

**The Health
Profession
Opportunity Grants
(HPOG) 1.0 Case
Management and
Counseling
Services**



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Overview

The Health Profession Opportunity Grants (HPOG) Program funds training programs in high-demand healthcare professions targeted to TANF recipients and other low-income individuals. This brief summarizes descriptive findings about case management strategies and approaches used by the first round of HPOG grantees. These findings are presented in the context of the recent literature that is shaping the case management role within the workforce development and community college arenas. This literature emphasizes three major themes. The first concerns the initial planning phase of participant engagement and underscores the importance of helping participants establish a clear education and career road map with specific goals and milestones. The second is the value of one-on-one and ongoing counseling and support for participants throughout their time in a program. The third is the importance of sustained post-program follow-up to keep participants focused on attaining their career goals.

While these themes are broadly applicable across the profession, the recently completed *HPOG National Implementation Evaluation Descriptive Implementation and Outcome Report* (Werner et al., 2016) confirms that the specific roles and responsibilities of HPOG case managers vary considerably across individual programs. For example, the study found that while most programs hired case managers directly, about 20 percent relied on partner organizations to provide case management and counseling services. Programs also varied on caseload size and the use of full-time vs. part-time case managers.

Additionally, HPOG case managers also had different responsibilities across four major functional areas: (1) monitoring of participant progress, (2) academic or career counseling, (3) personal or financial counseling, and (4) employment counseling. Although most case managers had multiple responsibilities across these activities, case managers in about two-thirds of programs were responsible for all four. HPOG Program staff reported that case managers' primary emphases were monitoring participant progress and providing career counseling. Case managers reported spending comparatively less time on academic advising, personal counseling, and financial counseling. Nevertheless, case managers maintained ongoing contact with their participants. On average, case managers and other frontline staff were in contact with participants two to three times a month in person in an individual setting.

Case management direct service functions were often enhanced by external support services that complemented and/or expanded the efforts of the case managers. To engage these additional services, case managers were typically responsible for assessing needs, making referrals, and monitoring the receipt and adequacy of these supports. Most commonly these services included academic and training supports, financial supports and incentives, and personal and family support services.

1. Introduction

The Health Profession Opportunity Grants (HPOG) Program, established by the Patient Protection and Affordable Care Act of 2010 (ACA), funds training programs in high-demand healthcare professions, targeted to Temporary Assistance for Needy Families (TANF) recipients and other low-income individuals.¹ In 2010, the Administration for Children and Families (ACF) of the U.S. Department of Health and Human Services (HHS) awarded a first round of 32 HPOG grants (referred to as HPOG 1.0) for five-year project periods to organizations in 23 states, with approximately \$67 million dispersed each year through September 2015. Twenty-seven of the HPOG grantees were postsecondary educational institutions, workforce investment boards, state or local government agencies, and community-based organizations; five were tribal organizations. In September 2015, HHS awarded a second round of five-year grants (referred to as HPOG 2.0) totaling \$72 million to 32 organizations (including 5 tribal organizations) in 21 states.²

This brief summarizes descriptive findings about case management strategies and approaches from the HPOG National Implementation Evaluation Descriptive Implementation and Outcome Report (Werner et al., 2016). It is part of a larger ongoing evaluation conducted by ACF's Office of Planning, Research and Evaluation (OPRE) to assess the success of the HPOG Program. The analysis that follows reflects the experience of the 27 non-tribal HPOG 1.0 grantees and the 49 distinct programs they operated (hereafter the brief will use "HPOG" in reference to HPOG 1.0). It draws on several sources of primary data, including a 2014 Grantee Survey and a Staff and Management Survey conducted under the HPOG National Implementation Evaluation (NIE), as well as the Performance Reporting System (PRS)—the management information system used under HPOG 1.0 for project management, performance reporting, and evaluation research.³ The brief also uses information collected by researchers during site visits to programs operated by 22 of the 27 non-tribal HPOG 1.0 grantees.

Career Pathways and Case Management

Career pathways is an innovative approach to providing occupational training that is closely allied to the demands of the labor market. The program framework is particularly well suited to the needs of non-traditional post-secondary students in that it combines occupational training, education and support services. Collectively, these components are designed to align with the skill demands of local economies and help individuals to enter or advance within a specific occupation or occupational cluster. HPOG grantees were encouraged to adopt the career pathways framework in structuring and delivering occupational training and other program services.

¹ Note that "HPOG Program" refers to the national HPOG initiative, while "HPOG program" refers to an individual HPOG program.

