation: After the first site visit, evaluators recommended adding time in the syllabus for unplanned events and review time after each section completes.

Update: Staff agreed the review time would be helpful and added extra days to the end of the final two GED sections (Math and Social Studies) to allow time for review and test taking. The EKG and CNA/Venipuncture sections' start dates were pushed back to accommodate the extra days.

Finding: Program youth need flexible tutoring options

Recommendation: After the second site visit, evaluators recommended the program add in a weekend tutoring session, if feasible, for those youth with other commitments after class.

Update: Program staff are creating individual tutoring schedules for students based on which exams they still need to pass and the student's availability for tutoring outside of class time. A CNA instructor is now available at Bio Park every Friday for tutoring during Basic Skills time and a Venipuncture tutor is on site every other Friday. In addition, Saturday sessions have been added for GED tutoring.

Appendix G. Overview List of Recommendations to Boston

Finding: The final participation pool for the first cohort is skewed to the higher end of incoming college credits (of the 9-40 range)

Recommendation: For the second wave of recruitment, evaluators recommended Boston have a targeted approach to enroll more eligible students in the 9-30 credit range, if the pool of eligible students is large enough to accommodate targeted recruitment. When developing the recruiting plan, include personal outreach and consistent follow-up with these students.

Update: Grantee staff discovered that many of the students look like they are on the high end of the credit cap because their developmental education classes, rather than just their college credit classes, were recorded in OTIS. Staff have corrected those credit hour numbers and ensured the credit cap was correctly applied when they pulled their first list of eligible students for summer and fall recruitment. Career navigators are targeting their early recruitment efforts on eligible students with the lowest number of credit hours.

Finding: Recruitment and enrollment of new students took more staff time than anticipated

Recommendation: For future programming, evaluators recommended that Boston align the program with the school year and piggyback on other BHCC orientation activities to aid in recruitment. Additionally, limit new program enrollees to 40 per caring adult. Phases of enrollment can help the program achieve their ultimate enrollment goal while delivering the program as intended and providing the caring adults the resources (time and otherwise) to execute their job most effectively.

Finding: Older students, and typically those with more credits, are more difficult to schedule for assessments and engage in the program.

Recommendation: For the 2nd wave of students, evaluators recommended splitting the new students between the two career navigators so they have a more equal distribution of students with a high number and low number of credits.

Update: Grantee staff have ranked eligible youth by credit hours from low to high, and split them more evenly among career navigators for recruitment.

Finding: Rolling enrollment has led to differences in timing and speed of services

Recommendation: Evaluators initially recommended called for creating a deadline to enroll all 40 new students for the second phase, and to begin workshops after that date. Based on the follow up call with Boston, the recommendation was changed to recruiting a majority of students by a certain deadline, and beginning workshops after that deadline, with the flexibility of continued enrollment. Program staff were concerned it would be difficult to recruit all 40 students before the deadline as many BHCC students enroll late, and they did not want already enrolled program participants to lose interest if activities were not held until a much later date. Update: Program staff set a deadline of October 1, 2015 to enroll the majority of youth. The workshops will begin after that date.

Finding: Program would benefit from student cohesiveness

Recommendation: Evaluators recommended, if budgeting allows, that the Boston program host a few social events that would provide students an opportunity to get to know each other better.

Update: This has happened on a small scale through groups of students in the program going on college tours together with the caring adults. Program staff are still brainstorming ideas for a social event that would bring all the youth in the program together. The youth in Get Connected are very busy with school, work, and family so Program staff believe a purely social event like a pizza party will not be enough to draw students with limited free time. They would like to combine the social activity with some type of employer networking event or other event that youth would see as a benefit to their career plans.

Finding: Accurate gauge of students' barriers to success and supports they need is hard to obtain because space for caring adults to meet with youth is in an open common area and the subjects are sensitive

Recommendation: Evaluators recommended that Boston continue to administer the survey on barriers to current students who have not yet taken it and to the 2nd wave of students upon enrollment in the program. The survey will help the career navigators address issues that impact school completion and employment and make referrals for assistance in a timely manner. Upon completion, monitor feedback from new students who take the survey this fall to see if youth find it uncomfortable or intrusive. Additionally, compare response and disclosure rates from spring to fall to see if there is a difference between youth taking it mid-program and those taking it before they have established a relationship with the career navigators. This latter recommendation would address the challenge of the career navigators and youth needing to develop a relationship prior to identifying barriers.

