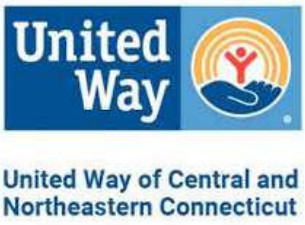
North Hartford Promise Neighborhood Program: North Hartford Ascend Pipeline

An Initiative of Connecticut Children's Office for Community Child Health



Connecticut Children's | Office for Community Child Health

Creating the Future 25th ANNIVERSARY

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Introduction

Connecticut Children's Medical Center (Connecticut Children's) is pleased to submit an application on behalf of Hartford, Connecticut to design, implement, and evaluate the North Hartford Ascend Pipeline (NHAP). A multi-sector, comprehensive, integrated, and coordinated prenatal through career pipeline, NHAP helps children reach their full potential by improving academic and developmental outcomes and long-term well-being and quality of life. Leveraging existing assets, infrastructure, and resources, Connecticut Children's will create a network that includes the community, public, private, and philanthropic sectors and ensures universal access to community-based programs and services. NHAP aligns with Absolute Priority 1- Non-Rural, Non-Tribal Area; Competitive Preference Priority 1- Community Level Opioid Abuse Prevention Efforts; Competitive Preference Priority 2 - Application for New Potential Grantees; Competitive Preference Priority 3- Evidence-Based Activities to Support Academic Achievement and Invitational Priority – Community-Based Crime Reduction Efforts.

Connecticut Children's is the only academic medical center in the state exclusively dedicated to the care of children, improving the physical and emotional health of children through family-centered care, research, education and advocacy, while leading efforts to enhance child health services and address system gaps, such as the disconnect between health and social services. In 2012, Connecticut Children's established the Office for Community Child Health (OCCH) to serve as a critical community resource that identifies barriers negatively impacting children, develops and pilot tests innovative solutions, and brings evidence-based strategies to scale and impact.

Under the leadership of Paul Dworkin, MD, Executive Vice President for Community Child Health and Founding Director of the Help Me Grow National Center, OCCH serves as the coordinating entity for community child health initiatives that address social determinants of health, development, and well-being by 1) strengthening existing community-oriented initiatives; 2) facilitating synergy among community-oriented initiatives; and 3) serving as an innovation incubator and growth accelerator for promising approaches and efficacious strategies. See Attachment A – Office for Community Child Health Programs for a complete list of programs. OCCH is nationally recognized for creating comprehensive systems of care that are universally accessible and advancing developmental promotion, early detection of concerns, referral, and linkage to needed services, as demonstrated by OCCH programs such as *Help Me Grow*®, Easy Breathing, Care Coordination Collaborative, and the Children's Hospital Community Child Health Learning Collaborative.

OCCH's Childhood Prosperity Lab (the Lab) serves as an innovation incubator and growth accelerator for promising and efficacious strategies that address social, environmental, and behavioral drivers of health. The Lab leverages a public health approach and implementation science strategies. Since 2016, the Lab, in collaboration with OCCH programs, has consulted with over fifty changemakers, provided technical assistance to over 20 organizations, facilitated a national innovation challenge, and supported the diffusion and dissemination of eight innovations.

OCCH is developing a network of multi-sector partners to support NHAP, including the City of Hartford; Hartford Public Schools; United Way of Connecticut's 211 Infoline and Child Development Infoline; Hartford Data Collaborative, an initiative of Connecticut Data Collaborative (Inform CT); Hartford Promise; The Children's Museum; United Way of Central

and Northeastern Connecticut, including their leadership of the North Hartford Triple Aim Collaborative; University of Hartford's Center for Social Research; University of Connecticut Health Center; Hartford Foundation for Public Giving; The Village for Families & Children; Intercommunity Health Care, Inc.; Wheeler Clinic; and Community Health Services. Memorandums of Understanding (MOU) delineating roles and responsibilities and the contributions of each partner can be found in Attachment J– Memorandums of Understanding.

