RESEARCH REPORT

Opportunities Youth Demonstration and Evaluation

Outcomes Evaluation: Findings from Pilot Sites in Baltimore and Boston

Heather Koball
URBAN INSTITUTE

Alan Dodkowitz
URBAN INSTITUTE

Colleen Schlecht
CHAPIN HALL AT THE UNIVERSITY OF CHICAGO

Shannon Guiltinan
CHAPIN HALL AT THE UNIVERSITY OF CHICAGO

November 2016

URBAN INSTITUTE · ELEVATE · THE · DEBATE

ABOUT THE URBAN INSTITUTE

The nonprofit Urban Institute is dedicated to elevating the debate on social and economic policy. For nearly five decades, Urban scholars have conducted research and offered evidence-based solutions that improve lives and strengthen communities across a rapidly urbanizing world. Their objective research helps expand opportunities for all, reduce hardship among the most vulnerable, and strengthen the effectiveness of the public sector.

Prepared by:

The Urban Institute
Heather Koball, PhD, senior fellow
Alan Dodkowitz, MPP, research associate

Chapin Hall at the University of Chicago
Colleen Schlecht, MPP, researcher
Shannon Guiltinan, MPA, researcher

Contents

Acknowledgments

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.[2] 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.[3] 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.[4]

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 developed, piloted, and evaluated programs in Baltimore and Boston. The goals were to determine whether the pilot programs could be successfully implemented, to determine whether rigorous impact evaluations could be implemented within the pilot programs, and to assess

---

[1] Scott, Molly M., Simone Zhang, and Heather Koball. 2015. "Dropping Out and Clocking In: A Portrait of Teens Who Leave School Early and Work." Washington, DC: Urban Institute. http://urbn.is/29M80Bh.

[2] "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.

[3] Bowen, William G., Matthew M. Chingos, and Michael S. McPherson. 2009. *Crossing the Finish Line: Completing College at America's Public Universities*, Princeton, NJ: Princeton University Press.

[4] US Department of Labor, US Department of Commerce, US Department of Education, and US Department of Health Human Services. 2014. *What Works In Job Training: A Synthesis of the Evidence.* Washington, DC: US Department of Labor. https://www.dol.gov/asp/evaluation/jdt/jdt.pdf.

whether the pilot programs showed promise for moving participants toward steady, 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. Two pilot sites were chosen based on their interest in working on the project, and their previous programming experience in working with disconnected youth. The evaluation team then worked with the two pilot sites in Baltimore and Boston to develop a program model for these cities that filled gaps in their current services. Baltimore identified a need for job training programs for youth without high school degrees or GEDs. Boston identified a need for career navigation for students already enrolled in community college.

- **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 these data to provide real-time feedback to sites and inform improvements on elements of the program that were not working well. The formative evaluation report summarizing these findings and changes made to the programs was submitted to DOL in October 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. The implementation report describing these phases of the project was submitted to DOL in July 2016.

A final goal of this project was to determine whether it was possible to implement rigorous evaluation in these pilot sites. This report describes the challenges faced in implementing a rigorous random assignment evaluation. We were unable to implement a random assignment evaluation in Baltimore because there were not enough eligible youth to comprise a control group. In this report, we describe the outcomes of program participants in Baltimore based on phone interviews with them. In Boston, we implemented random assignment of an offer to the program. We report regression analyses that compare those who received the program and those that did not. We were also able to implement

random assignment in Boston of one element of the toolkit. We report the results of those regression analyses comparing the control and treatment groups.

The primary goal of both pilot programs is to improve long-term employment outcomes for youth. A major limitation of this outcomes analysis is the short amount of time between the program start up and evaluation. While we are able to evaluate short-term outcomes such as completion of credentials, program retention, and current employment status, we are not able to look at long-term employment gains. This is particularly true in Boston where youth are still completing their post-secondary education. This report provides a descriptive snapshot of participants' progress toward degree completion and career-oriented employment, however, the conclusions we can draw about the effectiveness of the pilot programs are limited by the lack of rigorous evaluation, especially the inability the conduct random assignment in Baltimore and the limitations in program size in Boston, as well as the short time frame for project implementation and evaluation. Throughout the report we describe how a rigorous evaluation could be implemented within future similar programs.

Pilot Programs

DOL and the evaluation team selected Baltimore and Boston as pilot sites to develop programs incorporating three key components identified in the conceptual phase.

- 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.

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 and the Boston Mayor's Office of Workforce Development, 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 were 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 Evaluation Study

Baltimore

Baltimore's program was a 14-month intensive educational program that served 25 disconnected youth. Youth received GED courses and courses to become a Certified Nursing Assistant (CNA) at Baltimore City Community College. They met regularly with a caring adult who helped them identify and overcome barriers to program completion. The caring adult also assisted the participants with job placement. The goal of the program was for the participants to obtain a GED, certification as a CNA, and a job in healthcare.

We were unable to implement a rigorous impact evaluation in Baltimore for several reasons. The pilot program was small (25 students), there were not enough students eligible for the program to create a control group through random assignment, and the administrative data from Baltimore city's GED program was not available at the individual level, precluding our ability to construct a similar comparison group. Based on a comparison with students of a similar age in Baltimore city who took the GED tests, the GED completion rate for students who completed the C4 program were similar (75% of C4 program completers received a GED compared to 81% in Baltimore city); however, we do not know whether the non-C4 students who took the GED had similar Test of Adult Basic Education (TABE) math scores or other characteristics as the C4 students. The C4 program reduced the required math TABE scores to the 7th grade level from 9th grade level to ensure there were enough students for the program. Additionally, 60 percent of those who completed the program received the Certified Nursing Assistant (CNA) certification. Twenty percent (5) students did not complete the C4 program.

The follow up data for all C4 participants indicated that many more had employment after the program ended (48 percent) than at entry into the program (4 percent). However, many were still struggling to find employment, particularly in their preferred field of healthcare. Just 28 percent of those who enrolled in C4 found employment in the healthcare field. Fourteen of sixteen students interviewed were satisfied with the program, though they offered suggestions about how the structure of the program could be improved in the future.

To implement a rigorous evaluation of a program like the one in Baltimore would require that the program serve more students. However, there are multiple reasons this might not work well within this setting. One, the program was designed to be small in order to help develop a cohesive group of student that could support each other as they went through the program. Two, the program was expensive for the city because financial aid, such as Pell Grants, could not be used to cover the cost of the GED program. Three, it was difficult to find enough students in Baltimore who met the initial eligibility restrictions for the program. Thus, it may be difficult to enroll a larger group of students in one city. In order to rigorously assess a program like this, it would likely need to be implemented in multiple sites or enroll multiple cohorts over several years.

Boston

The Boston program, Getting Connected, was implemented at the Bunker Hill Community College (BHCC) and served 125 students who were currently enrolled there. Two career navigators helped students identify career goals, ensure they took classes toward those goals, helped students to transfer

to four year colleges, and helped them overcome barriers to completing their education. An employer specialist was also hired to help students prepare resumes, help students prepare for job interviews, and connect students with employers.

We randomly assigned eligible students to either be offered the Getting Connected program or not. However, only 25 percent (n=75) of the eligible students assigned to the treatment group received the Getting Connected program because of limitations of program availability and shortened time for recruitment, in part due to the severe winter weather in Boston in winter 2015-16. Thus, analysis of data for the full group assigned to treatment does not shed light on the effectiveness of the program. Regression analysis indicated that those who enrolled in Getting Connected program were more likely to be enrolled in community college in the semester following the end of the program and completed more credits compared to those who did not participate in the program. We cannot know if this reflects a selection effect of greater motivation among students who enrolled in Getting Connected or the effect of the program itself. In the future, providing programs such as this more time to fully implement the program, prior to the beginning of the evaluation, would allow the evaluation team and program staff to implement a more rigorous evaluation design and provide a more precise measure of the program's effectiveness.

We did not have sufficient data to examine the effects of Getting Connected on employment outcomes. Administrative data were not available within the time constraints of the project, and program data were not collected for the control group. We found that the majority of Getting Connected students completed a resume and had an interview with an employer. The students who were in the program for longer were more likely to complete these activities. A systematic survey, implemented to a selected control and treatment groups or lengthening the project to allow for collection of administrative data could shed more light on short-term employment outcomes. Extending the implementation and evaluation periods of the project would allow for analysis of employment and earnings outcomes after leaving BHCC.

We also examined the texts that were part of the 2M toolkit. The results were unable to demonstrate that texts increased program participation as intended. We randomly assigned some program participants to receive the texts and others to not receive them. We used program data in OTIS to assess their program participation. Sample sizes were small and effects were not significant.

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.[5] More than 30 percent of high school dropouts in this age range are unemployed partially because they lack postsecondary credentials, labor market experience, or other forms of human capital.[6] Low-income (defined as less than 200 percent of the federal poverty level) 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.[7] 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.[8]

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 goals were to determine whether the pilot programs could be successfully implemented, to determine whether rigorous impact evaluations could be implemented within the pilot programs, and to assess whether the pilot programs showed promise for moving participants toward steady, well-paid employment. The Urban Institute and its partners led the development, pilot, and evaluation activities for the project.

---

[5] Scott, Molly M., Simone Zhang, and Heather Koball. 2015. "Dropping Out and Clocking In: A Portrait of Teens Who Leave School Early and Work." Washington, DC: Urban Institute. http://urbn.is/29M80Bh.

[6] "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.

[7] Bowen, William G., Matthew M. Chingos, and Michael S. McPherson. 2009. Crossing the Finish Line: Completing College at America's Public Universities, Princeton, NJ: Princeton University Press.

[8] US Department of Labor, US Department of Commerce, US Department of Education, and US Department of Health Human Services. 2014. What Works In Job Training: A Synthesis of the Evidence. Washington, DC: US Department of Labor. https://www.dol.gov/asp/evaluation/jdt/jdt.pdf.