Finding: Youth need a more personal orientation to available resources and help self-identifying potential barriers

Recommendation: Evaluators recommended that program staff develop a workshop on common challenges youth face in college such as stress and other mental health issues, nutrition, and time-management, to be delivered early in the program. The above topics could be combined with other topics like financial aid, transportation, and housing assistance. The workshop should include information about where students can go for assistance (local organizations, websites, etc.)

Update: Program staff noted that this type of information is presented at student orientation, but they have been looking for additional opportunities to reiterate the message about resources available at BHCC to ensure students have this information when they need it. As staff noted, students can receive the information frequently, but unless it is an issue they're currently facing students may not retain it. Thus, finding multiple opportunities to provide this information is welcome. Program staff have

Finding: Youth failing classes do not always seek help from career navigators before end of semester

Recommendation: Grantee staff should send Early Alert and midterm warning reports to the career navigators. Although neither are widely used by professors, it wouldn't hurt to verify whether any program youth are identified. This recommendation should only be undertaken if it is not overly time consuming because the benefit is unclear, due to low participation in the system by professors.

Finding: Some youth struggle with classroom participation, time management, and learning strategies

Recommendation: Evaluators recommended that the career navigators host a workshop each semester on classroom and time management, tips to succeed in class (such as tips on note taking and study habits, how and when to communicate concerns with your professor, etc.), and other "soft" skills needed to help youth succeed in the classroom.

Finding: Participation in workshops towards the end of the semester waned

Recommendation: Schedule key workshops primarily for October and November - to begin after most new youth are recruited and enrolled and end several weeks before finals.

Finding: Career navigators would benefit from additional career exploration materials and office resources.

Recommendation: This program has thus far been implemented as a "learn as you go" experience in terms of how the program staff work with each other, with students, and offer services and resources.

However, it might be helpful to develop protocols for certain programmatic elements for any future implementation of this program. This could include a catalog of the resources the career navigators and Employer specialist have used so far, as well as a process for requesting additional resources. Having available materials for the program staff will enable them to do their job more efficiently, at the same time freeing up some of their time they spend researching and obtaining these resources on their own. Additionally, provide the caring adults with filing cabinet(s) and bookcase or other resource needs that will help them work more efficiently, keeping these resources easily accessible.

Update: career navigators report they are using several BHCC resources with youth including MassCIS and the education planning tool to help students select courses of interest and ensure those courses earn credits towards a degree in their selected major. Grantee staff acknowledged they need to connect the career navigators more with career advisors at BHCC and believe there may be some resources, for example the "Career connect" tool that the career navigators are not yet utilizing.

Finding: No formal orientation or training was provided for the career navigators and Employer specialist

Recommendation: For future programming, schedule and plan a formal training for career navigators before they start recruiting youth.

Notes

1. Low-income is defined as less than 200 percent of the federal poverty level.
2. Members for the expert panel were identified by the evaluation team and DOL based on their expertise in programs for disconnected youth.
3. Originally, all students were to receive the program for 11 months. However, delays in recruitment caused by severe weather in Boston in the winter of 2015 and delays in hiring program staff led to the creation of two recruitment cohorts.
4. "Data on Display: Employment and Unemployment of Recent High School Graduates and Dropouts," US Bureau of Labor Statistics, accessed July 25, 2016, http://www.bls.gov/careeroutlook/2015/data-on-display/dod_q4.htm.
5. See note 2.
6. In Boston, 9 percent of youth are disconnected. Among blacks and Latinos, that number is 13 percent and 20 percent, respectively. In Baltimore, 20 percent of youth are disconnected. That number is 22 percent for blacks and 18 percent for Latinos (Burd-Sharps and Lewis 2012).
7. Life skills are defined as skills needed to manage daily life, such as time management and financial literacy. Soft skills are defined as skills that facilitate positive interactions in the workplace, such as good communication skills and managing emotions.
8. "Graduation Rates by State: Massachusetts Public Colleges (2-Year)," Chronicle of Higher Education, accessed July 25, 2016, http://collegecompletion.chronicle.com/state/#state=ma&sector=public_two.

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