

Semi-annual HPOG Program Performance Report

HPOG Grantee Performance Indicators

The following indicators will be used to track grantee performance. All data required to calculate the measures will be programmed into the HPOG Performance Reporting System and submitted to ACF by grantees with their semi-annual Performance Progress Report (SF-PPR). All information in the SF-PPR (Cover Page, Narrative, and Performance Measures) will be programmed into the Performance Reporting System and the report will be electronically produced, with narrative entries, verification, and submission to ACF done by grantees. See Instrument A.1 HPOG Performance Reporting System at the end of this document.

HPOG Program Participation

Indicator #1 Number of enrollees (number of persons served)

HPOG Program Early Results

Indicator #2 Number and percentage who complete the training program
Indicator #3 Number and percentage who receive credentials (certificates/degrees)
Indicator #4 Number and percentage of exiters: a) employed at exit; b) average wage; c) average weekly hours
Indicator #5 Number and percentage of exiters: employed in health occupations; average wage; average weekly hours

HPOG Program Later Results

Indicator #6 Number and percentage of exiters: (a) employed six months after exit; (b) average wage; (c) average weekly hours
Indicator #7 Number and percentage of exiters: (a) employed in health occupations; (b) average wage; (c) average weekly hours
Indicator #8 Number and percentage of exiters: (a) employed in health occupations who increased wages at six months; (b) employed in health occupation who had advanced in position at six months.

Health Profession Opportunity Grant (HPOG)

Program Performance Reporting System

Overview & “Common Core” Participant Data Elements

The Health Profession Opportunity Grant (HPOG) Program Performance Reporting System is being developed for the U.S. Department of Health and Human Services, Administration for Children and Families and will be used for both program performance management and evaluation. Major features of the system are summarized below. See Instrument A.1 HPOG Performance Reporting System at the end of this document for a full list of data elements.

Purposes of the System

- ❖ **Program Performance Reporting.** The system will include all data needed to track and manage grantee performance. The quantitative sections of grantees’ required semi-annual Performance Progress Reports (PPR) to USDHHS/ACF will be produced from the participant-level information in the HPOG data system. Grantees will also be able to insert the narrative portions of the semi-annual PPR and thus submit the entire report directly from the data system sections.
- ❖ **Program Evaluation.** The system will include data necessary for future analyses and evaluations of HPOG. Data items will enable a range of analyses at the participant, program, and grantee levels.

Key System Features

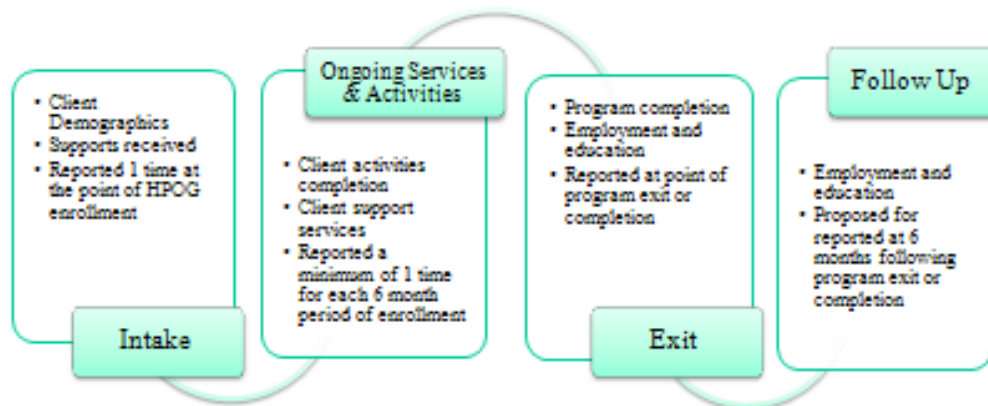
- ❖ **Internet-Based Application.** The HPOG data system will be on a secure HPOG website maintained by The Urban Institute. Staff at the grantee or subgrantee level who are granted authorization to access the system will receive a secure password and will be able to enter and/or view data on their participants (but not those in programs operated by other grantees). HPOG evaluators will be able to view data from participants across all grantees, but private information (such as participant name and Social Security number) will be accessible *only* by those identified in informed consent forms signed by the participant.
- ❖ **Efficient and Secure Data Entry Format.** The data system is structured to reduce the burden on grantees and programs while ensuring adequate detail and accuracy. A data streaming capability is built into the secure web-based system, allowing authorized grantees and programs to program their existing information systems to interface with and stream data to the HPOG Performance Reporting System. The interface will allow HPOG participant data on existing grantee or provider systems to be uploaded directly into the HPOG Performance Reporting System. Populating the HPOG system as fully as possible with existing electronic data reduces data entry burden and minimizes data entry errors. Data items that cannot be uploaded will be

entered directly by program staff into the HPOG data system. Data items that include private information (e.g., Social Security number) will be automatically encrypted at data entry.

- ❖ **Full Case Management Capability.** The HPOG Performance Reporting System is being developed to allow programs to use it for case management and performance management purposes. Data on individual participants can be entered at intake as part of the initial interaction between the participant and grantee staff. Participant training experience and use of services may be recorded at any time in the individual record. Narrative case notes can also be added as text. The system will generate automatic periodic management and performance reports. This includes the capability to generate the federally required semi-annual Performance Progress Report.
- ❖ **Multi-level Data Structure.** The multi-level structure of the HPOG Performance Reporting System is designed to serve both program management purposes and future evaluation purposes. For example, activities and outcomes can be tracked by participant, by site or program unit, and by grantee. The multi-level variables can also be used in future analyses that might include hierarchical statistical modeling of program features, inputs, outputs, and outcomes.