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

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. Two pilot sites were chosen based on their interest in working on the project and their previous programming experience in working with disconnected youth. The evaluation team then worked with the two pilot sites in Baltimore and Boston to develop a program model for these cities that filled gaps in their current services. Baltimore identified a need for job training programs for youth without high school degrees or GEDs. Boston identified a need for career navigation for students already enrolled in community college.

- **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 these data to provide real-time feedback to sites and inform improvements on elements of the program that were not working well. The formative evaluation report summarizing these findings and changes made to the programs was submitted to DOL in October 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. The implementation report describing these phases of the project was submitted to DOL in July 2016.

A final goal of this project was to determine whether it was possible to implement rigorous evaluation in these pilot sites. This report describes the challenges faced in implementing a rigorous random assignment evaluation. We were unable to implement random assignment evaluations in Baltimore because there were not enough eligible youth to comprise a control group. In this report, we describe the outcomes of program participants, based on a phone interviews with them. In Boston, we implemented random assignment of an offer to the program; however, limitations in program size reduced access to the program, which compromised those analyses. We report regression analyses that compare those who received the program and those that did not. We control for observable

characteristics of the participants, but cannot control for those characteristics, such as motivation, that are not observable. We were able to implement random assignment in Boston of one element of the toolkit. We report the results of those regression analyses comparing the control and treatment groups.

The primary goal of both pilot programs is to improve long-term employment outcomes for youth. A major limitation of this outcomes analysis is the short amount of time between the program start up and evaluation. While we are able to evaluate short-term outcomes such as completion of credentials, program retention, and current employment status, we are not able to look at long-term employment gains. This is particularly true in Boston where youth are still completing their post-secondary education. The conclusions we can draw about the effectiveness of the pilot programs are limited by many challenges we faced in implementing random assignment and the short time frame for project implementation and evaluation. Throughout the report we describe how a rigorous evaluation could be implemented within future similar 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 workgroup meeting with experts to discuss the key features of these programs and how to improve them.[9] Appendix A provides the names of the technical workgroup members.

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

- 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

---

[9] Members for the expert panel were identified by the evaluation team and DOL based on their expertise in programs for disconnected youth.

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.[10]

- Creating positive social norms by highlighting similar students' achievements toward a desired goal improves outcomes.[11]

- Writing down specific steps toward a goal increases the likelihood of achieving that goal.[12]

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 students' complete the GRIT (guts, resolve, instincts, and toughness) assessment, which Duckworth and colleagues developed to identify traits that might predict success.[13]

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-

[10] Castleman, Benjamin L., Laura Owen, Lindsay C. Page, and Bryan Stephany. 2014. "Using Text Messaging to Guide Students on the Path to College." Working paper. Charlottesville: University of Virginia, EdPolicy Works. http://curry.virginia.edu/uploads/resourceLibrary/33_Text_Messaging_Guide_to_College.pdf.

[11] Castleman, Benjamin L., and Lindsay C. Page. 2014. "Freshman Year Financial Aid Nudges: An Experiment to Increase FAFSA Renewal and College Persistence." Working paper. Charlottesville: University of Virginia, EdPolicy Works. http://curry.virginia.edu/uploads/resourceLibrary/29_Freshman_Year_Financial_Aid_Nudges.pdf.

[12] York, Benjamin N., and Susanna Loeb. 2014. "One Step at a Time: The Effects of an Early Literacy Text Messaging Program for Parents of Preschoolers." Working Paper 20659. Cambridge, MA: National Bureau of Economic Research. http://www.nber.org/papers/w20659.pdf.

[13] Duckworth, Angela L., Christopher Peterson, Michael D. Matthews, and Dennis R. Kelly. 2007. "Grit: Perseverance and Passion for Long-Term Goals." *Journal of Personality and Social Psychology* 92 (6): 1087–1101.

integrated systems of youth programs, their large populations of disconnected youth, and their willingness to participate.[14] DOL provided funding to develop and implement the pilot programs.

Through multiple discussions with the Baltimore Mayor's Office of Employment Development (MOED), the Boston Mayor's Office of Workforce Development (OWD, formerly the Office of Jobs and Community Services), and Boston's Private Industry Council (PIC) we identified gaps in services for opportunity youth. Boston identified the lack of support for community college students as a key need in its community. The city has programs for first year community college students, but not for students who are further along in their coursework in community college. Further, Boston was in need of a program that would focus not on just getting youth through college, but also give them the tools and guidance to transition to career oriented employment after graduation. Baltimore identified a need for a comprehensive academic program integrating general educational development (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, to help them navigate education and training services, to refer them to support services, and to connect them with employers.[15] 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.

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's OWD

---

[14] 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, Sarah, and Kristen Lewis. 2012. *One in Seven: Ranking Youth Disconnection in the 25 Largest Metro Areas.* Brooklyn, NY: Measure of America. http://ssrc-static.s3.amazonaws.com/moa/MOA-One_in_Seven09-14.pdf.

[15] 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.

and PIC staff believed the high dropout rate in their community colleges 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 their assessment of drop-out patterns. 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. The program aimed for students to obtain a GED, Certified Nursing Assistant (CNA) certification, venipuncture certification, and employment in the health care industry. 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, most of whom were recruited from the YO! Center, a MOED-run 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 hired specifically for this program provided case management and career assistance services. The caring adult 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 caring adult as a group every other week. Toward the end of the program, the caring adult provided job placement assistance, helped students schedule interviews, and prepared students

for employment. This assistance continued to be offered 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 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, and only 11 percent of students complete a bachelor's degree within six years of enrollment).[16,17] The goal of the program was to help students identify their career goals, identify classes that would lead to that career goal, complete their community college degree or transfer to a four year college, and prepare for and obtain employment. The target enrollment was 125 students, the maximum caseload that two career navigators could serve, and services were offered from February 2015 through December 2015. The target enrollment was based on the caseload that could be handled by the caring adults hired for the program.

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

---

[16] "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.

[17] Jenkins, Davis, and John Fink. 2016. *Tracking Transfer: New Measures of Institutional and State Effectiveness in Helping Community College Students Attain Bachelor's Degrees*. New York: Columbia University, Community College Research Center.

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. 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. 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:

- **Education Levels:** 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.

- **Training:** The Baltimore model only provided training for careers in health care, while the Boston model assisted students in several fields.

- **Cohorts:** 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 cohorts, one in the spring 2015 semester and one in fall 2015.

- **Career Services:** 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.

Evaluation Study Design

One of the goals of this demonstration project was to determine if we could undertake rigorous impact evaluations during the implementation of the pilot sites' programs by using data that were already being collected for other purposes. The purpose of doing this was to provide insights into how to implement low-cost, rigorous evaluations that could be used for future evaluations that serve opportunity youth. Another goal was to assess whether the students' outcomes matched the intended outcomes of the programs.

We used different evaluation techniques in the two pilot sites, which we describe in greater detail in the sections below. The Baltimore program had 25 participants, limiting our ability to construct a rigorous quantitative evaluation of the program impacts. Additionally, there were not enough eligible youth who applied for the program to construct a comparison group for the evaluation through random assignment. Thus for the evaluation of the C4 program in Baltimore, we gathered information through a short phone survey from program participants about their education and employment outcomes as of June 2016. We also asked them to reflect on the program and provide feedback about how the program met their needs and how it could be improved. We provide the feedback of those who responded to our phone questions.

In Boston, we attempted to implement a random assignment evaluation of two components of the program. At the time that the list of eligible participants was developed for the program in January 2015, we randomly assigned 295 students to be offered enrollment in the program (treatment group), and 147 students were not offered the program and not allowed to enroll (control group). Limitations to program size hindered our ability to gather useful information from this impact study, as we describe in more detail below. We used administrative data collected from BHCC to compare the educational outcomes of the treatment and control groups. We were unable to use administrative or program data to assess the program impacts on employment outcomes, as described in more detail below. Among the 125 students who enrolled in the Getting Connected program, we randomly assigned 62 to receive the social norming texts developed as part of the 2M toolkit, and 63 to not receive those texts to assess the impact of that component of the toolkit on the students' use of the program.

For the evaluations in both pilot sites, we also provide demographic information about participants to provide context for the evaluations. We collected these data through the Opportunity Youth Tracking and Information System (OTIS), a data management tool created for the project.[18]

---

[18] For more information, please refer to the implementation report for this project.

Participant Outcomes in Baltimore

The goal of the C4 program was to provide students the opportunity to obtain a GED, complete a Certified Nursing Assistant (CNA) certification, obtain a venipuncture certification, and obtain employment in the healthcare field over the course of the 14 month program.

Participant Characteristics

Participants selected for the C4 program were disconnected from employment and education at the time of entry into the program. Table 1 below describes the demographic, educational, and employment characteristics of youth at program entry. 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). Additionally, 23 of the 25 students in the program were single parents indicating a population with multiple barriers and few resources with which to tackle them.

TABLE 1

Demographics of C4 Participants

	Count (N=25)	Percentage (N=25)
Race		
Black	25	100%
Average Age (Years)	22	
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%

Data source: Opportunity Youth Tracking and Information System (OTIS) program data
Variable definitions: Students could choose only race, all chose African-American/black only; students provided their current age in years; students stated the exact number of children they had, and the numbers two and higher were combined for the table; the remainder of the categories are displayed as they were in OTIS.

* Program staff confirmed students missing highest level of education did not have a high school diploma or GED, though their highest grade achieved was unknown.

The C4 program included GED preparation classes and GED tutoring, and health care courses that could lead to certifications in medical terminology, EKG, Venipuncture, and Certified Nursing Assistance (CNA). The students received, on average, 498 hours of classes over the course of the program. Students who passed their venipuncture and CNA exams spent additional hours in clinical rotations. In addition to time spent in the classroom, youth met with the caring adult, both one-on-one and in groups, one hour per week on average. The program also brought in four guest speakers to describe professional opportunities to the students. Limited financial support ($25 per week during the school year, and $8.25 per hour in class during the summer) and bus passes were provided to help address economic needs that might prohibit regular program attendance.