While these organizations have a history of collaborating, the Department of Education Promise Neighborhood Program enables stakeholders to join together in a new way. Partners will implement a place-based initiative to fulfill the community's promise to North Hartford Promise Zone's (NHPZ) children by integrating achievement-oriented schools and vital, evidence-based social and community services within a newly-developed, networked prenatal through career pipeline. Together, we will support a collective goal: strengthen families so they can promote their children's academic achievement and attainment and long-term well-being and quality of life. NHAP will elevate families' capacity to promote their children's optimal healthy development by leveraging the Strengthening Families Protective Factors Framework[1] to measurably enhance parental resilience, strengthen social connections, increase knowledge of parenting and child development, provide concrete support in times of need, and increase understanding of the social and emotional competence of children.

Distinguishing features of the NHAP include: 1) a comprehensive, integrated pipeline of services; 2) a parent- and family-led agenda and community-driven engagement, marketing, and communication strategies; 3) targeted universalism to achieve equity[2]; ; 4) strengthening families' protective factors; and 5) early identification, referral, and linkage to services.

Priorities

Absolute Priority 1 – *Non-Rural, Non-Tribal Area*. NHAP serves three contiguous neighborhoods: Clay Arsenal, Northeast, and Upper Albany. Census tracts for these neighborhoods, which also comprise the North Hartford Promise Zone[3] (NHPZ) include: 5009, 5012 5013, 5014, 5015, 5017, 5018, 5035, 5037 and 5244.

Competitive Preference Priority 1 - *Community Level Opioid Abuse Prevention Efforts*. The City of Hartford Department of Health and Human Services (DHHS) provides high-quality opioid misuse prevention education and intervention services. DHHS services are funded through the Connecticut Department of Public Health's CDC grant, *Strengthening Prescription Drug Overdoes Prevention in Connecticut,* as part of the Connecticut Opioid Response initiative. School-based opioid prevention education initiatives are a component of The Village for Children and Families School-based Healthy Behaviors program and Mental Health Clinics. The Office for Community Child Health's and University of Connecticut Health Center's Hartford Youth HIV Identification and Linkage Consortia seeks to prevent the spread of HIV and sexually transmitted disease and participation in risky behaviors, including substance use and abuse, through prevention education and community engagement and outreach. InterCommunity Health Care, (InterCommunity) is a non-profit organization providing primary care, behavioral health, substance use recovery, and community support services. In 2020, InterCommunity became a Certified Community Behavioral Health Clinic through the Substance Abuse and Mental Health Services Administration. InterCommunity also administers the Parents Recovering from Opioid Use Disorders (PROUD) program, which offers support and family-centered treatment to pregnant and postpartum women in all stages of recovery using a holistic model that includes clinical

services, case management, and peer-based approaches to recovery. MOUs documenting these organizations' commitment community level opioid prevention efforts are in Attachment J: Memorandums of Understanding.

Competitive Preference Priority 2 - ***Applications from New Potential Grantees*****.** This is the first time Connecticut Children's is pursuing a Promise Neighborhood Program Grant on behalf of the North Hartford Promise Zone.

Competitive Preference Priority 3 - ***Evidence-Based Activities to Support Academic Achievement.*** Project partners identified evidence-based programs that are currently implemented in Hartford and additional evidence-based programs that can inform the design, implementation, and evaluation of NHAP. A complete list of evidence-based programs currently and to be deployed within the NHAP are located in the Evidence Form. The pipeline includes services that meet What Works Clearinghouse (WWC) standards and the standards of other sector-based accreditation bodies, such as the American Academy of Pediatrics. NHAP includes pipeline services that meet promising, moderate or strong evidence standards, as outlined in intervention reports, study reviews, studies, or practice guide recommendations. Seven pipeline services are supported by Strong Evidence while 12 are supported by Moderate Evidence and 12 are supported by Promising Evidence. Three pipeline services are included in the California Evidence-Based Clearing House for Child Welfare (CEBC). These pipeline services align with 7 CEBC topic areas, 3 of which are supported by research evidence and 4 of which have promising evidence. Every pipeline service has peer review evidence that demonstrates its efficacy and effectiveness.