Participant-Level Data Items

- ❖ **Data to be Collected and Entered into the HPOG System throughout Each Participant's Involvement in HPOG.** As shown in the exhibit below, detailed and systematic participant-level information will be collected and recorded into the HPOG Performance Reporting System for all HPOG participants at every grantee and program (subgrantee location) beginning with program intake/enrollment and continuing through exit and follow-up.



- o **Participant characteristics data will be collected at intake**, including a range of demographic characteristics, employment and educational background, and receipt of public assistance and supportive services.
- o **Ongoing services and activities in which the participant engages in HPOG** (pre-training components, remedial education, occupational training and type of training, support

services, and employment-related services) will be entered into the HPOG Performance Reporting System throughout each participant's involvement in the program. To determine the extent of the service or activity (i.e., "dosage"), staff will also record dates of service and, and for some activities, hours of participation or program funds expended on the service.

- o **Results/outcomes of HPOG activities** will be recorded in the HPOG Performance Reporting System at exit and six months after exit, including: completion of education or training, receipt of credential, degree or license, entry into employment, and employment in a health care industry. For those who enter employment, occupation, hourly wage, and hours worked per week will be recorded. Programs will also follow up with participants six months after exit to update employment and education status. These program-recorded data on results will complement quarterly earnings data compiled from the National Directory of New Hires, which will also be merged into the HPOG Performance Reporting System.

Program-Level Data Items

- ❖ **Categories of information that characterize each program** (at either grantee or subgrantee level depending on grant details):
 - o Organizational information (e.g., name, location, institutional type)
 - o All key components (e.g., services, education, training programs, employment components)
 - o Role in HPOG (e.g., grantee, subgrantee, vendor, non-financial service provider)
- ❖ **Key characteristics of each training program**
 - o Name and location of program
 - o Occupational focus (e.g., CNA, EMT)
 - o Duration/length (weeks)
 - o Objective (e.g., credential/degree, credit/non-credit)
 - o Service delivery or instructional model if appropriate (e.g., I-BEST, Cooperative Education internship, Registered Apprenticeship)

Grantee Level Data Items

- ❖ **Key Grantee Programmatic and implementation**

- o Primary HPOG model (e.g., occupation(s) or occupational clusters targeted, career pathway focus, theoretical or cultural foundation)
 - o Presence of a dominant delivery model (e.g., contextual instruction, cooperative education, registered apprenticeship)
 - o HPOG inter-organizational network characteristics (e.g., partnerships/collaborations, vendors)
 - o HPOG employer or industry groups
- ❖ **Grantee Program Performance Report (PPR)**
 - o Cover Page (grantee information, narrative, certification/electronic signature)
 - o Performance Narrative (summary, accomplishments, changes, technical assistance, dissemination, findings/events, evaluation)
 - o Administrative Milestones
 - o Project Outputs
 - o Intermediate and End Outcomes
 - o Performance Indicators
 - o Performance Indicators for Next Year
- ❖ **Contextual and environmental information about each grantee and program**
 - o Economic condition (e.g., employment and unemployment rates, industry mix, over time)
 - o Socio-demographic characteristics (e.g., poverty rate, population-density, ethnic/demographic mix)
 - o Geographic catchment area of the grantee and each program (e.g., counties, cities/towns)

Timeline

- ❖ **The HPOG Program Performance Data System will be operational on September 30, 2011,** following a six-month development and testing period. It will remain operational for grantees and programs through September 30, 2015, when the HPOG funding ends.

INSTRUMENT A.1: HPOG PERFORMANCE REPORTING SYSTEM

Participant-Level Data Items

A. Enrollment

Basic Demographic Data

The following group of demographic and socio-economic characteristics will be entered for each participant at the point of HPOG enrollment.

| Data Item / Question | Response Fields to be Completed for Each Data Item | Data Source | Performance Managt., Evaluation, Both | WIASRD | ISIS Form |
|--|--|------------------------|---------------------------------------|-------------------------------|-----------------|
| Participant Program Enrollment | | | | | |
| E1. HPOG Enrollment Date | MM-DD-YYYY | Grantee Records | Both | Date of Program Participation | |
| E2. HPOG Participant ID | Numeric value generated by system upon approval confirmation | System Defined | Both | | |
| E3. Grantee number | Programmed static identifier | Evaluator coding | Performance Management | | |
| E4. Subgrantee number | Programmed static identifier | Evaluator coding | Performance Management | | |
| Individual Characteristics at Enrollment* | | | | | |
| (*The Solicitation for Grant Application notes eligible populations. Participants must be US citizens or individuals who meet the immigrant eligibility requirements for Federal Public Benefits. They can either be TANF participants, participants in other public assistance programs, or low-income individuals. Special populations under the low-income category may include high-school dropouts, low-income non-custodial and other single parents, individuals with disabilities, veterans, victims of domestic violence, youth transitioning out of foster care, individuals with a family history of intergenerational dependency, and individuals with limited English proficiency.) | | | | | |
| D1. Last Name | Open field (Narrative value) | Enrollment Information | Evaluation | | |
| D2. First Name | Open field (Narrative value) | Enrollment Information | Evaluation | | |
| D3. Date of birth | MM-DD-YYYY | Enrollment | Both | Age and Date of | Age and Date of |