Data Collection for Outcome Report

We made a determination at the time the program was implemented that we would not be able to construct a comparison group for the evaluation. The program could not recruit enough eligible students for random assignment into a treatment and control groups. We explored the possibility of collecting information from YO! Center participants who had not enrolled in the program, but there were two factors that deterred us from pursuing that avenue. One, the program recruitment process was selective, the participants underwent an interview and had to score high enough on the Test of Adult Basic Education (TABE). Thus, students who did not qualify for the program would not provide a good comparison group for those who enrolled in the program. Two, we did not have project resources for data collection on youth who did not participate in the program. So, we would be unable to collect data for a comparison group. Thus, we focused on collecting outcome data for program participants.

Phone Surveys with Program Participants

The implementation report provided employment and education outcomes through mid-April 2016, just two months after the program ended, for those who completed the program. We used the data collected in OTIS, with updates provided by the caring adult, to assess student outcomes including GED completion, certification completion, and employment. We believed that the updates from the caring adult were valid because the caring adult had been entering the program data into OTIS throughout the program. After the C4 program ended, the caring adult was hired by the YO! Center to continue

working with students who had enrolled in the C4 program, but had not completed their GED or certifications or had not obtained a job, so he remained in close contact with many of the students in the program.

In June 2016, we attempted to call all 25 participants who enrolled in the program, including the 5 who did not complete the program. The goals of the phone discussions were to update the data on participants' educational and employment outcomes, collect outcome data for those students who did not complete the program, obtain information about participants' future employment and educational goals, and to get students' perspectives on how the program could be improved in the future. A copy of the phone call protocols is included in Appendix D.

The phone surveys were conducted throughout the month of June 2016. The caring adult has remained in contact with many participants through his work at the YO! Center, and therefore was able to provide updated cell phone numbers and emails for the majority of program participants. A week prior to initiation of the phone calls, the caring adult sent a text to the 25 participants to let them know they would hear from the evaluation team soon and that we would provide a gift card as compensation for their time.[19] In mid- June, we asked the caring adult to send another text asking participants who we had not yet been able to contact to respond to our phone call.

We were able to contact 16 of the participants through this method; we were unable to locate current contact information for six participants, and three participants did not respond to our phone calls. We received responses from 14 of the 20 who completed the program and two of the five who did not complete the program. For the three for whom we had correct contact information, but who did not respond to our requests for an interview, we made five attempts to contact them before we determined that we could not get a response from them (Table 2). Most of the phone calls lasted 15-20 minutes.

TABLE 2

Responses to Phone Calls

	Program Completers	Program Non-Completers
Completed Phone Interview	14	2
Did Not Respond to Phone Call	3	0
Contact Information Incorrect	3	3
Total	20	5

[19] Based on our previous experience interviewing hard to reach populations, we offered an incentive of a $60 gift card.

Analysis

We coded the answers to the short survey in order to provide frequencies of students' educational and employment outcomes and their feedback to the questions about the program quality. We also provide illustrative quotes in the findings section.

Participants' Educational Outcomes

Completion of GED

The program devoted the greatest portion of classroom time to preparing students for the four GED section tests. As described in more detail in the implementation report, the average participant spent 171 hours in GED classes over four months (this does not include the additional time spent receiving tutoring both through the program and at the YO! Centers). As of April 2016, 15 of the 20 students who completed the program had obtained their GED. Of the five students who completed the program, but did not pass all four sections of the GED, two needed only the math section to obtain their GED; one needed to pass two remaining sections, and two needed to pass three remaining sections.

The six participants who completed the program whom we were not able to interview had completed their GED, thus our interview sample over represents the program completers who have *not* finished their GED.[20] Of the seven interview participants who had not completed their GED (this includes those who dropped out of the C4 program), all said that they had plans to obtain this certificate. Four participants reported receiving ongoing tutoring for the GED at the YO! Centers, while the other three reported they planned to complete the GED before the end of the year but where not currently engaged in any test preparation or tutoring programs.

Credentials Earned

In addition to the time spent on the GED preparation, the program also focused on helping students obtain certifications in medical terminology (med term), Electrocardiogram (EKG), venipuncture, CNA

---

[20] This is likely because those who had not completed their GEDs were more likely to remain active within the YO! Center where they stayed in contact with the C4 caring adult.

classes and clinicals, venipuncture classes and clinicals, and the Geriatric Nursing Assistant (GNA) state board exam. Table 3 demonstrates how many students have completed each of these sections.

Number Completing Course and Clinical Requirements

	Number passed as of June 2016	
	All Program Participants (OTIS and caring adult updates)*	**Interviewed (Phone Calls)**
Required for CNA certification		
Completed GED	15	9
Med term	23	14
CNA exam	15	11
CNA clinical	12	10
Not required for CNA certification		
Electrocardiogram	23	14
Venipuncture exam	14	11
Venipuncture clinical	7	5
GNA state boards	6	5

*The caring adult remained in contact with students who completed the program, but had not completed the GED or obtained a job. He was hired by the YO! Center to continue to provide services to these students. He provided us updated information about the students' progress toward their goals, after data collection in OTIS ended when the program ended.

Of the 14 students the team interviewed who had finished the program, all had completed their medical terminology and EKG classes. Eleven of the 14 who participated in both the CNA and venipuncture classes passed these exams, thereby completing these credentials, five completed their venipuncture clinical, ten completed their CNA clinical, and five completed their GNA state board exam.

Two of the students who have not passed their venipuncture exam are in contact with the caring adult to schedule a new class. Of the three who did not pass their CNA exam, based on the interviewees' responses, none expect to complete it. All three noted they were not interested in becoming a CNA, though they would like to remain in healthcare, preferably working as phlebotomists. One student noted that because the C4 program has ended she cannot schedule the completion of her CNA class because she cannot afford to pay out of pocket.

Completion of Clinicals

Although eleven participants have passed their CNA and venipuncture exams, one of these interviewees has not completed her CNA clinical rotation and six have not completed their

venipuncture clinical rotations, which are necessary to obtain employment in those fields. The CNA clinical rotations must be completed at a nursing home in the city of Baltimore for a minimum of 16 hours. The venipuncture rotations last for two weeks and are completed in the city or county of Baltimore at local Lab corps. The C4 program faced some difficultly scheduling the CNA clinical rotations and venipuncture clinicals, as described in more detail in the implementation report. Further, some of the venipuncture clinics were in areas of Baltimore County that were difficult for students to access because of lack of transportation.

Six of the nine students who have not completed their venipuncture clinicals told us they want to complete them soon. All six would like to be phlebotomists and completing the clinicals is a requirement for that job. Three said they were no longer interested in completing these clinicals because they do not want to pursue jobs in the field. As one student said "[my] hands aren't steady so I don't think that's for me." Two others noted that because the program is over, they would have to pay to take these.

Participant Employment Outcomes

According to the caring adult, based on his conversations with program participants, 12 of the 25 participants are employed, with seven working in the healthcare industry (Table 4). At the time of program entry in January 2015, only one student was employed.

Of the 16 participants who responded to the phone interview, nine are employed and seven are not. Of the nine participants who are employed, six work in the healthcare field in nursing positions – including CNA/CMT (certified medical technician), and GNA positions. Four of these six completed the program, while two did not. The two who did not complete this program but work in the healthcare industry, work in jobs that do not require the certifications offered by this program. The three students who hold jobs that are not in the healthcare field worked in the service industry (Table 5). These three are still interested in pursuing healthcare jobs, and are pursuing opportunities or certifications needed to move forward in that career, with the caring adult assisting them to complete their credentials and link them to jobs.

TABLE 4

Employment of C4 Participants

	Number Employed as of June 2016	
	All Program Participants **(Information from Caring Adults)**	**Interviewed** **(Phone Calls)**
Employed		
Health Care	7	6
Service Industry	5	3
Unemployed	13	7

The four participants that completed the program and have healthcare jobs reported earning between $11 and $18 an hour and worked 30 to 40 hours a week although due to the sporadic nature of their work, their hours could be more or less. The hourly wages earned by these four participants was higher than those who completed the program and are working in the service industry (three) and those who did not complete the program but are working in healthcare (two); their hourly wages ranged from $8.25 to $12.50 an hour. The number of hours worked by the four completers who work in healthcare was generally on par or less than those who worked in the service industry or didn't complete the program. The three participants working in the service industry worked between 24 and 40 hours a week, and the two participants who are working in healthcare but did not complete work between 38 and 40 hours a week.

Four of the six participants who worked in healthcare mentioned that they would like to be working as phlebotomists, but have been unable to obtain jobs in that field because of limited availability. Many of these participants as well as two other participants who do not have jobs in the healthcare field mentioned that they enjoyed the venipuncture portion of the program (the antecedent to obtaining a job as a phlebotomist) and were disappointed that they are have been unable to work in this field. Many are still in contact with the caring adult to see if any jobs are opening up in this area as many prefer these jobs over being a CNA/GNA.

The seven who are currently unemployed indicated that they were still interested in jobs in the healthcare field and their biggest barrier was their need to complete credentials or certifications. One participant noted that she needed to finish her resume and has been going to the YO! Centers for help putting it together. Three other students mentioned that they still needed to complete their clinical rotations, especially in venipuncture since becoming a phlebotomist was a highly sought after career. Two other students mentioned difficulty obtaining jobs because of the personal barriers they faced, including having to take care of young children and relatives.

Participants' Future Plans

Objectives of the C4 program included long-term goals such as getting the participants on the path of high-wage employment with advanced degrees. The majority of interviewees were able to articulate a specific career they hope to secure in the healthcare field in the future, such as patient care technician, RN, pediatric nurse, neonatal nurse, phlebotomist, pediatrician, and developer and owner of a medical facility. Five participants said they wanted to own their business, with two noting the inspiration they received from the guest speaker who had come from similar background to theirs and now had her own business in the health care field. Participants noted that achieving most of these career goals would require additional schooling. Some pointed to a shorter and longer-term career goal such as ensuring that they had a full-time job or securing the additional credentials or certifications they needed to complete the C4 program. For example, one interviewee said she wants to work on becoming a home health aide now, return to school this year to become an RN, and take business and marketing classes so that she can eventually run her own home health aide business.