² To learn more about HPOG 2.0 go to <http://www.acf.hhs.gov/ofa/programs/hpog>

³ The Grantee Survey was administered to designated liaisons from each grantee program, and it primarily gathered data on program design and implementation strategies. The Staff and Management Survey was administered to all program representatives having direct contact with training program participants, and it gathered feedback on the staff's approach to delivering participant services. HPOG program staff gathered and entered data on service receipt in the PRS.

Research on career pathways and other strategies to support success in postsecondary occupational training for low-income populations emphasizes the value of innovative instructional content and delivery supported by academic, personal, family, and financial services. The most promising approaches are multi-faceted, with combinations of innovative program components, such as more-structured career ladders or lattices and new instructional models with proactive advising, and more financial aid and support services (Deming & Dynarski, 2012; Scrivener, Weiss, & Sommo, 2012; Washington State Board for Community and Technical Colleges, 2011; Scrivener et al., 2015).

Programs that adopt this multi-faceted design typically rely on case managers, in partnership with participants, to establish, coordinate, and monitor a comprehensive service plan. These efforts are intended to help participants remain in training to completion.

This brief profiles the case management strategies and approaches adopted by the 27 non-tribal HPOG grantees for the 49 distinct programs they operated. It provides an overview of the mix of services grantees made available, their approach to delivering these services, and the extent to which participants received them. The vast majority of the non-tribal HPOG grantee programs (48 programs, 98 percent) employed dedicated case managers, who were broadly responsible for assessing participant needs, providing supports, and monitoring participant progress.⁴ For a majority of those 48 programs (30 programs, 63 percent), case managers' responsibilities included providing academic or career counseling, personal or financial counseling, and employment counseling. While HPOG grantees shared a commitment to the importance of the case management/counseling function, no single approach predominated. This reflects the diversity of the HPOG grantees themselves and the unique and challenging role of case managers working in a career pathways environment that targeted low-income populations.

To put the results for HPOG in a broader research context, this brief begins with a review of the recent literature that is shaping the case management discussion, particularly among program designers and practitioners.

2. Insights from the Research Literature on Case Management

The literature on case management in the workforce development and the community college arenas highlights several major themes that correspond broadly to the responsibilities that case managers adopt in support of their participant caseload. The first theme is the initial planning phase of participant engagement and underscores the importance of helping participants establish a clear education and career road map with specific goals and milestones. The second is the value of one-on-one and ongoing support for participants throughout their time in a program. The third is the importance of sustained follow-up to keep participants focused on attaining their career goals.

⁴ Findings cited in this brief related to program design or implementation (such as activities, services or training courses programs offered to participants) are sourced from the HPOG Grantee Survey.

Initial Planning and Goal Setting

Success in applying the career pathways framework is dependent on participants having a clear vision of their career goals and a well-planned set of incremental steps to guide them forward. Effective career planning ensures that participants have a road map that explicitly connects their occupational training and associated employment levels within an industry (Werner, Rappaport, Stuart & Lewis, 2013). These road maps typically indicate the technical skills or credentials required for each level and the associated labor market payoffs (Estrada, 2010; Zacker, 2011). The maps should also clarify transition points and places where participants can easily exit or enter the training program (Pleasant & Clagett, 2010) and enable them to advance (Endel, Anderson, & Kelley, 2011). Preliminary evidence from the community college arena indicates that offering students structured plans, such as career pathways, may increase the likelihood of their completing a program of study (Jenkins & Cho, 2014). This is a particularly important consideration in HPOG given the prevalence of community colleges serving as primary training providers.

Evidence from community colleges also stresses the importance of integrating career planning with academic advising. As a recent Community College Research Center paper noted, “There is strong theoretical and practical support for connecting academic and career guidance. However, current advising practices separate the two—and frequently focus on academic advising, leaving career planning as an afterthought” (Karp, 2013). Early guidance on both career and academics is critical, as many community college students may otherwise accumulate unnecessary credits; they are much more likely to complete a credential if they have a structured plan in their first year of education or training (Jenkins & Cho, 2014; Scrivener et al., 2015).

In underscoring the importance of career planning (and its integration with academic advising), the literature also stresses the importance of “the earlier the better” for programs targeting low-income populations with important educational challenges. In the past, programs commonly preceded occupational training with basic skills remediation, but adult basic education (ABE) and college remediation programs have increasingly provided basic skills instruction concurrently with occupational training and contextualized ABE to post-secondary studies. Such programs may emphasize developing a career plan even prior to beginning remediation. For example, the National College Transition Network and the System for Adult Basic Education Support developed Integrating Career Awareness (ICA), an in-depth career awareness curriculum for ABE instructors designed to help adult education students functioning at intermediate educational levels understand the critical link between education and careers.⁵