| | | | | | |
|--|--|------------------------|-------------|----------------------|-----------------|
| | | Information | | Birth | Birth |
| D4. Social Security Number | SSS-SS-SSSS | Enrollment Information | Evaluation | | |
| D5. Citizenship | 1 = Yes, born in the United States 2 = Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas 3 = Yes, born abroad of American parent or parents 4 = Yes, a U.S. citizen by naturalization 5 = No, not a citizen of the United States 0 = Does not self-identify | Enrollment Information | Evaluation | | |
| D6. Refugee Status | 1 = Yes 2 = No 0 = Does not self-identify | Enrollment Information | Evaluation | | |
| D7. Sex | 1 = Male 2 = Female 0 = Does not self-identify | Enrollment Information | Both | Gender | Sex |
| D8. Ethnicity – Hispanic/Latino | 1 = Person is of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture in origin, regardless of race. 2 = Does not meet any of these conditions 0 = Does not self-identify ethnicity | Enrollment Information | Both | Ethnicity (Hispanic) | Hispanic Origin |
| D9. Race | 1 = American Indian or Alaska Native 2 = Asian 3 = Black or African American 4 = Native Hawaiian or other Pacific Islander 5 = White 0 = Does not self-identify race | Enrollment Information | Both | Race categories | Race/Ethnicity |
| D10. If D9 = 1 (American Indian or Alaskan Native): | | | | | |
| D10a. Tribal member | 1 = Yes 2 = No | Enrollment Information | Both | | |
| D10b. Tribal affiliation | Select tribal group from federal listing | Enrollment Information | Both | | |
| D10c. Lives on or off reservation | 1 = Lives on reservation | Enrollment | Performance | | |

| | | | | | |
|--|---|---------------------------|---------------------------|--------------------------------|--|
| | 2 = Lives off reservation | Information | Management | | |
| D11. Marital status | 1 = Now married 2 = Widowed 3 = Divorced 4 = Separated 5 = Never married 0 = Does not self-identify marital status | Enrollment Information | Both | | Marital Status |
| D12. If D11 = 1 (Now married): D13a. Spouse of tribal member | 1 = Yes 2 = No | Enrollment Information | Performance Management | | |
| D13. Head of household | 1 = Yes 2 = No | Enrollment Information | Both | | |
| D14. Annual household earned income | 1 = \$0 - \$10,000 2 = \$10,001 - \$25,000 3 = \$25,001 - \$50,000 4 = \$50,001 - \$75,000 5 = \$75,001 and greater 0 = Does not self-identify earned income | Enrollment Information | Both | | |
| D15. Number living in household | Open field (numeric value) | Enrollment Information | Both | | |
| D16. Number dependent children for which you are responsible | Open field (numeric value) | Enrollment Information | Both | | Children under 18 who live with person being interviewed |
| D17. Age of youngest child | Open field (numeric value) | Enrollment Information | Both | | |
| D18. Number children for which you are the non-custodial parent | Open field (numeric value) | Enrollment Information | Both | Single Parent | |
| D19. Pregnant or expectant parent | 1 = Yes 2 = No | Enrollment Information | Both | | |
| D20. Highest level of education completed | 0 = No education 1-12 = Number of elementary/secondary grades (enter corresponding value) | Enrollment Information | Both | Highest School Grade Completed | Highest degree/level of school |

| | | | | | |
|--|--|------------------------|------|---|-----------------------|
| | 13-15 = Years of college/full-time technical/vocational school (enter corresponding value) 16 = Bachelor's degree or equivalent 17 = Education beyond bachelor's degree <i>(single category selection allowed)</i> | | | | completed |
| D22. Degrees or Certificates received | 0 = No degree or certificate 87 = Attained High-School Diploma 88 = Attained GED or equivalent 90 = Attained other post-secondary degree or certification 91 = Attained Associates Diploma or Degree (AA / AS) 92 = Baccalaureate degree (4-year) 93 = Occupational Skills Licensure, Certificate, Credential <i>(multiple category selection as appropriate)</i> | Enrollment Information | Both | | How HS diploma earned |
| D23. First generation college student | 1 = Yes 2 = No | Enrollment Information | Both | | |
| D24. School status at program enrollment | 1 = Currently in school 2 = Currently not in school | Enrollment Information | Both | | |
| D25. Ever trained for a health profession / occupation | 1 = Yes 2 = No | Enrollment Information | Both | | |
| D26. Veteran status | 1 = Yes 2 = No | Enrollment Information | Both | Eligible Veteran Status, Campaign Veteran, Disabled Veteran, Recently Separated Veteran | |
| D27. Disability status | 1 = Yes 2 = No 0 = Does not wish to disclose disability status | Enrollment Information | Both | Individual with a Disability | |
| D28. Current or former foster | 1 = Individual is in or has been in the foster | Enrollment | Both | Foster Care | |