While all respondents said they had these long-term goals prior to starting the program, three reported that C4 helped them establish or refine their goals of having a career in the healthcare field. One student noted that while she is hoping to become a phlebotomist in the short-term, she hopes to eventually go to business school and open her own nail salon. As she stated, "This goal developed in the last few months in large part due to the confidence I've gotten from the program." Other students said that while their goals were largely set before entering the program, they believe they are now on the path to achieve it. For example, one student said that she had the goal of becoming a patient care technician prior to entering the program; however, now she is moving toward her goal because of the credentials she earned in the program. Others stated that their goals were largely set before coming into the program, but as one noted, "their mindset about actually achieving it was helped by the program."

Are Students Where They Thought They Would Be?

The phone interview delved into how the participants' outcomes matched their initial expectations when they were first recruited for the program in late 2014/early 2015. The team asked participants if their current level of education and job status was where they thought they'd be 18 months ago. The answers for participants largely diverged based on whether they were employed or not. For participants who were employed, four believed that they were where they thought they'd be when they

started the program. Three of the employed participants felt they'd exceeded their expectations. One student noted that she didn't think she would have been at this level before the program started and had a lot of doubts about herself. However, she credits the program with helping her gain confidence.

For participants who were not employed and for two participants who were employed but not in the healthcare field, this was not the case. Many thought they'd be employed at this point and would have completed the entire education portion of the C4 program. For others, working in the service industry rather than in healthcare was also not their preferred outcome. Several of the students who lacked employment noted that they had failed to complete all parts of the program creating significant barriers to employment.

Two students noted that the program appeared to guarantee them employment before the intervention began as a selling point for potential participants. However, with a substantial number of participants out of work, they believe they were misled. As the student pointed out, "They said that if we finished the program and got our certification we would get a job, and a lot of us are still unemployed. By this point, I thought I would at least be working in a hospital and not sitting around doing nothing."

Current Assistance from Program Staff

Although participants completed the C4 program in February or March, many students remain in contact with the caring adult. Frequency and intensity of this contact varies depending on how far the student progressed in the program. Students who remained in the program until the end, but still need to complete classes or pass exams reported having the most contact with the caring adult. During the phone interviews all but one of the participants who completed the program said they were still in contact with the caring adult on a regular or occasional basis (every one to two weeks) by text message. Communication has mainly focused on talking with him about potential jobs or completing certifications or exams. Five participants noted that the caring adult regularly sends them texts with information for job postings. The caring adult has confirmed this and has told program staff that he still reaches out to local employers to find jobs for participants- even if they haven't completed every section of the C4 program. Others noted that if they have to schedule an exam, either for their GED, CNA, or venipunctures, they will speak with the caring adult to set this up. He is also assisting students who have not completed their clinical rotations.

Communication with other C4 program staff is more limited. One student noted she talked with BCCC staff about furthering her education at BCCC. However, most participants do not speak with the instructors they had or other BCCC staff.

Current Use of the YO! Centers

Twenty-three of the 25 participants who were recruited for this program came from one of two YO! Centers the city operates. In the past, these centers have provided a variety of services to Baltimore youth, including on site GED and pre-GED classes, individual and group counseling, career training in high growth industries (such as healthcare, hospitality, and construction), and life skills workshops. The C4 program extended these services by providing similar services but in a more individualized and structured format. During the C4 program, many participants still received tutoring services at the YO! Centers.

As the program has come to an end, the team asked whether the YO! Centers were still assisting the students. Thirteen participants we interviewed still go to the YO! Centers to receive help- particularly those students who have not completed their GED or obtained a job. The frequency of these visits varies by participant with one student mentioning that she goes every other day for assistance whereas some attend much less frequently. Youth report that the assistance provided by the YO! Centers go beyond job assistance and GED preparation. One student noted that she drops in occasionally to these centers for help applying to college, to use the computers, or for housing assistance.

Program Challenges and Successes

Students noted a few challenges with the GED portion of the program. Three wanted more time in the program devoted to GED preparation. They believed four months was not long enough for them to adequately prepare for the GED. Two others felt delayed by the problems with the initial GED instructors, as described in the implementation report. All students reported that the replacement instructors were effective at teaching the GED material.

Three students perceived disorganization in the program during the GED portion of the program. In particular, they thought the structure of the GED classes, with participants taking the language arts section first, then science, math, and social studies, was a poor ordering of the classes with one stating,

"it wasn't really helpful because of all the different teachers and it was really unorganized." As one participant said: "It was a lot as [a] whole because it is doing five courses at one time and you still have a number of tests to take all within less than a year. It was good to push yourself, but there were times when it was stressful."

Six participants expressed dissatisfaction with the structure of the CNA and venipuncture classes. Students took the CNA and venipuncture classes at the same time, typically the CNA class was Monday and Wednesday and venipuncture was Tuesday and Thursday. These participants noted this created confusion for them and made it difficult to focus on one course at a time. Some students believed this led them to fail the exam on the first attempt.

Four students mentioned issues with the way these courses were run. Two mentioned that the CNA and venipuncture instructors were late to class reducing the amount of time spent learning, while two others said they didn't find the classes well taught. One student needed to take the CNA class twice because she had difficulty with her first instructor. Another student noted issues with these classes and that, "When I got a new teacher it was better but it was still kind of hard because a lot of the things were new to me because I didn't get a chance to get to where they were at the time. My first teacher was just teaching in circles, I couldn't grasp what she was teaching because it wasn't helpful. A lot of the things in the class didn't make sense to me."

Another issue for students was that the lab for both the CNA and venipuncture classes was not always available because other students at BCCC who were taking their state boards needed the lab at the same time the class was scheduled, and they could not find an alternate location for the class. One student said that she, "felt like they weren't giving us as much help as we needed. I feel like we should have done more hands on instead of just being in the books. I know that we had to be in the books but we actually had to do those things and it was hard to do certain things when we had to take the test because we didn't know how to do them – like things we needed to know on how to take care of the patient."

Two of the interviewees stated that it was overwhelming for them to balance the program with other competing responsibilities, such as maintaining a job and taking care of their children. One participant who completed the program said that the incentive payments were helpful, but she still needed to work full-time. Others said that there were overall life issues that created significant difficulties for them and this was primarily the reason why the two participants who we spoke to who did not complete the program, had to drop out.

Suggested Changes for the Program

During the phone interview, we asked participants how they would change the program in the future. Overall students' recommendations pointed to the need for clearly articulated and enforced expectations for both teachers and students.

Four students stated that the program should be more organized. For instance, one participant stated: "I would ask them to be a little more organized and inform the students. They know what's going on and we should know what's going too. They could have taken the program more seriously than they did and helped us more and gave us a better understanding of what was going on as far the program itself- we weren't informed on anything. We were always the last to know things (whether there were schedule changes, classroom changes, etc.). It was very unorganized. They should have told us what was going on with the school, for instance, if we were supposed to be there at 9am how is it that our medical teachers are showing up at 930 and we didn't get any information on if our teacher was even coming. And if they wanted us to look at it as if we were coming to work every day, they should have looked at it the same way."

Students also recommended the need to be selective when picking program participants because some students who were less focused (e.g. using their cell phones during class) held back progress of the overall group. An interviewee pointed out that these students were not following the program's phone policy, and it was a waste of time to have weekly meetings about addressing this when it was not an issue for her.

Three others suggested expanding the amount of time for some components of the program, especially the GED and labs for CNA and GNA.

Overall Satisfaction with the Program

In the phone interviews, we asked the respondents the most rewarding aspects of the programs. Four of the interviewees noted that getting the GED was most rewarding, which for some was because they had been working at it for a long time and were able to finally meet this goal with the support of the C4 program.

Others pointed to medical components of the program, such as venipuncture classes and clinical and GNA. One student pointed out that she like venipuncture because she had never done anything like this before and once she did it, she found she was a natural at it. Another said that she liked

venipuncture because the teacher was great, the learning was hands-on, and it incorporated helpful study strategies in preparation for the exam (e.g., flash cards, notes, drills).

Overall participants had difficulties pinpointing what portion of the program they thought was the best because despite the problems encountered, they enjoyed much of it. One participant responded, "I can't pick just one. I would have to say the whole thing. It has helped me to further my education and get medical certifications that will be helpful to whatever medical field I go into." Another student responded that she actually loves school now which she didn't before.

Fourteen of the sixteen students that were interviewed said they were satisfied with the program and would recommend it to others. A few of the participants noted that they had actually been asked about the program already and have recommended it to other young people, with the understanding that the program's future has not yet been established. Perhaps surprisingly, both of the students the team spoke to who were unable to complete the program were still satisfied with the program and would recommend it to others. As noted above, their main issue was their own inability to complete this program due to personal issues.

Of the two students who were not satisfied with the program one said she was "somewhat" satisfied with her experience program ("50/50") but would still recommend it. The other student said she was not satisfied and feels that it was largely a waste of time. She noted that she did not receive any of her certifications for the EKG and med term classes and was very disappointed about how the program was run.

Comparison to the Other GED Programs

Because the C4 program was a unique program within the city of Baltimore, there are few other evaluations to compare it to. Further, there were only 25 participants in the program precluding a large enough sample size to allow for an impact analysis between what the C4 offered and that of another program. The team attempted to obtain data from the Maryland Department of Labor, Licensing and Regulation (DLLR) on how participants who took their GED fared in obtaining this certificate to provide context for understanding the graduation rates from C4.