Similarly, the organization Women Employed asked the rhetorical question: “How do you encourage adult students who never earned a high school diploma to view Adult Education as a program that leads to real opportunity?” In response, it launched its Career Foundations curriculum for women who read as low as a fourth-grade level to explore career paths and develop a plan to get to college. This career plan then offers them the opportunity to make an informed choice about one of several bridge programs that

⁵ For more information on ICA visit <http://www.collegetransition.org/publications.icacurriculum.html>.

provide basic skills education contextualized to one of several career choices (e.g., occupations in the healthcare sector).⁶

The emerging literature on the value of strengthening executive functioning skills further underscores the importance of upfront academic and career planning and goal setting as an essential case management role. While there is no one accepted definition of *executive functioning skills*, the field generally agrees on what they accomplish—they are the skills that people draw on to set and achieve their goals. They include skills such as planning, prioritization, initiating a task, time management, organization, and persistence in the face of competing priorities. These skills likely play a significant role in determining whether a person completes an employment, education, or training program and maintains stable employment (Pavetti, 2015; Babcock, 2014).

Building and reinforcing executive functioning skills is a program-wide endeavor, but the literature points to several strategies that are particularly relevant when considering the role of a case manager (Pavetti, 2015; Babcock, 2014):

- Helping participants set individualized goals that are challenging but achievable and meaningful to them.
- Supporting participants in their pursuit of intermediate goals that have short time horizons.
- Identifying participants' executive functioning skills strengths and weaknesses, and identifying ways to use participants' strengths to compensate for their weaknesses.
- Helping participants to develop a detailed plan that serves as a road map for reaching their goals.

Training for executive functioning skills is an emerging discipline with only limited documentation to date. Promoting the development of executive functioning skills among participants may actually require a two-pronged strategy. Not only must training and workforce development programs commit to integrating the executive functioning content into its counseling strategy, but they may also need to provide professional development opportunities for case managers so they can learn how best to engage participants around these concepts.

Intensive and Ongoing Support

The research literature and the career pathways framework advocates for case managers to provide ongoing and intensive support to help participants accomplish their short- and long-term education and career goals. Effective, structured case management support involves monitoring participants' academic progress, revisiting and updating their initial academic and career plans, and ensuring they have access to available services and activities (Karp & Stacey, 2013; Werner et al., 2013; Laird & Holcomb, 2011; Babcock, 2014; Pavetti, 2015; Scrivener et al., 2015). For example, in the Courses to Employment demonstration, the case managers, referred to as career advancement navigators, played a critical role in the Automobile Career Pathways Project in Seattle. These case managers stayed connected to students

⁶ For more information on the Women Employed Career Foundations curriculum visit <http://womenemployed.org/pathways-careers-network>.

throughout their experience; they helped students navigate the college registration and financial aid processes, connected students to support services and internships, worked with graduates to find jobs and enroll in additional training, and helped employed graduates advocate for on-the-job training and employer support to return for additional training. According to program-reported data, students served by these case managers were more likely than other students to graduate from the program obtain employment, and be employed full-time (Blair, 2011).

Some literature specifically points to the added value of having case managers provide personal counseling and coaching in addition to academic or career counseling. Pavetti (2015) suggests that beyond the initial goal setting and planning stage, case managers can help enhance participants' executive functioning skills that enable them to reduce stress in their lives. She notes that identifying ways to reduce stress may be the best starting point for achieving a longer-term goal. In the short-term, case managers can help to make "environmental modifications" (e.g., calendars, appointment reminders, texts) that collectively reduce the level of effort required to complete a task, thus increasing the chance of success. In another example, Bettinger and Baker (2011) found positive long-term impacts on persistence in college from student advising services provided over two semesters to mostly non-traditional students enrolled in degree programs. InsideTrack, one of the nation's largest virtual student advisor providers, delivered the counseling. InsideTrack's advising approach focused on personal counseling in addition to more traditional academic counseling services. Advisors helped students connect their daily lives to their long-term goals, focused a significant amount of their time assessing students' environments outside of school, and supported skill building including time management.

The literature's emphasis on the value of sustained and frequent communication between case manager and participant and providing ongoing monitoring, academic and career counseling, and personal counseling implies the importance of smaller, more manageable caseloads. Given resource constraints, simply hiring more case managers is not always an option for reducing caseload size. The literature explores the potential of other strategies that may help to expand the capacity or efficiency of existing case management and counseling resources. Below are two examples of such strategies—use of specialized case management expertise, and use of technology and social media.