Help Me Grow (HMG), developed by Paul Dworkin, MD, in Hartford in the mid-1990's, will serve as the foundation for comprehensive system building efforts. HMG is a comprehensive,

integrated approach to developmental promotion, early detection of young children with developmental and behavioral concerns, and referral and linkage of children and families to community-based programs and services. HMG was piloted in Hartford, is disseminated across Connecticut as a program of the State's Office of Early Childhood, and is currently being implemented across the country with technical support from the Help Me Grow National Center, a program of OCCH. HMG is implemented in 31 states as 104 unique systems.[4] HMG was endorsed by the U.S. Departments of Education and Health and Human Services as an evidence-based model in a joint policy statement in 2017, see Attachment B: Joint Policy Statement

Invitational Priority – Community-Based Crime Reduction Efforts. Approximately 122,105 people live in Hartford and North Hartford Promise Zone (NHPZ) is home to about 20% of Hartford's total population[5]. Thirty-three percent of all crimes in Hartford take place in this area and a review of 2016-2017 arrest calls and incidents data revealed two trends – violent crime is concentrated in two hot spots and the majority of arrests were 18–29-year-old men.[6] In 2016 Hartford received a Community-Based Crime Reduction grant for the North Hartford Promise Zone (NHPZ). Residents and stakeholders work together to reduce crime and recidivism. Mayor Luke Bronin's Office is coordinating this effort through the NHPZ and is committed to incorporating NHAP into this work, as well as the Hartford Reentry Welcome Center (HRWC). HRWC helps individuals returning from incarceration rebuild their lives by connecting them to basic necessities and needed services. NHAP will coordinate with HRWC to ensure residents returning home from incarceration have access to the pipeline. A MOU with the City of Hartford detailing this relationship is attached.

A. <u>Need for Project</u>

The North Hartford Promise Zone (NHPZ) is 3.11 square miles (2.18 developed and 0.93 open space) bound by Albany Avenue (Route 44) and Main Street. The zone follows Main Street to the east, Ridgefield Street and Westbourne Parkway to the west, Windsor Street to the north and Homestead Avenue to the south. Albany Avenue, the area's largest commercial corridor, is one of the oldest roads in the state, having been laid out in 1678 as the Talcott Mountain Turnpike. The street is home to a mix of small retail and service businesses as well as social, cultural, and recreational organizations.[7] Three neighborhoods compromise the federally-designated NHPZ– Clay Arsenal, Northeast, and Upper Albany.[3]

NHPZ is a primary entry corridor into the capital city of Hartford and a pathway to the central business district. It was once home to a mixed-income community with several significant manufacturing businesses. However, the area experienced a sharp socio-economic decline following three seminal events: 1) construction of a highway isolating NHPZ from the central business area in the 1960s; 2) rioting that devastated the area in the 1960s; and 3) a decrease in employment opportunities as manufacturing jobs fell by 49.7% when companies relocated to the suburbs and/or southern states along the eastern coast.[8]

A.1 Magnitude and Severity of the Problems to be Addressed

North Hartford Promise Zone (NHPZ) is home to 24,463 residents (8,749 households). **NHPZ residents are predominantly Black and Hispanic.** Hispanics are predominately of Puerto Rican descent (75%). Nine percent of the NHPZ population is of Jamaican and West Indian ancestry[10].

Table 1: NHPZ and Hartford population by race and ethnicity[9]

Population	NHPZ	Hartford
Total Population	24,463	123,628
Black	62%	35%
Hispanic	33%	45%
White	2%	15%
Other	3%	3%

Community Well-being. The DataHaven Community Index[10] incorporates 12 indicators into a single factored score that can be compared across multiple geographies (indicators: opportunity youth, health insurance, high school graduates, unemployment, young child poverty, workers with short commute, poverty, severe housing cost burden, preschool enrollment, life expectancy, youthful labor force, and median household income). In 2019, Greater Hartford ranked 9th among 107 large U.S. metropolitan areas. **Out of a possible score of 1,000, Connecticut's score was 657, Greater Harford's score was 668 and NHPZ's score was 393.** The DataHaven Community Index highlights a number of opportunity areas in NHPZ, including poverty and young child poverty (37% and 51%, respectively), severe housing cost burden (32%), life expectancy (76.1 years), unemployment (24%) and median household income ($27,000). While 78% of respondents reported children have pre-kindergarten experience, that experience has not translated into kindergarten readiness (described below). Table 2 summarizes respondents' perceptions of protective and risk factors for NHPZ residents compared to the state.