According to the most recent DLLR statistics, in 2015, 70% of the individuals (428 out of 608) who took all four sections of the GED in Baltimore City completed this certificate. For participants who were between the ages of 16 and 24- the closest comparison to this intervention- 81% (274 out of 334),

completed their GED.[21] These numbers are similar to the C4 program's graduation rate, in which 15 out of the 20 students who finished the program, or 75%, completed their GED. However, as noted in the implementation analysis report, the C4 program recruited participants with lower Test of Adult Basic Education (TABE) math test scores. The math TABE score requirement for students entering the program was reduced from a 9th grade level to a 7th grade level in order to attract a large enough pool of students, which in turn may have led to lower GED completion rates. We could not obtain the TABE scores of Baltimore City individuals who took the GED test, leading to potential selection bias in this sample.

This 75% success rate was seen as a success by MOED staff. And while the program would have liked to have had every student obtain their GED, MOED staff said that when, "I put my realistic hat on in terms of my experience working with this population, then I'm really satisfied," with this outcome.

---

[21] "GED Completion Rates." E-mail message from Patricia Tyler, 8 July 2016.

Evaluation of the Program Model in Boston

The Getting Connected program aimed to help students identify career goals, work toward completion of their community college degree or transfer to a four year college, and assist them in obtaining employment during college and preparing for career-oriented employment after graduation. The program targeted students who were already enrolled in community college, and thus served a different population than did C4. Table 5 displays the characteristics of the students in the program. Most participants were Hispanic (46 percent) or Black (41 percent), and had no children at intake (95 percent). More females (59 percent) participated than males.

TABLE 5

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%

Data Source: OTIS program data
Variable definitions: Students could choose only race, all chose African-American/black only; students provided their current age in years; students stated the exact number of children they had, and the numbers two and higher were combined for the table; the remainder of the categories are displayed as they were in OTIS.

Students did not face the same level of academic disadvantage as students in Baltimore, as all students had completed high school or a GED before enrolling in community college. However, as

shown in Table 5, most (62 percent) were not in the labor force at time of enrollment; 36 percent were employed either part time or full time.

Evaluation Approach

One of the goals of the Opportunities project was to determine the feasibility of implementing random assignment evaluations of the treatments, or components of the treatment, using data collected for other purposes. We attempted a random assignment evaluation of the Getting Connected program's impact on educational outcomes that used administrative data and the impact of one component of the toolkit created by 2M using program data collected in the Opportunity Youth Tracking and Information System (OTIS) created for the demonstration. There were challenges to the implementation of the evaluation of the impact of the Getting Connected program, as we describe in more detail below. We were unable to collect sufficient data for an impact evaluation of employment outcomes, as we describe in more detail below.

Educational Outcomes

For the impact evaluation of the Getting Connected program, BHCC provided us with administrative data for both the treatment group (those eligible students randomly assigned to be offered the Getting Connected program) and the control group (those eligible students randomly assigned not to be offered the program). We did not collect program data about the control group in OTIS because the career navigators collected these data in their interactions with the students enrolled in Getting Connected, so we were unable to use OTIS for this part of the evaluation.

The Boston program had 125 slots available for participants; however, many more BHCC students were eligible for the program than there were slots available. Prior to program implementation, the Boston program staff identified 442 students who were eligible for the program. Using OTIS, we randomly assigned 295 to receive an offer to be in the program and 147 to not receive an offer. Because the Boston program staff was unsure how many eligible students would enroll in the program, they provided offers to enough students to ensure that 125 would sign up. Additionally, the recruitment had

to be done in one large batch because of time constraints for enrollment, thus we chose the treatment group prior to an assessment of the rate of take up among students.[22]

After the recruitment list was produced and recruitment began, Boston experienced record snowfalls throughout the winter of 2015. This affected their ability to recruit students to the program for the spring 2015 term. They made the decision to only recruit 75 participants in the spring 2015 semester and enroll the remaining 50 in the fall semester of 2015.[23] Thus, the randomly assigned offers were used to fill only 75 slots for students who would receive the full year of the program.

Career navigators used the list of 295 treatment students to recruit candidates to the program. As described in more detail in the implementation report, recruitment began with a letter to all the candidates' homes to describe Getting Connected. The letter alone did not elicit enough interest in the program to fill all the program slots. The career navigators followed up the letters with phone calls and emails, and they stopped recruiting students when the slots for the program were filled. They did not attempt to recruit any of the people who were randomly assigned to the control group. According to our interviews with the career navigators, a handful of people from the control group heard about the program and asked to enroll in it; however, they were not allowed to do so.

As shown in Table 6, the control group and treatment group were similar across all demographic characteristics collected, suggesting that random assignment created two similar groups. None of the differences between the two groups at baseline were statistically significant at the 0.05 level. Demographics in Table 6 differ from those presented in Table 5 because data in this table comes from the BHCC administrative files, not from the OTIS data system, and include all those who were recruited to be in the program, not just those who enrolled.

---

[22] As described in the implementation report, the severe winter weather in Boston in winter 2015 and delays in hiring the career navigators led to delays in initiating recruitment.

[23] This decision was reviewed and approved by DOL. This group of 50 did not include anyone in the control group.

TABLE 6

Demographic Characteristics of Students Eligible for Getting Connected by Treatment Status

	Treatment (N=295)	Control (N=147)
Female	54%	56%
Mean Age	23	23
Race		
Hispanic	40%	43%
Black	37%	36%
Asian	10%	10%
White	6%	9%
Other	6%	3%
First Enrollment at BHCC		
Before 2011	8%	7%
2011-2012	42%	47%
After 2012	50%	46%
Year of High School Graduation		
Before 2011	24%	20%
2011-2012	48%	53%
After 2012	28%	27%
Cumulative Credits (Fall 2014)	27	28
GPA (Fall 2014)	2.9	2.9

Data source: BHCC Administrative data.
No differences were statistically significant at the 0.05 level.

The issue that arose with this approach to random assignment is that many who are in the treatment group never received the program because once the 75 program slots were filled, the intensive phone and email recruitment ended. Because of the limited program size, comparing the treatment (those offered the program) and control groups (those not offered the program) would not provide a precise measure of the impact of the program.

Comparing Those in the Program to Those Who Were Not in the Program

Within the treatment group, we compared those who enrolled in the program to those who did not. Those who enrolled in the program differed in several key ways from those who did not enroll in the program (Table 7). They were more likely to be black, less likely to be Asian, less likely to be of "other" races, were more likely to enroll in BHCC between 2011 and 2012, and graduated from high school more recently than those who did not enroll in the program.

TABLE 7

Demographic Characteristics of Treatment Students Enrolled in Program and Not Enrolled in Program

	Enrolled in Getting Connected (N=75)	Not Enrolled in Getting Connected (N=220)
Female	58%	52%
Mean Age	23	23
Race		
Hispanic	43%	39%
Black	47%	34%*
Asian	4%	12%*
White	3%	7%
Other	3%	8%*
First Enrollment at BHCC		
Before 2011	8%	10%
2011-2012	49%	47%*
After 2012	43%	44%*
Year of High School Graduation		
Before 2011	22%	27%*
2011-2012	49%	51%*
After 2012	29%	22%*
Cumulative Credits (Fall 2014)	28.8	28
GPA (Fall 2014)	2.9	2.8

Data source: BHCC administrative data.
*Difference is significant at the .05 level.

The aim of the Getting Connected program was to improve educational outcomes, and ultimately employment outcomes. We used multiple measures of educational outcomes that were available in the BHCC administrative data. All outcomes were measured at the end of the spring 2016 semester, which is the semester following the end of the Getting Connected program.

- Enrollment in courses at Bunker Hill Community College

- Cumulative credits

- Total cumulative attempted credits

- Total cumulative completed credits (including development education)

- Cumulative GPA

- Any degree or certificate attained

- Transfer status (Did the student transfer to another school?)

We display regression analyses in which we split the treatment group (those offered the program) into those enrolled in the program and those not enrolled in the program. We show their outcomes relative to the control group (those not offered the program). These analyses should not be considered rigorous impact evaluations. As demonstrated above, those who enrolled in the Getting Connected program differed on observable characteristics, such as race and year of high school graduation, and we controlled for those differences in the regressions. However, it is also likely that Getting Connected Enrollees also differed on unobservable characteristics that cannot be controlled in the regressions, such as motivation to complete their community college program.

This analysis (Table 9) shows that those who enrolled in Getting Connected were more likely to be enrolled at BHCC in the semester after the program ended, relative to those who were not recruited for the program. They also attempted and completed more credits than the control group. We do not know if these significant findings reflect that the Getting Connected program did not impact those outcomes, or if there were selection issues that may have affected these outcomes. There was no significant difference in the likelihood of transferring or completing a degree or certification, which were the targeted outcomes of the Getting Connected program.

TABLE 9

Treatment Effects, Regression Coefficients and Standard Deviations

	Getting Connected Enrollees (Std. Dev) (N=75)	Non-Enrollees who Were Recruited (Std. Dev) (N=220)
Enrollment	6.3%* (3.0)	-4.0%* (2.2)
Cumulative College Credits	4.3 (3.0)	2.5 (2.6)
Total Attempted Credits	5.3* (2.6)	-4.7* (2.0)
Total Cumulative College Credits (includes developmental education)	7.0* (3.4)	-0.3 (2.9)
Any degree or certification	3.9% (3.3)	-4.5% (2.9)
Transfer Status	-2.5% (4.0)	-3.0% (3.0)
GPA	.06 (.10)	0.0 (.09)

Data Source: BHCC administrative data.
* Significant at the 0.05 percent level.
Controls include race/Hispanic ethnicity, gender, HS degree date, BHCC enrollment date, GPA in Fall 2014, and cumulative credits in Fall 2014.