Use of Specialized Case Management Expertise. Programs can assign populations with significant barriers, such as low basic skills, inconsistent work history, and poverty-level income, to work with designated, appropriately trained, and experienced case managers (Karp & Stacey, 2013; Laird & Holcomb, 2011). Designating specialized case managers to focus on these participants allows other case managers to handle a larger caseload of participants who may not require such time-intensive services. Another model often used in the workforce development field is to have specialized staff available to support or work in tandem with case managers' efforts. For example, the Utah Department of Workforce Services co-locates licensed clinical therapists in One-Stop Career Centers to provide personal counseling in addition to the services provided by the One-Stop case managers. Similarly, in some One-Stops specialized job developers work in tandem with case managers to provide employment counseling services. These job developers focus on job placement and are familiar with the local labor market and often have relationships with local employers (Laird & Holcomb, 2011). In these examples, specialized support staff provide personal and employment counseling which allows the case managers to focus on monitoring customers' academic progress, connecting them to available services, and providing academic and career counseling.

Use of Technology and Social Media. Program administrators and policymakers are increasingly interested in the potential for using social media and virtual academic counseling to augment case management services by enhancing communication and information dissemination (Deil-Amen & Rios-Aguilar, 2013). As discussed above, the most promising evidence has been produced at the college level; experimental research on low-cost, virtual student advising provided over two semesters found positive long-term impacts on persistence in college. InsideTrack, one of the nation’s largest providers, delivered the advising. InsideTrack operates in multiple institutions through coaches (on-site and virtual) who work with students via phone, email, text messages, and social media. Students were older (average age 31) than traditional college students, represented a range of income groups, and enrolled in associate’s degree and bachelor’s degree programs at a mix of public, private, and proprietary institutions. The advising strategy was found to be cost effective compared with other interventions shown to increase college success, such as increased financial aid (Bettinger & Baker, 2011).

There is little research about the effects of technology-based academic or other forms of counseling, however, with low-income adults, especially those in short-term training. One study examining the use of a social media application to help improve community college student access to financial aid found that although the technology helped to some extent, ultimately students faced larger structural issues that limited the effectiveness of aid programs, especially the failure of application procedures and program requirements to reflect the needs of nontraditional students (Deil-Amen & Rios-Aguilar, 2013). Another study found more broadly that in a community college environment, social media was an effective, low-cost one-way communication mode, but not a substitute for communicating one-on-one with students and not really used for student engagement (Davis et al., 2014).

Sustained Post-Program Follow-Up

Since career pathways programs focus on a longer-term education and employment ladder, sustaining support is critical. In addition to the transitional support participants may need to pursue a first or new job, the intervention may be strengthened by taking proactive steps to help them retain a job and advance in their careers. The literature emphasizes that low-wage workers are most likely to lose their jobs within the first few months (Wavelet, Martinson, & Hamilton, 2010). In a guidebook for the Family Self-Sufficiency (FSS) Program,⁷ an FSS coordinator observed,

Participants are most vulnerable after first getting a job. Once they get the job, we move the case to a second case manager to just deal with employment retention issues (while also still keeping original case management). The case manager is available daily. It takes six months to one year to stabilize a job. (HUD, forthcoming)

The guidebook points to the importance of case managers learning about the dynamics of job loss either through contact with participants or through employer connections.

Most case managers and staff responsible for employment counseling address core competencies such as resume preparation, interviewing, and job search. Typically, case managers or job development specialists

⁷ For more information on the US Department of Housing and Urban Development’s FSS program, please visit: http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/programs/hcv/fss.

also support job matching and job placement activities. The research literature also emphasizes the importance of case managers maintaining contact with participants after job placement to monitor their progress and promote their use of job retention services when available (Laird & Holcomb, 2011; Wavelet et al., 2010). Low-income students' growing access to social media through smart phones (Department of Education, 2015; Zickuhr & Smith, 2012) makes this an increasingly practical and efficient option for providing extended case management support.

Historically, programs for low-income adults focused solely on job retention and advancement services have not proven effective in increasing employment and earnings (Hamilton & Hendra, 2015). These types of services may not be intensive enough to overcome the structural problems in the labor market that low-income, lower-skilled workers face—pervasive low pay and unstable employment. Nonetheless, the literature points to several additional case management strategies that align with a career pathways framework. These include:

- Developing mechanisms to learn about job loss, such as contacting participants and asking probing questions and maintaining contact with partner employers (Wavelet et al., 2010).
- Focusing on rapid reemployment to help participants continue to work steadily even if at a series of jobs, rather than focusing on retention in a particular job (HUD, forthcoming).
- Helping participants access financial supports to supplement low wages, including program financial supports or incentives, or available external resources such as the Earned Income Tax Credit and the Supplemental Nutrition Assistance Program (SNAP) (Horn, Edwards, & Greene, 2015). This case management approach can be reinforced organizationally by offering financial incentives for workers to participate in retention and advancement services.