Table 2: Community Well-Being Indicators[11]		
Indicator	**NHPZ**	**CT**
Protective Factors: Respondents believe. . . .		
Children and youth in their area have positive role models	40%	72%
Police do a good job keeping residents in their area safe	34%	78%
The ability of residents of their area to obtain suitable employment is good	22%	46%
Their area is a good place to raise children	29%	74%
Parks and public recreational facilities in their area are in good condition	38%	75%
There is good availability of affordable, high-quality fruits and vegetables	36%	71%
Youth in their area are unlikely to be arrested for a felony	25%	61%
Mostly or completely satisfied with life	43%	68%
Risk Factors		
Do not feel safe to go on walks in their neighborhood at night	61%	29%
Poor or fair self-rated health	26%	14%
Somewhat, mostly, or completely anxious	45%	31%
Didn't get needed medical care in the past 12 months	14%	8%
Just getting by or finding it difficult to get by financially	64%	34%
Food insecure during the past 12 months	45%	13%
Victim of a violent attack or physically threatened in the past 12 mos.	15%	4%
Victim of property being stolen or vandalized in the past 12 months	25%	10%

NHPZ also faces a number of barriers associated with community distress, including **extreme poverty** (37% poverty rate and 66% low-income rate compared to the Hartford's rates of 30% and 56%, and Connecticut's rates of 10% and 23%, respectively),[11] **high unemployment** (from 3.3% unemployment rate in January 2020 to 12.9% in December 2020, compared to Connecticut's December 2020 rate of 7.5%),[12] and **food insecurity** (87.7% of NPNH students are eligible for free and reduced-price lunch).[13] Table 3 outlines additional indicators indicative of neighborhood distress.

Table 3: Indicators of Neighborhood Distress[1]

Income	NHPZ	Hartford	Connecticut
Median household income	$29,800	$36,762	$78,833
Low-income population (< 200% FPL)	71%	60%	26%
Children under 5 in poverty	49%	48%	14%
Children under 18 in poverty	51%	45%	14 %
EITC Participation	47%	37%	14%
Food Stamp participation	58%	42%	17%
Households			
Household income under $25,000	52%	43%	18%
Single with children	80%	20%	13%
Households with no vehicle available	34%	23%	9%
Employment			
In labor force, unemployed	27%	20%	10%

Age 16-19, not enrolled in school and not working	12%	11%	5%
Housing			
Vacant housing units	7%	2%	2%
Homeownership rate	16%	24%	66%
Renters paying 30% or more of income for housing[1]	54%	57%	52%
Educational Attainment (age 25 and over)			
No high school diploma	24%	26%	11%
High school graduate	41%	33%	89%
College graduate	6%	10%	36%

Black, indigenous, and people of color (BIPOC) in Greater Hartford and Hartford tend to have lower outcomes when compared to their white counterparts. The median income of full-time white male and female adult workers in Greater Hartford ($70K and $55K) is higher than black male and female ($46K and $42K) and Latino male and female ($41K and $36K) adult workers.[14]

Kindergarten Readiness. As part of the kindergarten entrance process, teachers assess children using the Connecticut Documentation of Observation for Teaching System (CT DOTS). **Among NHPZ children who entered kindergarten in Fall 2019, 38% did not have age appropriate language and literacy skills; 42% did not have age appropriate math skills, and 47% did not have age appropriate social/emotional skills,** according to the City of Hartford Department of Children, Youth, Families, and Recreation.

Academic Achievement and Attainment. HPS is an all-choice school district whereby families can select from a wide variety of school options, models, and themes that best fit the interest and learning style of their child. Choices include specialized district schools and theme-based magnet schools. Additional academic opportunities are offered in partnership with the Connecticut State Department of Education's Regional School Choice Office and other educational providers, such as charter schools. This structure is a result of the landmark 1989 Sheff v. O'Neill desegregation case, in which the state Supreme Court ruled that racially segregated schools denied Hartford children their right to an equal education.