The goal of this project was to determine whether a rigorous evaluation could be implemented within this setting. The program size was limited by both the short timeframe for program recruitment and implementation and the severe winter weather, thus we were unable to implement the random assignment as originally planned. A better approach to the impact evaluation would be to allow the pilot site more time to fully implement the program prior to conducting the random assignment process. This would allow for a better assessment of the take up rate, and the evaluation team could assign a more precise number of students to the treatment group. Another option would be to randomly assign students to receive the Getting Connected program later in the enrollment process, after they have expressed initial interest in enrolling in the program. This could be a feasible approach, given the large number of students eligible for Getting Connected at BHCC; however, it would require denying the program to some students who made an effort to enroll in the program and expressed interest in it, which was viewed as objectionable by the pilot site in this case. This approach would also require a

longer lead time into the program to allow time to bring in enough students to fill both the treatment and comparison group. Alternatively, randomly assigning students to treatment groups in smaller batches, and enrolling students in smaller batches, would allow for the program staff to stop offering the program once the slots were filled. The difficulty with the batch approach to a random assignment evaluation is the program is designed to be implemented at the beginning of the semester, and a batch approach would likely require an ongoing, rolling enrollment process.

Employment Outcomes

A key goal of Getting Connected was to connect students with employers and improve their employment outcomes. We could not directly assess the impacts of Getting Connected on employment for several reasons. We could not use employment data from administrative data sources, such as Unemployment Insurance, linked to the treatment and control group students, because the evaluation project ended before those data would be available. We did not collect employment data for the control group through OTIS because these data were collected during the interactions with the program staff and students. Finally, we are unable to look at longer-term employment goals as most students in the Getting Connected program were still completing their schooling at the time of this report.

We collected some employment outcomes among those enrolled in Getting Connected through OTIS. These data were to be collected in follow up meetings with the Employer Specialist. The data collected on employment were not useful for an outcome evaluation because they were not updated for all students in the program at regular intervals; they were only collected at the time a student met with the Employer Specialist. This reflected the structure of the Getting Connected program where students met with the caring adult on an as-needed basis, thus some students only met once with the caring adults, while others met multiple times.

Because of these data issues, we restricted our analysis of employment-related outcomes to those that the students completed as part of the Getting Connected program. We assessed intermediate goals that are employment related, including whether the student completed a resume and had an interview with an employer. We display these outcomes by cohort in Table 10. As shown, the majority of students in both cohorts completed a resume during the program. And the majority of students in the first cohort had an interview with an employer during the program. Fewer than half the students in the second cohort had an interview with an employer likely reflecting the shorter time they were enrolled in the program. This is not a rigorous evaluation of the outcomes because we do not include a

comparison group. We provide this as descriptive information about youth participation in employment related components of the program.

Employment-Related Outcomes among Getting Connected Participants by Cohort of Program Entry

	First Cohort (N=75)	Second Cohort (N=50)
Completed Up to Date Resume	53 (71%)	30 (60%)
Interview with Employer	48 (64%)	19 (38%)

Data source: OTIS program data.

To do a rigorous random assignment evaluation of employment outcomes in the future, two approaches could be taken. The project could be extended to allow time for the administrative records to be collected, or a survey of both the treatment and control group could be administered. Using program data to assess longer-term employment outcomes is likely not feasible within the context of a program structured like Getting Connected.

Evaluation of 2M Toolkit Text Connect Component

As described previously, the toolkit developed by 2M consisted of three components: Text Connect, a planning document, and the GRIT assessment. In Boston, Text Connect was used in two ways – to send reminder texts to students about important events and deadlines, and to induce positive social norms among the students. The goal of the Text Connect system was to increase participation in the program. All students provided a text number at the beginning of the program, and only four opted out of receiving texts from the Text Connect system. There were 24 unique reminder texts sent to the Getting Connected students. Examples of these texts included the following:

1. Study Techniques Workshop: 12-1pm on Tuesday, November 24, in E225. Learn how to get the most out of your study time. Contact your Navigator with questions.
2. Reminder: the last day to withdraw from a course is November 19. Get in touch with your Career Navigator with any questions or concerns about withdrawing.
3. First day to apply for June 2016 graduation is today! If you would like help with the application process, get in touch with your Career Navigator.

We did not randomly assign students to receive these texts because the caring adults also provided this information to students in person and because the program staff considered this an essential element of the program and did not want to deprive some students of receiving it.

Social Norming Texts

In Boston there was little opportunity for Getting Connected students to develop group cohesiveness or identity because students met individually with the caring adults, did not necessarily take classes together, and were not always on campus at the same time. As described previously, prior research indicates that positive social norms within a group can improve outcomes. Thus, 2M created a series of text messages that could be sent to the students in the program to encourage positive social norms. The goal of these texts was to increase participation in the program. Specifically, this part of the toolkit consisted of sending the following six texts to students in the Getting Connected program.

4. Getting Connected: Contact your Employer Specialist to work on improving your resume and interview skills to hopefully find great internships and better jobs!
5. Two students obtained internships in their fields of study (engineering and business) and two were hired at Macy's, gaining higher rates of pay! Congrats!
6. The students met with the Employer Specialist for a Preparing for the Interview workshop to help them in the process. Get in touch with him for assistance!
7. Getting Connected students: 9 students applied at Apple; all made it through the first interview and onto the second round!
8. Congratulations! 20 students have gained employment through the Getting Connected program. Keep up the good work!
9. Getting Connected students: Congratulations! 90% of you have completed resumes. Keep up the great progress!

The goal of the social norming texts was to increase the students' participation in the Getting Connected program and improve employment-related outcomes. To assess whether these social norming texts had this impact, we randomly assigned 63 of the enrolled program participants to receive these texts and 62 to not receive these texts. We used the program service data collected in OTIS to determine whether those who received the social norming texts participated more in the Getting Connected program and were more likely to complete a resume and have an interview with an employer.

Comparison of Control and Treatment Groups

We compared the demographic characteristics of the students who were randomly assigned to receive the social norming texts and those who were not. We found that those in the treatment group were less likely to be black and more likely to be Hispanic (Table 11), which reflects random variation. We controlled for race and other background characteristics in the impact regression analyses.

TABLE 11

Demographic Characteristics of Students Who Received and Did Not Receive Text Connect

	Received Social Norming Texts (N=63)	Did Not Receive the Social Norming Texts (N=62)
Female	55%	63%
Mean Age at Start of Program	23	22
Race		
Hispanic	51%	55%*
Black	33%	32%*
Asian	8%	8%
White	5%	5%
Other	3%	3%

Data source: OTIS program data.
*Significant at the .05 level.

Service Outcomes

We compared the number of meetings with caring adults and number of service hours received, whether the student completed a resume, and whether the student had an interview with an employer between the two groups. We controlled for demographic variables in these tests because of the differences in these characteristics between the two groups. We found no statistically significant difference in the outcomes between the two groups (Table 12).

TABLE 12

Outcomes by Treatment Status and Effect of Treatment on Outcomes, Regressions Coefficients

	Treatment (N=63)	Control (N=62)	With Covariates* Difference
Mean Number of Meetings with Caring Adults	5.5	5.6	-0.1 (1.0)
Number of Service Hours received	5.6	6.8	-1.8 (1.9)
Resume Completed	70%	74%	-3.3% (4.0)
Interview with Employer	29%	33%	-2.0% (3.9)

Data source: OTIS program data.

Controls include race/Hispanic ethnicity, gender, and age.

No significant differences at the .05 level.

Because the Text Connect program began in the spring of 2015, the students who enrolled in cohort 2 into the Getting Connected program did not receive two of the texts, listed below.

10. Congratulations! 20 students have gained employment through the Getting Connected program. Keep up the good work!
11. Getting Connected students: Congratulations! 90% of you have completed resumes. Keep up the great progress!

Thus, we examined differences in service hours for only the first cohort of students to determine whether the full Text Connect program may have made a difference. We found no differences between the cohort one treatment and control groups in the three outcomes.

TABLE 13

Service Outcomes by Treatment Status and Effect of Treatment on Outcomes, Regressions Coefficients, Cohort 1

	Treatment (N=37)	Control (N=38)	With Covariates* (Std. Dev.)
Mean Number of Meetings with Caring Adults	7.5	7.8	-0.2 (0.7)
Number of Service Hours received	8.3	9.4	-1.6 (1.8)
Resume Completed	70%	89%	-17%* (7.0)
Interview with Employer	32%	39%	-3.1% (4.8)

Data source: OTIS program data.

Controls include race/Hispanic ethnicity, gender, and age.

* Significant differences at the .05 level.

Conclusion

The goal of this evaluation project was to determine whether we could implement a rigorous evaluation within the pilot programs, and if so, whether the program had the intended impacts of improving educational and employment outcomes. We were unable to implement a rigorous impact evaluation of the pilot programs in either site for multiple reasons. In Baltimore, the pilot program was small, there were not enough students eligible for the program to create a control group, and the administrative data available from Baltimore city's GED program was not provided at the individual level, precluding our ability to construct a comparison group. Based on a comparison with students of a similar age in Baltimore who took the GED tests, the results for students in the C4 program were similar; however, we do not know whether the non-C4 students who took the GED had similar TABE scores or other characteristics to the C4 students. Our follow up interviews with C4 participants indicated that many more had employment after the program ended than at entry into the program. However, many were still struggling to find employment, particularly in their preferred field of healthcare. Most students were satisfied with the program, though they offered suggestions about how it could be improved in the future. Some of the suggestions for improvement, such as extending the GED portion of the program, and running the CNA and venipuncture classes consecutively, rather than simultaneously, would likely require the 14 month program to be lengthened. At the same time, many students faced financial difficulties while they were in the program, which could create barriers to their completion of a longer program.

To implement a rigorous evaluation of a program like the one in Baltimore would require that the program serve more students. However, there are multiple reasons this might not work well within this setting. One, the program was designed to be small in order to help develop a cohesive group of student that could support each other as they went through the program. Two, the program was expensive because financial aid, such as Pell Grants, could not be used to cover the cost of the GED program. Three, it was difficult to find enough students in Baltimore who met the initial eligibility restrictions for the program, and the math TABE score requirements were lowered to ensure that enough students enrolled. As described in the implementation report, those who had lower TABE scores were less likely to complete the C4 program. Thus, it may be difficult to enroll a larger group of students in one city. In order to rigorously assess a program like this, it would likely need to be implemented in multiple sites or enroll cohorts over several years.