The remaining sections of this brief profile the case management strategies and approaches adopted by the non-tribal HPOG grantees. This section presents the mix of services that case managers provided. Section 4 reviews the HPOG case managers' role as a counselor and *direct* provider of participant support. Section 5 discusses more complementary and *indirect* ways through which the case managers addressed participants' needs by referring them or coordinating their access to specialized services. Last, Section 6 presents the extent to which participants received these services, as reported in the HPOG Program's management information system, the PRS.

3. The Prevalence and Scope of Case Management in HPOG

Of the 48 HPOG grantee programs with dedicated case managers, about four out of five (38 programs) employed case managers directly, while the remainder relied on partner organizations for this function. Most (43 programs) relied on full-time case managers, averaging four per program, while about half (21 programs) used part-time case managers, averaging two per program.⁸ Sixteen programs used both full-time and part-time case managers, averaging six per program.

⁸ For full-time case managers: The minimum was 1 full-time case manager, and the maximum was 15. For part-time case managers: The minimum was 1 part-time case manager, and the maximum was 6.

The average caseload size was 64 participants for full-time case managers and 34 participants for part-time case managers. Caseload size varied widely by program, from 20 to 150 participants for full-time case managers and 10 to 75 participants for part-time case managers. The median caseload was 57 participants for full-time case managers and 35 participants for part-time case managers.

In addition to having different caseload sizes, case managers also had different responsibilities across four major functional areas: (1) monitoring of participant progress, (2) academic or career counseling, (3) personal or financial counseling, and (4) employment counseling. Almost all of the case managers had multiple responsibilities. As seen in Exhibit 1, case managers representing about two-thirds of HPOG programs (63 percent) were responsible for all four functions. Case managers in about one-fifth more of the programs (19 percent) offered all forms of counseling except employment counseling. Only about one in five programs (19 percent) limited its case managers’ responsibilities to one or two of the functional areas.

Exhibit 1. Case Managers’ Responsibilities

	Number of Programs	Percentage
Participant monitoring, academic or career counseling, personal or financial counseling, and employment counseling	30	63
Participant monitoring, academic or career counseling, and personal or financial counseling	9	19
Participant monitoring and personal or financial counseling	6	13
Participant monitoring and academic or career counseling	2	4
Personal or financial counseling	1	2

Source: HPOG Grantee Survey, 2014, Q9.2

N=48.

Missing: 0 programs.

This profile confirms that grantees have largely structured their case management function to include a counseling function that provided direct service with a monitoring and oversight role that tracked participant progress and determined ongoing needs. This latter role was further underscored by case managers themselves, who reported that one of their most common responsibilities was “assisting [participants] with developing skills needed for success at school, work, and other areas of life.”⁹

In carrying out these broad responsibilities, on average, case managers and other frontline staff were in contact with participants two to three times a month in person in an individual setting (Management/Staff Survey Q20-S). Based on feedback from program staff, it is likely that these touch points were critical to forming a working relationship, but staff and participants were also connecting through a variety of other modes, including email and other electronic communication, telephone, and group meetings. On average, case managers and other frontline staff were in contact with participants about once a week over the phone or by email or other electronic communication and two to three times a month via in-person group sessions (Management/Staff Survey Q20-S). The responsibility for initiating meetings between case managers and other frontline staff and participants was mixed (Management/Staff Survey Q21-S). About two-fifths of program staff on average (41 percent of staff) reported initiating the majority of participant

⁹ Note that findings cited in this brief related to management and staff activities and practices are sourced from the HPOG Management/Staff Survey.

meetings. Conversely, fewer than 5 percent of program staff on average reported that participants initiated the majority of meetings. The remaining half of the staff was unable to characterize the meeting origins with any type of consistent pattern.

4. Key Role of the Case Manager: Providing Counseling

Feedback from HPOG case managers and other frontline staff confirmed that they were actively engaged across four interrelated counseling functions:

- **Career counseling** helped participants assess their interests, competencies, and education and training needs in the context of realistic career choices. Feedback from staff confirmed that tasks related to career counseling were the most common activities among case managers. Staff most frequently cited their role of “providing career information and advice to [participants]” (60 percent of staff) and “helping [participants] develop career goals” (55 percent).
- **Academic counseling** helped participants with course selection, guided them to completion, and helped them prepare for examinations that fulfilled license or credential requirements. About one third of staff reported active support for these functions: “advising [participants] on admissions requirements or prerequisites” (38 percent), “obtaining and reviewing [participants]’ academic assessment results” (33 percent), “monitoring [participants]’ day-to-day academic progress” (33 percent), “assisting participants with enrollment in classes” (32 percent), and “advising [participants] on course selection” (30 percent). Case managers and staff reported that they were less routinely engaged in these activities compared with other counseling functions. Because all programs offered academic advising, the low survey results may reflect the possibility that these services were also available through an education or training provider. This possibility of multiple providers also limits our understanding of the extent to which this function was integrated with career counseling.
- **Personal or financial counseling** helped participants in addressing personal and/or family challenges that posed an obstacle to program retention and completion. This was an active component of the case manager and program staff workload. About half of staff reported “assisting [participants] with developing skills needed for success at school, work, and other areas of life” (53 percent) and about half reported “advising [participants] on personal issues and needs” (45 percent). About one-third reported “referring or connecting participants to support services” (32 percent). This pattern generally confirms the case managers’ primary role as a direct service provider as opposed to an intermediary between the participant and referred services and resources.
- **Employment counseling** helped participants with the transition from HPOG training to employment. Nearly half of the staff reported actively promoting employment opportunities by “identifying job openings” (47 percent) and “referring [participants] to job/search and placement services” (45 percent). More than 40 percent reported working with participants on their resumes and 31 percent reported “conducting mock interviews with participants.” Feedback suggested that staff primarily emphasized unsubsidized employment opportunities, with only about one quarter of staff (28 percent) reporting that they devoted time to developing transitional employment options such as internships, externships, or clinical placements.

Exhibit 2 presents the percentages of case managers and other program staff who reported providing these types of counseling services on average across programs.

Exhibit 2. Counseling Activities Reported by Case Managers and Program Staff

Career Counseling	Percentage of Staff
Providing career information and advice to participants	60
Helping participants develop career goals	55
Academic Counseling	
Advising participants on admissions requirements or prerequisites	38
Monitoring participants' day-to-day academic progress	33
Obtaining and reviewing participants' academic assessment results	33
Assisting participants with enrollment in classes	32
Advising participants on course selection	30
Personal or Financial Counseling	
Assisting participants with developing skills needed for success at school, work, and other areas of life	53
Advising participants on personal issues and needs	45
Referring or connecting participants to support services	32
Employment Counseling	
Identifying job openings for participants	47
Referring participants to job search/placement services	45
Helping participants prepare resumes	41
Conducting mock interviews with participants	31
Assisting participants with internships/externships/clinical placements	28

Source: HPOG Management/Staff Survey, 2014, Q18-S

Notes: Averaged across all programs, the right-hand column lists the percentage of staff providing direct services who reported a score of 5, 6, or 7 on a Likert scale where 1 was "none of my time" and 7 was "most of my time." In addition to activities presented in the table, 54 percent reported at least one responsibility in the "other" category, with an average score of 5, 6, or 7.

N=234 staff across 49 programs.

Missing: 1-2 programs.

5. Key Role of the Case Manager: Accessing and Coordinating Other Supports

The previous section described the variety of counseling roles in which case managers supported their participants directly. Those counseling functions were often enhanced by participants accessing additional support services that complemented and/or expanded the efforts of the case managers. In coordinating these additional services, case managers' responsibilities likely included assessing needs, making referrals, and monitoring the receipt and adequacy of these supports. Below we review four categories of supports: academic and training supports, financial supports and incentives, personal and family services, and post-placement and retention services.

Academic and Training Supports. In addition to academic counseling, HPOG programs typically offered other academic and training supports designed to promote students' success once they had engaged in their courses. As shown in Exhibit 3, between half and three quarters of the HPOG programs offered tutoring, peer support activities, and mentoring.¹⁰

¹⁰ Note that the HPOG Impact Study is estimating the impact of peer support groups on key program outcomes. Findings are expected in 2017.

Exhibit 3. Academic Support Services Available

Service	Number of Programs	Percentage
Tutoring	38	78
Peer support activities	34	69
Mentoring activities	23	47

Source: HPOG Grantee Survey, 2014, Q8.15, Q9.8

Note: Responses do not sum to 100 percent because multiple responses were permitted.

N=49.

Missing: 0 programs.

As shown in Exhibit 4, grantee programs made these academic support services available through various formats. Outside regular classroom hours, programs offered academic support most frequently through group study sessions (34 programs, 69 percent of programs that offered academic support); assigned tutors (29 programs, 59 percent); and one-on-one time with the instructor (27 programs, 55 percent).

Exhibit 4. Most Common Delivery Methods for Academic Support Services

Delivery Method	Number of Programs	Percentage
Study group or help sessions	34	69
Work with a tutor	29	59
Extra time with the instructor	27	55
Provision of self-study resources	19	39
Instructor referral to case manager to determine next steps	17	35
Instructor referral to training institution help center	14	29

Source: HPOG Grantee Survey, 2014, Q8.19

Note: Responses do not sum to 100 percent because multiple responses were permitted.

N=49.

Missing: 0 programs.