Five Hartford Public School (HPS) community schools serve the NHPZ: **SAND** and Fred D **Wish** Museum schools serve students in PreK-grade 5; Martin Luther King, Jr. (**MLK**) and Thirman **Milner** serve students in grades 6-8; and Thomas Snell **Weaver**, a newly rebuilt high school that reopened in August 2019, serves students in grades 9-12. The five schools serve 2,114 students, approximately sixteen percent of the district's total Hartford resident enrollment. A majority of students identify as Black (45.3%) and Hispanic (52.5%). Twenty percent of students report having a disability, while 23.4% are English Language Learners.[15]

Prior to the COVID-19 pandemic, four of the five NHPN schools were among the lowest performing schools in Connecticut and were on the Connecticut Department of Education Commissioner's Network, a group of the 25 lowest performing schools in Connecticut that receive additional resources, and which are required to develop a "turnaround" plan of improvement.[16] Table 4 outlines indicators of educational needs.[17]

Table 4: Indicators of Educational Need 2018-19[18,18]

School	Student Enrollment	Smarter Balance Summative Assessment % Meeting or Exceeding Standards Grades 3-8		Chronic Absenteeism	Free/ Reduced Price Lunch Eligibility	Student Mobility	Suspensions/ Expulsions
		English Language Arts	Math				
MLK	355	18.9%	6.5%	19.5%	87.4%	25.4%	39/19.9%
Milner	282	9.4%	5.0%	37.3%	92.4%	27.4%	54/15.0%
SAND	395	10.4%	3.9%	21.7%	92.9%	32.2%	14/3.3%
Wish	502	8.4%	3.3%	36.8%	78.0%	27.5%	92/16.3%
Weaver[19]	580	N/A	N/A	N/A	N/A	N/A	N/A
District	17,773	24.5%	18.2%	25.4%	78.0%	18.1%	2,526/12.1%

Race, ethnicity, primary language, poverty status, and special education status have a substantial impact on student outcomes across Greater Hartford. Black, Latino, and special education students are suspended or expelled more frequently than their white counterparts, while non-white, English Language Learners, students receiving free or reduced- price meals, and special education students have lower 4-year graduation rates. Race is also associated with economic

mobility – white children from low-income homes in Greater Hartford experience greater upward economic mobility than Black children from high-income homes.[19]

Impact of COVID-19. The impact of the COVID-19 pandemic on the academic outcomes of HPS students is not yet entirely understood. However, school administrators and community partners are working to address a number of early warning indicators associated with low academic performance. According to HPS, as of January 2021, **more than 60% of students in neighborhood schools across Hartford were chronically absent**, defined as 10% or more of school days in a given academic year. **Milner Middle** and **Weaver High reported that 80% of students engaged in hybrid learning (e.g., three in-person days and two remote) were chronically absent.**

While four schools in the NHPZ have data to measure and understand the impact of COVID-19 on students' academic outcomes and will use that to inform their response to student needs, Weaver High School must develop a different approach. Weaver High School reopened in 2019 and did not complete a full year of in-person learning before transitioning to virtual learning in response to COVID-19. Grading and testing were suspended in response, making it difficult for educators to assess learning loss.

Social, behavioral, and environmental challenges are exacerbating students' ability to be successful at school. The impact of COVID-19 on low-wage workers, who populate the NHPZ, has deepened economic disparities and left families struggling for basic needs. According to 2-1-1 Connecticut, Infoline calls from NHPZ residents seeking support navigating and accessing services for food, employment, healthcare, mental health support and addiction interventions increased, as outlined in Table 5.