| | | | | | |
|---|---|------------------------|------|--|--|
| care youth | care system 2 = Individual is NOT in or has been in the foster care system | Information | | Youth | |
| D29. Limited English proficiency | 1 = Yes 2 = No <i>[Definition: Person who has limited ability in speaking, reading, writing or understanding the English language and (a) whose native language is a language other than English, or (b) who lives in a family or community environment where a language other than English is the dominant language.]</i> | Enrollment Information | Both | Limited English Language Proficiency | |
| D30. Unemployment Insurance recipient status | 1 = UI claimant 2 = UI exhaustee 3 = Not a UI claimant or exhaustee | Enrollment Information | Both | UC Eligible Status at Participation | |
| D31. Homeless and/or runaway youth | 1 = Yes 2 = No | Enrollment Information | Both | Homeless Individual and/or Runaway Youth | |
| D32. Ex-offender | 1 = Yes 2 = No <i>[Definition: Person (a) is or has been subject to any stage of criminal justice process for committing a status offense or delinquent act or (b) requires assistance overcoming barriers to employment resulting from a record of arrest or conviction for committing delinquent acts such as crimes against persons, property or other crimes]</i> | Enrollment Information | Both | Offender | |
| D33. Ever worked for pay | 1 = Yes 2 = No | Enrollment Information | Both | | |
| D34. Ever worked in a health care profession/occupation | 1 = Yes 2 = No | Enrollment Information | Both | | |
| D35. If D33 = 1 (Yes), specify | Select corresponding profession from SOC | Enrollment | Both | | |

| profession/occupation: | listing | Information | | | |
|---|---|------------------------|------|------------------------------------|--|
| D36. Currently employed (at the time of HPOG enrollment) | 1 = Currently employed 2 = Not currently employed but has been employed 3 = Never employed | Enrollment Information | Both | Employment Status at Participation | Are you currently working in a job for pay? Date started? Hours/wk? Work schedule? Current wage? Benefits? More than one job? Wants more hours? # months worked in last 3 years? |
| D37. If D36 = 1 (Currently employed), individual is: | 1 = working for a health care employer 2 = working for a non-health care employer 3 = self-employed 4 = does not self-identify | Enrollment Information | Both | | |
| D38. Hourly wage in last full week | \$XX.XX | Enrollment Information | Both | | |
| D39. Number of hours worked in last full week | Open field (numeric value of 0 to 40) | Enrollment Information | Both | | |
| D40. If D36 = 1 (Yes, currently employed) or 2 (Not currently employed but has been employed), AND D9 = 1 (American Indian or Alaska Native), employee of tribal organization | 1 = Yes, employee of tribal organization 2 = Not employee of tribal organization | Enrollment Information | Both | | |
| D41. Ever worked or trained in health profession prior to participation | 1 = Yes 2 = No | Enrollment Information | Both | | |
| D42. If D36 = 2 (Not currently employed but has been employed), for most recent last | \$XX.XX | Enrollment Information | Both | | |

| | | | | | |
|---|---------------------------------------|------------------------|------|---|--|
| full week of employment: D42a. Hourly wage in last full week | | | | | |
| D42b. Number of hours worked in last full week | Open field (numeric value of 0 to 40) | Enrollment Information | Both | | |
| D43. At the time of HPOG enrollment, participant receives: | | | | | |
| D43a. TANF | 1 = Yes 2 = No | Enrollment Information | Both | TANF, Other Public Assistance Recipient | Income sources past 12 months: public assistance, welfare or WIC; Food stamps/SNAP; free or reduced lunch; unemployment insurance, worker's compensation, disability or social security benefits; family/friends; grants/loans for school; other |
| D43b. General Assistance (GA) | 1 = Yes 2 = No | Enrollment Information | Both | | |
| D43c. SNAP/Food Stamps | 1 = Yes 2 = No | Enrollment Information | Both | | |
| D43d. SSI | 1 = Yes 2 = No | Enrollment Information | Both | | |
| D43e. SSDI | 1 = Yes 2 = No | Enrollment Information | Both | | |
| D43f. Refugee Cash Assistance (RCA) | 1 = Yes 2 = No | Enrollment Information | Both | | |
| D43g. Medicaid | 1 = Yes 2 = No | Enrollment Information | Both | | |
| D43h. Subsidized child care / | 1 = Yes | Enrollment | Both | | |

| | | | | | |
|--|---|--|------------|---|--|
| voucher | 2 = No | Information | | | |
| D43i. Section 8 / public housing | 1 = Yes 2 = No | Enrollment Information | Both | | |
| D43j. LIHEAP | 1 = Yes 2 = No | Enrollment Information | Both | | |
| D43k. Other public assistance, specify | 1 = Yes 2 = No 3 = Other, specify | Enrollment Information | Both | | |
| Assessment/Work Readiness (at/about enrollment) | | | | | |
| (*Expect all grantees to have basic literacy/numeracy testing but not all may conduct work readiness and occupational interest testing.) | | | | | |
| A1. Literacy test level (from TABE or other test) | 1 = The individual reads, writes, or speaks English at or below the 8 th grade level or is unable to read, write or speak English at a level necessary to function on the job, in the individual's family or in society. 2 = the individual does not meet the conditions described above | Grantee Records (from TABE or other test) | Both | Basic Literacy Skills Deficiency (above/below 8 th grade level) | |
| A2. Numeracy test level (from TABE or other test) | 1 = The individual computes or solves problems at or below the 8 th grade level or is unable to compute or solve problems at a level necessary to function on the job, in the individual's family or in society 2 = the individual does not meet the conditions described above | Grantee Records (from OWRA, ETS, or other test) | Both | | |
| C1. Participant Contact Information | | | | | |
| C1a. Street Address | Open field (Narrative value) | Enrollment Information | Evaluation | | |
| C1b. City | Open field (Narrative value) | Enrollment Information | Evaluation | | |