A majority of programs that offered peer support and mentoring activities made these services available directly (23 of the 34 programs with peer support, 68 percent; 13 of 23 with mentoring, 57 percent). A sizable minority offered the service both directly and through referrals to other agencies (30 percent for mentoring and 24 percent for peer support). Peer support and mentoring services were made available on a voluntary, as-needed basis by most of the programs that offered them (27 of the 34 programs, 79 percent; 20 of the 23 programs, 87 percent).

While these services were widely available, it is noteworthy that only one in five case managers and other frontline staff reported that they spent time “arranging instructional support such as tutoring or study groups for [participants].” This relatively low level of direct case manager involvement may indicate that those services were delivered and/or arranged by instructors or other academic staff.

Financial Supports and Incentives. Unmet financial needs can be a major barrier to postsecondary training for low-income individuals (Fein, 2012). Many grantee programs offered training- and work-related financial assistance, such as tuition assistance or tuition waivers, payments for school supplies and uniforms, and payments for or waivers of fees for certifications and licensing exams. As might be expected, given that HPOG programs served low-income individuals, all programs made available some form of financial assistance for education- and training-related costs. In fact, 47 programs (96 percent) covered all or part of participants’ tuition costs, with about half of all programs (24 programs, 49 percent) covering all tuition costs.

Among the 25 programs that did not use HPOG grant funds to cover participants’ full tuition costs, 13 (52 percent) required applicants to apply for Pell Grants, and 12 programs usually offered applicants assistance to complete the Free Application for Federal Student Aid (FAFSA) form (Grantee Survey Q7.10a, Q7.10b). Despite the widespread availability of these financial supports, only one in five case managers (22 percent) reported “advising or assisting [participants] with financial aid or scholarships.”

All programs covered the cost of books, licensing and certification fees, and exam preparation fees; all but one program covered the cost of uniforms, supplies, and tools (Grantee Survey Q9.17). Almost half of all programs (22 programs, 46 percent) offered financial support for computers or other equipment (Grantee Survey Q9.18). Of the programs that offered assistance for academic-related expenses, about one-third (32 percent or more, depending on the specific expense) did so for all participants without request. Programs most commonly offered assistance without request for the cost of books (25 programs, 51 percent).

Personal and Family Services. Personal and family services and supports were among the non-academic services intended to promote program retention and completion but were not explicitly related to the academic, training, or employment needs of participants. These supports included financial assistance for transportation and childcare, housing assistance, and support for a range of other social service needs.

As shown in Exhibit 5, among personal and family services and supports, programs most commonly offered transportation and childcare assistance (48 programs, 98 percent; 45 programs, 92 percent). Programs also often made medical care services available, as well as non-SNAP food assistance, short-term/temporary housing, legal assistance, and addiction or substance abuse services (offered by 33 to 36 programs, 67 to 73 percent).

Exhibit 5. Types of Personal and Family Services and Supports Available

Service	Number of Programs	Percentage
Transportation assistance	48	98
Childcare assistance	45	92
Food assistance (other than SNAP)	36	73
Primary or medical care	36	73
Short-term/temporary housing	36	73
Legal assistance	34	69
Addiction or substance abuse services	33	67
Family preservation services	28	57
Family engagement services	25	51
Driver’s license assistance	24	49
Other housing assistance	24	49

Source: HPOG Grantee Survey, 2014, Q9.11

N=49.

Missing: 0 programs.

Programs varied in how they provided personal and family services and supports, offering them either directly or through referrals to community resources. Most HPOG grantee programs offered direct assistance for participants’ transportation needs (48 programs, 98 percent). Programs typically offered other, specialized services through referrals to local service providers. Nearly all programs offering addiction or substance abuse services, legal assistance, family preservation services, family engagement services, and primary or medical care did so through referrals.

Despite the wide availability of these supports only about one-third (32 percent) of the case managers and staff reported that they engaged in “referring or connecting [participants] to these services.” The availability and delivery of these supports in some locations may have become so routinized that the time case managers and staff invested was minimal.

Post-Placement Retention Services. Nearly all programs (46 programs, 94 percent) offered job retention support to HPOG participants once they became employed. The staffing responsibilities were mixed, however. Among the programs that offered post-placement services, 27 programs (63 percent) reported that they used staff dedicated to employment services for this purpose while 16 programs (37 percent) reported that they used staff with other primary responsibilities. More than half of all programs made post-placement services available for a full 90 days after employment; others provided such assistance for up to 30 or 60 days.

Some HPOG programs also offered more tangible supports to participants once they became employed. In one program, for example, participants were eligible for six weeks of transitional transportation assistance once employed. Childcare and additional emergency supports also were available.¹¹ Some programs also offered post-placement incentives. For example, one program offered bus passes during the first six months of employment and gift cards for groceries or gas after 90 days of employment.