We attempted to implement a more rigorous impact evaluation in Boston by randomly assigning eligible students to either be offered the Getting Connected program or not, and by randomly assigning

some enrollees to receive the social norming texts. However, this design was not fully implemented because of the severe winter weather in Boston in the winter of 2015 that impeded recruitment of the full 125 students for the program at the beginning of the program. Regression analysis indicated that those in the treatment group were more likely to be enrolled in the semester following the end of the program and they completed more credits. We cannot know if this reflects a selection effect of greater motivation among students who enrolled in the program or the effect of the program itself. In the future, providing programs such as this one time to fully implement the program, prior to the beginning of the evaluation, would allow the evaluation team and program staff to more precisely estimate take up rates and offer the program to fewer eligible students, providing a more precise measure of the program's effectiveness. Random assignment that was implemented after students expressed interest in enrolling in a program like Getting Connected would also lead to a more precise evaluation. However, program staff would need additional time prior to the start of the evaluation to inform students of the program and recruit a large enough number of students to create a sufficient treatment and control group.

We did not have sufficient data to examine the effects of Getting Connected on employment outcomes. We found that the majority of Getting Connected students completed a resume and had an interview with an employer. The students who were in the program for longer were more likely to complete these activities. We could not systematically examine employment outcomes because of lack of regularly collected data in OTIS, due to the structure of the program. A systematic survey, implemented to a selected control and comparison group or lengthening the project to allow for collection of administrative data could shed light on the employment outcomes.
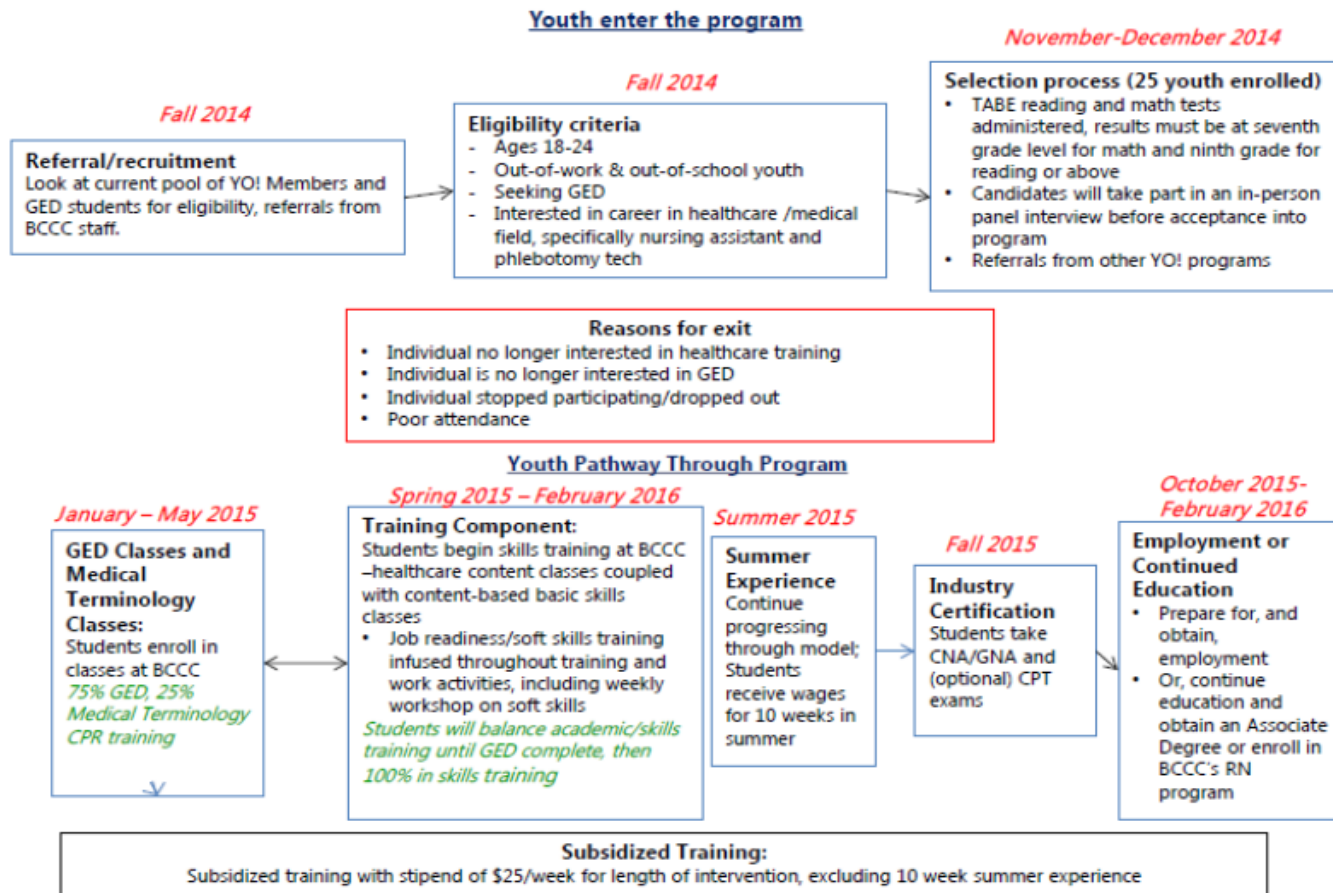
Appendix A. Names and Positions of Technical Workgroup Members

- 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

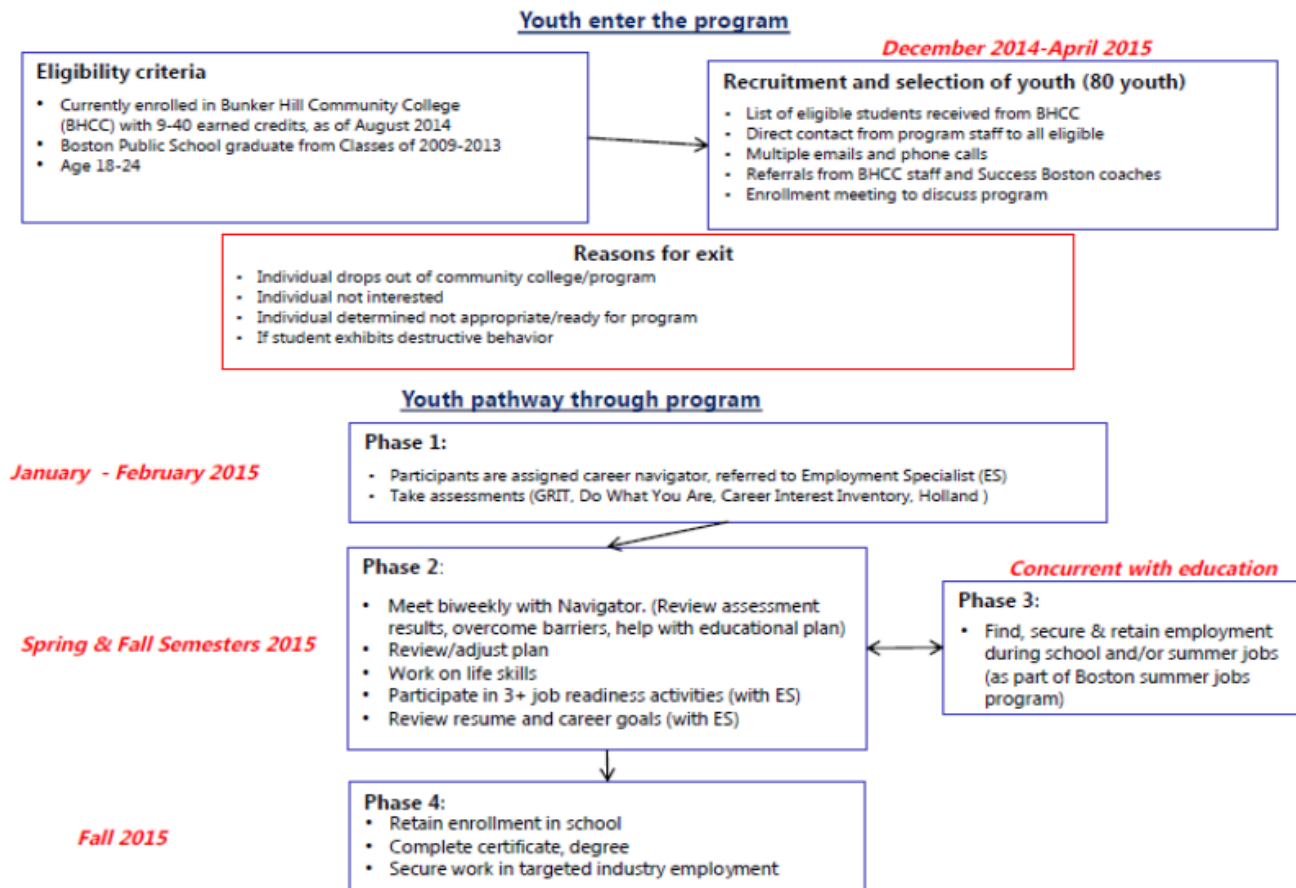# Appendix B. Steps in Proposed Model: Baltimore

Steps in Proposed Model: Baltimore, March 2015

Appendix C. Steps in Proposed Model: Boston

FIGURE C.1

Steps in Proposed Model: Boston, March 2015

Youth enter the program

Eligibility criteria
- Currently enrolled in Bunker Hill Community College (BHCC) with 9-40 earned credits, as of August 2014
- Boston Public School graduate from Classes of 2009-2013
- Age 18-24

December 2014-April 2015

Recruitment and selection of youth (80 youth)
- List of eligible students received from BHCC
- Direct contact from program staff to all eligible
- Multiple emails and phone calls
- Referrals from BHCC staff and Success Boston coaches
- Enrollment meeting to discuss program

Reasons for exit
- Individual drops out of community college/program
- Individual not interested
- Individual determined not appropriate/ready for program
- If student exhibits destructive behavior