| | | | | | |
|---|---|------------------------|------------|--|--|
| C1c. State | Open field (Narrative value) | Enrollment Information | Evaluation | | |
| C1d. Zip code | Open field (Numeric value) | Enrollment Information | Evaluation | | |
| C1e. Home phone | Open field (Numeric value) | Enrollment Information | Evaluation | | |
| C1f. Work phone | Open field (Numeric value) | Enrollment Information | Evaluation | | |
| C1g. Cell phone | Open field (Numeric value) | Enrollment Information | Evaluation | | |
| C2. Alternative Contact Information <i>(Up to 3 contacts may be identified)</i> | | | | | |
| C2a. Alternative contact name | Open field (Narrative value) | Enrollment Information | Evaluation | | |
| C2b. Alternative contact address | Open field (Narrative value) | Enrollment Information | Evaluation | | |
| C2c. Alternative contact relationship | 1 = Parent 2 = Sibling 3 = Extended biological family member 4 = Partner 5 = Friend / social support network member 6 = Other, specify | Enrollment Information | Evaluation | | |
| C2d. Alternative contact phone number | Open field (Numeric value) | Enrollment Information | Evaluation | | |

B. Services

Services Received

| Data Item / Question | Response Fields to be Completed for Each Data Item | Data Source | Performance Managt., Evaluation, Both | WIASRD | ISIS Form |
|----------------------|--|-------------|---------------------------------------|--------|-----------|
|----------------------|--|-------------|---------------------------------------|--------|-----------|

S1. Education/ Training Activities

S1a. Remedial / Pre-training Activities

| | | | | | |
|--|--|-------------------------|------|--|--|
| (Select as many as appropriate from pick list: each activity can be selected multiple times) 1. General Equivalency Degree (GED) classes 2. Pre-GED classes 3. English as a Second Language (ESL) instruction 4. Adult basic education | For each activity (1-9 completed): 1. Begin date: MM-YYYY 2. End date: MM-YYYY 3. Successfully Complete? 4. Training vendor (pick list selection) | Grantee Case File / MIS | Both | Date Entered Training, Date Completed or Withdrew from Training, Pell Grant Recipient, Received Pre-Vocational | |
| | | Grantee Case File / MIS | Both | | |
| | | Grantee Case File / MIS | Both | | |
| | | Grantee Case File / MIS | Both | | |

| | | | | | |
|---|---|-------------------------|------|---|--|
| 5. Other remedial or basic skills training 6. Orientation or introduction to health care careers or occupations 7. College skills training 8. Prerequisite subject courses needed prior to entering into an occupational program (e.g. math, biology) 9. Other, specify | 5. Education degree or certification received (pick list selection) | Grantee Case File / MIS | Both | Activities, Type of Training Service (#1-2) Type of Recognized Credential High School Diploma/GED | |
|---|---|-------------------------|------|---|--|

S1. Education/ Training Activities

S1b. Health Occupation / Vocational Training Activities

| | | | | | |
|---|---|-------------------------|------|--|--|
| A. For each health occupation / profession of the training program select BLS SOC code from pick list (Select as many as appropriate from pick list: each activity can be selected multiple times) | For each activity (1-5 completed): | | | Date Entered Training, Date Completed or Withdrew from Training, Pell Grant Recipient, Received Pre-Vocational Activities, Type of Training Service (#1-2) | |
| | 1. Occupation (SOC) (pick list selection) | Grantee Case File / MIS | Both | | |
| | 2. Begin date: MM-YYYY | Grantee Case File / MIS | Both | | |
| | 3. End date: MM-YYYY | Grantee Case File / MIS | Both | | |
| | 4. Successfully complete? | Grantee Case File / MIS | Both | | |
| | 5. Training Vendor (pick list selection) | Grantee Case File / MIS | Both | | |
| 6. Education degree or certificate received (pick list selection) | Grantee Case File / MIS | Both | | | |

| | | | | |
|--|---|-------------------------|------|--|
| | 7. Regulatory license or certification received (pick list selection) | Grantee Case File / MIS | Both | Type of Recognized Credential AA or AS Diploma/Degree, BA or BS Diploma/ Degree, Occupational Skills Licensure, Occupational Skills Certificate/ Credential, or Other Recognized Educational or Occupational Skills Certificate |
| | 8. Title of course required for program completion <i>(note: identify and enter the title of each course completed. Courses will be stored in a sub-table associated with each program completed by a participant)</i> | Grantee Case File / MIS | Both | |
| | 9. Date course completed: MM-YYYY <i>(note: identify and enter the completion date of each course. Courses will be stored in a sub-table associated with each program completed by a participant)</i> | Grantee Case File / MIS | Both | |