Most staff at the 49 non-tribal HPOG programs used multiple communication methods for post-placement follow-up with participants, including telephone calls (44 programs, 90 percent), emails (42 programs, 88 percent), and in-person meetings (39 programs, 81 percent). Nearly half (22 programs, 49 percent) used social media for this purpose. Fewer programs were in contact with the participants’ employers (19 programs, 40 percent).

6. HPOG Participants’ Receipt of Case Management Support and Other Services

According to the PRS data, nearly all non-tribal HPOG program participants (92 percent) received case management services in the first 18 months after enrollment in HPOG (Exhibit 6). While the mix and intensity of services varied across programs, this confirms that case management helped anchor the relationship between participants and programs and their training courses and support services. Many participants also received some form of academic support such as mentoring/peer support (37 percent) and tutoring (19 percent), as well as financial support related to training expenses, such as assistance purchasing books, uniforms and supplies. Finally, a majority of participants received some form of employment or employment retention assistance.

¹¹ Information collected during HPOG Impact Study site visits, 2014.

Exhibit 6. Participants' Receipt of Counseling and Other Support Services in the First 18 Months After Enrollment

Service	Number of Participants	Percentage
Case Management advisor/navigator)	11,583	92
Academic and Training Supports	8,637	68
Mentoring/peer support	4,696	37
Tutoring	2,354	19
Financial Supports		
Books	7,544	60
Work/training uniforms, supplies, tools	6,984	55
Exam/exam prep fees (for licensing/certification)	4,588	36
Licensing and certification fees	4,400	35
Personal and Family Support Services		
General transportation assistance	6,160	49
Child/dependent care assistance	1,178	9
Food assistance (non-SNAP)	499	4
Employment Services		
Career and job choices advising	9,460	75
Job search/placement assistance	6,522	52
Job retention services	2,974	24
Job-readiness workshop	1,636	24

Source: Performance Reporting System, 2014

Note: This sample includes all enrolled HPOG participants with at least 18 months post-enrollment data as of October 1, 2014. Participants receiving multiple types of services are included in multiple rows.

N=12,614.

7. Summary and Conclusion

Findings from the NIE Grantee Survey and the Management and Staff Survey suggest that the majority of the 49 non-tribal HPOG 1.0 grantee programs adopted a multi-dimensional case management strategy that is emphasized in the most recent literature. HPOG programs generally implemented proactive counseling to provide direct support, as well as monitoring and oversight to track participant progress and determine ongoing needs.

According to the HPOG Grantee Survey, most programs (82 percent) offered multiple types of counseling and particularly emphasized career planning and personal and financial counseling. Well over half the case managers and other frontline staff reported that they regularly engaged in career advising and goal setting with their participants. At the same time, however, the survey data reveal that considerably fewer case managers (about one-third) engaged in academic counseling/advising, which may have limited its integration with career planning as stressed in the literature.

The data also confirm that most programs had the necessary partnerships in place to provide the complementary social and financial services participants needed based on their unique circumstances. These resources were an essential component of a concerted effort by case managers to address academic, personal, and financial barriers faced by participants that could jeopardize their progress through the program. Tutoring and mentoring were widely available, as were transportation, childcare, and food and housing assistance. More than 90 percent of the programs also made post-placement services available to promote job retention and employment stability after HPOG.

While the programs' menu of available services was comprehensive, the delivery of case management and counseling/support services appeared to be relatively focused. A review of services that participants received suggests that case managers' primary emphases were monitoring participant progress and

providing career counseling. Case managers spent comparatively less time on academic advising, personal counseling, and financial counseling. Nevertheless, case managers maintained ongoing contact with their participants. On average, case managers and other frontline staff were in contact with participants two to three times a month in person in an individual setting. Case managers consistently reported when interviewed that these personal touch points were critical to forming an effective working relationship.¹² However, they were routinely supplemented through a variety of other modes including email and other electronic communication, telephone, and group meetings at least two to three times a month.

This brief summarized descriptive findings about case management from the HPOG National Implementation Evaluation Descriptive Implementation and Outcome Report (Werner *et al*, 2016). The final report for the HPOG Impact Study will include additional findings about HPOG participants' receipt of case management and counseling services, as well as the differential in service receipt between those in the program and a control group of similar individuals not invited to participate in HPOG. Moreover, the HPOG Impact Study will report on overall Program impacts, as well as on the relationship between specific program components and variations in impact sizes, with the potential to analyze the effectiveness of different case management and counseling strategies and practices.¹³

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¹² Information collected during 2014 HPOG Impact Study site visits.

¹³ The HPOG Impact Study final report is expected in 2017. For a description of its design, see Peck *et al*, 2014.

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