Youth pathway through program

January - February 2015

Phase 1:
- Participants are assigned career navigator, referred to Employment Specialist (ES)
- Take assessments (GRIT, Do What You Are, Career Interest Inventory, Holland)

Spring & Fall Semesters 2015

Phase 2:
- Meet biweekly with Navigator. (Review assessment results, overcome barriers, help with educational plan)
- Review/adjust plan
- Work on life skills
- Participate in 3+ job readiness activities (with ES)
- Review resume and career goals (with ES)

Concurrent with education

Phase 3:
- Find, secure & retain employment during school and/or summer jobs (as part of Boston summer jobs program)

Fall 2015

Phase 4:
- Retain enrollment in school
- Complete certificate, degree
- Secure work in targeted industry employment

Appendix D. Protocols for Phone Surveys

For Students Completing the Program

<div align="center">Opportunities for Youth Demonstration and Evaluation Phone Interview</div>

Consent Statement:

Hello and thank you for agreeing to speak with us today. We are researchers from the Urban Institute and are conducting an evaluation of the C4 program, funded by the U.S. Department of Labor. As part of our evaluation we are hoping to conduct a phone interview with you today that should last approximately 15-20 minutes and will focus on your experiences in the C4 program, as well as your current employment and educational status. Once the interview has been completed we will provide you with a $60 gift card. We will keep all information that you share private. We will not report back to the career navigator or other C4 staff the information you have shared with us. If you become uncomfortable with any of the questions or the information shared during the discussion, at any time you may skip a question or decide to stop participating in the conversation entirely, you will still receive the $60 gift card. All information that you share during the interview is confidential and your name will never be linked to your responses.

We would like to audio record the discussion to ensure accuracy in our notes about what was discussed. We will keep the audio recording confidential and not link it to your name. You do not have to agree to have the discussion recorded, and you are still able to participate in the study even if you do not agree to the audio recording.

Please let us know if you consent to this interview

1. Could you please let us know if you have completed the following credentials and certifications in the C4 program: (1) GED; (2) Venipuncture class; (3) Venipuncture clinicals; (4) CNA class; (5) CNA clinicals; (6) GNA State Board Exam
2. If you are still working on one of these credentials or certifications, when do you expect to complete them? (Go through list of non-completed credentials, and ask about specific plans for completion, like test scheduled? Clinicals scheduled?)
3. Are you currently employed?
   <u>**If Employed**</u>
   a. What type of job do you do?
   b. How many hours a week do you work? What is your hourly wage?
   c. How long have you been employed in this job? Did you have a job before this?

     d.   Did the career navigator or any of your instructors from this program help you find out about this job?

     e.   Would you have been interested in this job if you were not in this program?

     f.   Did the career navigator or any of your instructors help you with the application process or help you prepare to interview for this job?

     g.   If not in health care field: Are you still interested in working in the health care field? What steps are you taking to secure employment in the industry?

          If Not Employed

     h.   Are you actively looking for employment? If so, what barriers do you see to actually obtaining employment?

     i.   Are you still interested in working in the healthcare industry? If yes, what are the steps you need to take to obtain employment in the health care industry, outside of completing required coursework and certifications?

4. What section of the program did you find the hardest to complete? (probe-GED (specifically which sections), Med Terms, EKG, CNA, Venipuncture)?

5. What section of the program did you find the most rewarding? GED (specifically which sections), Med Terms, EKG, CNA, Venipuncture)? What did you like about that section?

6. Is there anything the program could have done to more adequately prepare you for
   - the GED exam?
   - the Med Term, EKG, CNA or Venipuncture exams?
   - employment in the health care industry?

7. Is your current level of education and job status- where you thought you'd be when you began the program? Where did you foresee yourself at this point when you first started this program?

8. What are your future educational and employment goals? Do you see yourself as being on the path to obtaining them? Have they changed in the past 18 months since starting the program?

9. Are you still in contact with the career navigator and other staff from the program? If so, how often? What kinds of assistance does he currently provide you with?

10. Did you find the guest speakers the career navigator brought in to be effective in helping you obtain your employment? Which ones did you find to be the most helpful?

11. Do you still go to the YO! Centers? If so, how often? What do you primarily do there?

12. Overall, were you satisfied with your time in the C4 Program? What changes would you recommend to improve the program? Would you recommend the program to others?

Thank you for speaking with us today. Would you like to receive your payment via email or via mailed gift card? If email, what is your email address? If mail, what is your home address?

For Students Not Completing the Program

Opportunities for Youth Demonstration and Evaluation Phone Interview

Consent Statement:

Hello and thank you for agreeing to speak with us today. We are researchers from the Urban Institute and are conducting an evaluation of the C4 program, funded by the U.S. Department of Labor. As part of our evaluation we are hoping to conduct a phone interview with you today that should last approximately 15-20 minutes and will focus on your experiences in the C4 program, as well as your current employment and educational status. Once the interview has been completed we will provide you with a $60 gift card. We will keep all information that you share private. We will not report back to the career navigator or other C4 staff the information you have shared with us. If you become uncomfortable with any of the questions or the information shared during the discussion, at any time you may skip a question or decide to stop participating in the conversation entirely, you will still receive the $60 gift card. All information that you share during the interview is confidential and your name will never be linked to your responses.

We would like to audio record the discussion to ensure accuracy in our notes about what was discussed. We will keep the audio recording confidential and not link it to your name. You do not have to agree to have the discussion recorded, and you are still able to participate in the study even if you do not agree to the audio recording.

Please let us know if you consent to this interview

1. Could you let us know when you left this program and why you did not complete the program?
2. Could you please let us know if you have been able to complete your GED?
3. Are you currently attempting to obtain any further educational credentials? If so, what specific field? Was it guided by your C4 experience or by other reasons?
4. Are you currently employed?
    If Employed
    a. What type of job do you do?
    b. How many hours a week do you work? What is your hourly wage?
    c. How long have you been employed in this job?
    d. How did you find out about this job?
    e. If not in health care field: Are you still interested in working in the health care field? What steps are you taking to secure employment in the industry?
    If Not Employed
    f. Are you actively looking for employment? If so, what barriers do you see to actually obtaining employment?
    g. Did the program assist you in trying to obtain employment both while you were in the program and after you left? Could they have done more?

      h.   Are you still interested in working in the healthcare industry? If yes, what are the steps you need to take to obtain employment in the health care industry, outside of completing required coursework and certifications?

5.   What section of the program did you find the hardest to complete? (probe-GED (specifically which sections), Med Terms, EKG, CNA, Venipuncture)? How could the program have prepared you better for these sections? Where do you feel the program was lacking in assisting you?

6.   Were there any sections of the program you found rewarding? If so, what section of the program did you find the most rewarding? GED (specifically which sections), Med Terms, EKG, CNA, Venipuncture, guest speakers)? What did you like about that section? (This will likely only be about the GED but we'll see how far they went in the program).

7.   What are your future educational and employment goals? Do you see yourself as being on the path to obtaining them? Have they changed in the past 18 months since starting the program?

8.   Are you still in contact with the career navigator and other staff from the program? If so, how often? Does he provide you with any education or employment assistance?

9.   Did you attend any sessions in which guest speakers spoke with you? If so, did you find the guest speakers the career navigator brought in to be effective in helping you obtain your employment? Which ones did you find to be the most helpful?

10. Do you still go to the YO! Centers? If so, how often? What do you primarily do there?

11. Even though you did not complete the program, overall, did you have a positive experience in the C4 Program? What changes would you recommend to improve the program? Would you recommend the program to others?

Thank you for speaking with us today. Would you like to receive your payment via email or mail? If email, what is your email address? If by mail, what is your address?

About the Authors

Heather Koball is a senior fellow with the Center on Labor, Human Services, and Population at the Urban Institute. She has over 15 years of experience in policy research and program evaluation. She has substantial expertise related to programs that serve opportunity youth, as well as in implementation evaluation and rigorous impact evaluations. Koball is coprincipal investigator for the Opportunity Works social innovation fund evaluation, which evaluates the Back on Track model for improving outcomes among youth and young adults who are disconnected from traditional education and employment. She was principal investigator for the evaluation of Teen ACTION, an after-school program for low-income youth in New York City. Koball is also coprincipal investigator for the Dropping Out and Clocking In project, an analysis of the long-term effects of youth employment on educational outcomes. Before joining Urban, Koball worked at Mathematica Policy Research and was coprincipal investigator for the Youth Demonstration Development project for the US Department of Health and Human Services, for which she developed a conceptual framework to improve self-sufficiency among at-risk youth.

Alan Dodkowitz is a research associate in the Center on Labor, Human Services, and Population, where he has conducted quantitative and qualitative policy analysis and evaluation. He led analyses of the evaluation of the Young Parent Demonstration, a project to improve employment, earnings, and education outcomes for pregnant or parenting youth between ages 16 and 24. For this project, Dodkowitz analyzed participant tracking system data and provided technical assistance to grantees in implementing their programs. He also helped develop the interim analysis report and continues to help lead the team as it evaluates the program's efficacy.

Colleen Schlecht is a researcher at Chapin Hall at the University of Chicago. She conducts qualitative research and quantitative analysis and evaluation of programs that support children, families, and their communities. Her work focuses on programs in workforce development, youth homelessness, coordinated early childhood care, and child abuse and neglect prevention. For this project, Schlecht led technical assistance to the sites in the development of their interventions and development of the interview protocols. Schlecht also co-led all formative evaluation site visits, draft recommendations and reports, and follow-up calls with the pilot sites.

Shannon Guiltinan is a researcher at Chapin Hall. She provides qualitative research and quantitative analysis of programs that support children and families. Her current work includes an implementation

study of career and technical education in the Chicago Public Schools; an analysis of population, poverty, and neighborhood trends in Chicago; and an investigation into how school discipline polices and strategies affect instruction and student learning. Previous work has focused on out-of-school opportunities for youth, postsecondary and employment outcomes of Chicago youth, and analysis of Illinois's Workforce Investment Act programs.