S2. Employment

S2a. Employment Development Activities

| | | | | |
|--|---|-------------------------|------|------------------------------------|
| Possible employment activities options: (Select as many as appropriate from pick list: each activity can be selected multiple times) 1. On-the-job training 2. Job readiness workshops 3. Work experience (subsidized or not), not part of any occupational education or training program 4. Transitional job or subsidized employment 5. Soft skills / life skills / work readiness training 6. Other, specify | For each activity (1-6 completed): | | | Core and intensive service records |
| | 1. Begin date: MM-YYYY | Grantee Case File / MIS | Both | |
| | 2. End date: MM-YYYY | Grantee Case File / MIS | Both | |
| | 3. Actual hours completed: Open field (Numeric value) | Grantee Case File / MIS | Both | |

S2. Employment

S2b. Employment Activities

| | | | | | |
|--|--|--------------------------------|-------------|---|--|
| <p>Possible employment activity options:</p> <ol style="list-style-type: none"> 1. Job shadowing 2. Pre-employment screening services 3. Career counseling / job coach / navigator 4. Job search / placement assistance 5. Job retention services | <p>For each activity (1-5 completed):</p> <p>Received in 6 month period: check box to affirm received (statically displayed for 6 month periods)</p> | <p>Grantee Case File / MIS</p> | <p>Both</p> | <p>Core and intensive service records</p> | |
| <p>Counseling options</p> <ol style="list-style-type: none"> 1. Academic counseling / advising 2. Assessment 3. Mentoring / peer support 4. Tutoring 5. Other, specify | <p>For each activity (1-5 completed):</p> <p>Received in 6 month period: check box to affirm received (statically displayed for 6 month periods)</p> | <p>Grantee Case File / MIS</p> | <p>Both</p> | <p>Received Supportive Services (except needs-related payments)</p> | |

S3. Social and Family Services

S3a. Case Management

| | | | | | |
|--|--|--------------------------------|-------------|---|--|
| <p>Case management (may also be identified as mentor, career advisor, navigator)</p> | <p>Received in 6 month period: check box to affirm received (statically displayed for 6 month periods)</p> | <p>Grantee Case File / MIS</p> | <p>Both</p> | <p>Received Supportive Services (except needs-related payments)</p> | |
|--|--|--------------------------------|-------------|---|--|

S3. Social and Family Services

S3b. Cultural Programming

| | | | | | |
|----------------------|---|----------------------------|------|--|--|
| Cultural programming | Received in 6 month period: check box to affirm received (statically displayed for 6 month periods) | Grantee Case File / MIS | Both | Received Supportive Services (except needs-related payments) | |
|----------------------|---|----------------------------|------|--|--|

S3. Social and Family Services
S3c. Emergency Discretionary Payment Support

| | | | | | |
|---|---|----------------------------|------|--|--|
| Possible emergency discretionary payment support options: 1. Home heating assistance 2. Car repair 3. Car insurance 4. Food and shelter 5. Utilities assistance 6. Other emergency assistance, specify | For each service (1-6 received): Received in 6 month period: check box to affirm received (statically displayed for 6 month periods) | Grantee Case File / MIS | Both | | |
|---|---|----------------------------|------|--|--|

S3. Social and Family Services
S3d. Housing Support

| | | | | | |
|--|---|----------------------------|------|--|--|
| Possible housing support options: 1. Security deposit 2. First month's rent 3. Funds to participate in housing program 4. Short-term / temporary housing payment 5. Other (does not include emergency payments), specify | For each service (1-5 received): Received in 6 month period: check box to affirm received (statically displayed for 6 month periods) | Grantee Case File / MIS | Both | | |
|--|---|----------------------------|------|--|--|

S3. Social and Family Services
S3e. Social Supportive / Other Benefits

| | | | | | |
|---|---|-------------------------|------|--|--|
| Possible social supportive / other benefits options: 1. Child / dependent care assistance 2. Transportation assistance 3. Driver's license assistance 4. Food assistance (other than SNAP) 5. Addiction and substance abuse services 6. Family preservation services 7. Family engagement services 8. Legal assistance 9. Primary / medical care 10. Other, specify | For each service (1-10 received): Received in 6 month period: check box to affirm received (statically displayed for 6 month periods) | Grantee Case File / MIS | Both | Received Supportive Services (except needs-related payments) | |
|---|---|-------------------------|------|--|--|

S3. Social and Family Services

S3f. Other (other than emergency payments)

| | | | | | |
|-------------------|---|-------------------------|------|--|--|
| 1. Other, specify | For this service: Received in 6 month period: check box to affirm received (statically displayed for 6 month periods) | Grantee Case File / MIS | Both | Received Supportive Services (except needs-related payments) | |
| | Describe | Grantee Case File / MIS | Both | | |

C. Exit

Outputs and "Intermediate" Outcome Information

| Data Item / Question | Response Fields to be Completed for Each Data Item | Data Source | Performance Managt., Evaluation, Both | WIASRD | ISIS Form |
|----------------------|--|-------------|---------------------------------------|--------|-----------|
|----------------------|--|-------------|---------------------------------------|--------|-----------|

| | | | | | |
|---|--|-------------------------|------|--|--|
| O1. HPOG exit date | MM-DD-YYYY | Grantee Case File / MIS | Both | Date of Exit | |
| O2. Date of program Re-entry (if greater than 3 months past program exit) | MM-DD-YYYY | Grantee Case File / MIS | Both | | |
| O3. HPOG training program completed at exit date | 1 = Yes 2 = No | Grantee Case File / MIS | Both | | |
| O4. Reason for early HPOG program exit (prior to expected completion) | 1 = Got a job 2 = Moved out of program area 3 = Found out that the health care occupations were "not for me" 4 = Did not like the program 5 = Participant dropped out / Unable to locate 6 = Institutionalized 7 = Health/Medical 8 = Deceased 9 = Family Care 10 = Reserve Forces Called to Active Duty 11 = Relocated to Mandated Residential Program 12 = Other reason 0 = No choice identified | Grantee Case File / MIS | Both | Reason for Exit | |
| O5. Employed at exit | 1 = Yes 2 = No | Grantee Case File / MIS | Both | Employed in 1 st Quarter After Exit Quarter | |
| O6. If O3 = 1 (Yes), employed: O6a. Starting hourly wage | \$XX.XX | Grantee Case File / MIS | Both | | |
| O6b. Hours worked in last full week | Open field (Numeric value) possible entry 0 to 40 hours | Grantee Case File / MIS | Both | | |

| | | | | | |
|---|---|-------------------------|------------|---|--|
| O7. If O3 = 1 (Yes), employed in health care occupation | 1 = Yes 2 = No | Grantee Case File / MIS | Both | | |
| O8. If O5 = 1 (Yes), enter occupational BLS SOC code | Pick list value selection | Grantee Case File / MIS | Both | Occupational Code (if Yes, Employed); Entered Training Related Employment | |
| O9. If O5 = 1 (Yes), individual is: | 1 = working for a health care employer 2 = working for a non-health care employer 3 = self-employed 4 = does not self-identify | Grantee Case File / MIS | Both | | |
| O10. If O5 = 1 (Yes) and D9 = 1 (American Indian or Alaska Native), individual is an employee of a tribal organization | 1 = Yes 2 = No | Grantee Case File / MIS | Both | | |
| O11. If O5 = 1 (Yes), individual is provided access to health insurance through employer | 1 = Yes 2 = No | Grantee Case File / MIS | Both | | |
| O12. For education and training activities received by a participant, were any of the following funding sources utilized? | 1 = Tuition assistance from HPOG funds 2 = Tuition assistance from Pell grant 3 = Tuition assistance from employer 4 = ITA 5 = Tuition assistance - other | Grantee Case File / MIS | Evaluation | | |

“End” Outcome Information

(*We currently anticipate that grantees would conduct six-month follow-up surveys of program exiters to obtain these data. The follow-up survey would ask five questions: 1) Are you currently employed? 2) If yes, are you employed in a health care occupation?; 3) What was your hourly wage during the last full week?; 4) how many hours did you work in the last full week?; and 5) have you received a promotion or moved to a higher level position since first becoming employed?)

| | | | | | |
|---|---|-------------------------------------|------|--|--|
| E1. Employed in any occupation 6 months after program exit? | 1 = Yes 2 = No | Program staff and regular follow up | Both | | |
| E2. If E1 = 1 (Yes), employed: E2a. Current hourly wage in last full week | \$XX.XX | Program staff and regular follow up | Both | | |
| E2b. Hours worked in last full week | Open field (Numeric value) possible entry 0 to 40 hours | Program staff and regular follow up | Both | | |
| E3. If E1 = 1 (Yes), employed in health care occupation: | 1 = Yes 2 = No | Program staff and regular follow up | Both | Wages 2 nd Quarter After Exit Quarter | |
| E4. If E1 = 1 (Yes), enter occupational BLS SOC code | Pick list value selection | Program staff and regular follow up | Both | | |
| E5. If E1 = 1 (Yes), individual is: | 1 = working for a health care employer 2 = working for a non-health care employer 3 = self-employed 4 = does not self-identify | Program staff and regular follow up | Both | | |
| E6. If E1 = 1 (Yes), participant has been promoted (i.e. higher pay and/or title) since HPOG program exit | 1 = Yes 2 = No | Program staff and regular follow up | Both | | |
| E7. If E1 = 1 (Yes), individual is provided access to health insurance through employer | 1 = Yes 2 = No | Program staff and regular follow up | Both | | |
| E8. Currently enrolled in non-HPOG funded education program | 1 = Yes 2 = No | Program staff and regular follow up | Both | | |
| E9. If E1 = 1 (Yes) and D9 = 1 (American Indian or Alaska Native), individual is an | 1 = Yes 2 = No | Program staff and regular follow up | Both | | |

| | | | | | |
|-----------------------------------|--|--|--|--|--|
| employee of a tribal organization | | | | | |
|-----------------------------------|--|--|--|--|--|

Grantee-Level Data Items

A. Basic Grant Data

The following group of characteristics will be entered for each grantee and remain constant over the grant period.

| Data Item / Question | Response Fields to be Completed for Each Data Item | Data Source | Performance Managt., Evaluation, Both | WIASRD | ISIS Form |
|---|---|------------------|---------------------------------------|--------|-----------|
| A1. Grantee organization identification | | | | | |
| A1a. Grantee organization name | Programmed static identifier | Evaluator coding | Performance Management | | |
| A1b. Grantee number | Programmed static identifier | Evaluator coding | Performance Management | | |
| A1c. Sub-grantee name | Open Field Text Entry (may be entered for multiple sub-grantees) | Grantee entry | Performance Management | | |
| A1d. Sub-grantee number | Programmed static identifier (may be generated for multiple sub-grantees) | Evaluator coding | Performance Management | | |
| A1e. Federal grant number | Programmed static identifier | Evaluator coding | Performance Management | | |
| A1f. DUNS number | Programmed static identifier | Evaluator coding | Performance Management | | |
| A1g. EIN number | Programmed static identifier | Evaluator coding | Performance | | |

| | | | | | |
|---|------------------------------|------------------|---|--|--|
| A1h. Grant amount | Programmed static identifier | Evaluator coding | Management Performance Management | | |
| A1i. Grant project title | Programmed static identifier | Evaluator coding | Performance Management | | |
| A1j. HPOG Grantee Project Director Last Name | Open Field Text Entry | Grantee entry | Performance Management | | |
| A1k. HPOG Grantee Project Director First Name | Open Field Text Entry | Grantee entry | Performance Management | | |
| A1l. HPOG Grantee Director telephone | Open Field Numeric Entry | Grantee entry | Performance Management | | |
| A1m. HPOG Grantee Project Director email | Open Field Text Entry | Grantee entry | Performance Management | | |
| A1n. HPOG PPR Contact Last Name | Open Field Text Entry | Grantee entry | Performance Management | | |
| A1o. HPOG PPR Contact First Name | Open Field Text Entry | Grantee entry | Performance Management | | |
| A1p. HPOG PPR Contact telephone | Open Field Numeric Entry | Grantee entry | Performance Management | | |
| A1q. HPOG PPR Contact email | Open Field Text Entry | Grantee entry | Performance Management | | |
| A1r. Grantee street address | Open Field Text Entry | Grantee entry | Performance Management | | |
| A1s. Grantee city | Open Field Text Entry | Grantee entry | Performance Management | | |
| A1t. Grantee state | Open Field Text Entry | Grantee entry | Performance Management | | |
| A1u. Grantee zip code | Open Field Text Entry | Grantee entry | Performance Management | | |

B. PPR Report

The following group of characteristics will be entered for each PPR during the grant period. The database will allow for as many semi-annual reports the grantee submits to ACF.

| | | | | | |
|---|--------------------------|---------------|------------------------|--|--|
| B1a. Reporting period end date | MM-DD-YYYY | Grantee entry | Performance Management | | |
| B1b. Year of grant support | Open Field Numeric Entry | Grantee entry | Performance Management | | |
| B1c. Total years of grant support | Open Field Numeric Entry | Grantee entry | Performance Management | | |
| B1d. Report period begin date | MM-DD-YYYY | Grantee entry | Performance Management | | |
| B1e. Report period end date | MM-DD-YYYY | Grantee entry | Performance Management | | |
| B1f. Performance Narrative: Introduction | Open Field Text Entry | Grantee entry | Performance Management | | |
| B1g. Performance Narrative: Obstacles | Open Field Text Entry | Grantee entry | Performance Management | | |
| B1h. Performance Narrative: Proposed Changes | Open Field Text Entry | Grantee entry | Performance Management | | |
| B1i. Performance Narrative: Technical Assistance | Open Field Text Entry | Grantee entry | Performance Management | | |
| B1j. Performance Narrative: Dissemination Activities | Open Field Text Entry | Grantee entry | Performance Management | | |
| B1k. Performance Narrative: Significant Findings and Events | Open Field Text Entry | Grantee entry | Performance Management | | |
| B1l. Performance Narrative: Evaluation | Open Field Text Entry | Grantee entry | Performance Management | | |

C. Education and Training Program Catalog

HPOG grantees will enter the following data elements on each training and education program offered to any HPOG participant. These characteristics may be expanded over the grant period and will be a unique catalog group for each grantee.

| | | | | | |
|---|---|---------------|------|--|--|
| C1a. Occupation (SOC) | Programmed static identifier from pick list | SOC | Both | | |
| C1b. Training vendor | Open Field Narrative Entry | Grantee entry | Both | | |
| C1c. Education degree or certificate resulting from training completion | Open Field Narrative Entry | Grantee entry | Both | | |
| C1d. Regulatory license or | Open Field Narrative Entry | Grantee entry | Both | | |

| | | | | | |
|--|--|---------------|------|--|--|
| certification possible post training completion | | | | | |
| C1e. Types of training activities within program | (may select more multiple responses) 1 = classroom instruction 2 = OJT/work experience 3 = internship 4 = clinical experience 5 = other | Grantee entry | Both | | |
| C1f. Estimated number of total program hours | Open Field Numeric Entry | Grantee entry | Both | | |

D. Remedial / Pre-training Program Catalog

HPOG grantees will enter the following data elements on each remedial / pre-training program offered to any HPOG participant. These characteristics may be expanded over the grant period and will be a unique catalog group for each grantee.

| | | | | | |
|---|----------------------------|---------------|------|--|--|
| D1a. Training vendor | Open Field Narrative Entry | Grantee entry | Both | | |
| D1b. Education degree or certificate resulting from training completion | Open Field Narrative Entry | Grantee entry | Both | | |
| D1c. Estimated number of total program hours | Open Field Numeric Entry | Grantee entry | Both | | |