Table 5: Service Request Calls from NHPZ residents to 2-1-1 of Connecticut		
Service Area	1/1/2019 to 12/31/2019 N=18,818	1/1/2020 to 12/31/2020 N=22,588
Housing/Shelter	29.5%	31.5%
Mental Health and Addiction Services	22.4%	24.9%
Health Care	7.2%	16.5%
Employment and Income	9.2%	10.3%
Food	4.2%	8.6%
Other (legal, clothing, utilities, parenting, disaster, transportation, education)	27.5%	8.2%

Jessica Yennie St. Juste, Vice President of the Hartford Federation of Teachers and a HPS health teacher, reported to school board members that, "The words that I hear most from my students are 'Miss, I'm tired. I'm exhausted.' This is not physical exhaustion. This is mental exhaustion, which is far more complex to treat. Many students are spiraling into a depression and don't even realize it."[20]

COVID-19 also had a substantial impact on community health, safety, and well-being. According to the City of Hartford Department of Health and Human Services, as of March 1, 2021, confirmed COVID-19 cases in NHPZ accounted for 2,125 of Hartford's confirmed 13,301 cases. Eighteen percent of hospitalizations are attributed to these three neighborhoods, as are 15% of deaths. The pandemic has also set back any gains for NHPZ families. As previously discussed, the

number of calls from NHPZ to 2-1-1 Connecticut increased by 3,770 or 20% for various services (see Table 5). Increased utilization of 2-1-1 Connecticut is likely driven by the increased unemployment rate due to the pandemic (3.3% in January 2020 and 12.9% in December 2020[21]), resulting in loss of income and benefits.

The **needs and segmentation analysis** identified several critical issues impacting the healthy development and academic success of children in NHPZ including poverty, single parent families, low educational attainment levels of parents, low kindergarten readiness, family economic instability, and low protective factors. **Academic drivers** of low-achievement outcomes include reading proficiency and attendance and behavior issues. **System-level drivers** contributing to poor outcomes include low resident and community engagement; a challenging service delivery system that is siloed, duplicative and hard to navigate; and social service infrastructure not designed nor prepared to handle the unprecedented needs of families navigating the COVID-19 pandemic.

A.2 <u>Gaps, Weaknesses, Opportunities and Solutions</u>

A comprehensive analysis, including both qualitative and quantitative data, gathered in conjunction with the North Hartford Promise Zone (NHPZ), Hartford Public School District-Wide School Redesign,[22] Connecticut Children's Community Health Needs Assessment, Hartford City Plan,[23] and preparation for this proposal identified opportunity areas that need to be addressed to improve academic achievement, academic attainment, and long-term well-being and quality of life. North Hartford Ascend Pipeline (NHAP) will integrate existing resources and develop strategies to address identified gaps within a comprehensive, integrated prenatal through career pipeline. Table 6 outlines the relationship between results, indicators, and pipeline solutions.

Table 6: Magnitude of Opportunity Areas, linked to GPRA Indicators, that will be addressed by NHAP	
Result	Indicators
1. Children enter kindergarten ready to learn.	1.1) In 2019, 38% of NHPZ students entering kindergarten did not have age appropriate language and literacy skills; 42% did not have age appropriate math skills, and 47% did not have age appropriate social/emotional skills.
Pipeline Solutions: a) Universal developmental promotion, early detection, identification of needs, referral, and linkage to indicated services; b) parents engage in pre-and post-natal services; c) parents leverage responsive parenting skills; d) families engage in early literacy initiatives; e) affordable, quality, and inclusive early care and learning opportunities are universally accessible; f) health and basic needs are met; and g) coordinated identification, referral, and linkage to pipeline services.	
2. Students are proficient in core academic subjects.	2.1) 88% of 3-8 grade students attending NHPZ schools did not meet standards in English Language Arts. 2.2) 95% did not meet standards in Math.
Pipeline Solutions: a) Students receive in- and out-of-school academic supports; b) early warning indicators of low academic achievement and attainment are identified and addressed; c) students engage in multi-tiered systems of support and success plans; d) parents are engaged; e) community school model is universally accessible; f) whole student framework is used to identify and respond to academic, health, social, mental health, nutrition, and other needs.	

3. Students successfully transition from middle school grades to high school.	3.1) Not available. Chronic absenteeism rate was 19.5% pre-pandemic, 60% in January 2020; expulsion and suspension rate was 19.5%.
a) Early warning indicators of poor academic achievement and attainment are identified and addressed; b) students engage in multi-tiered systems of support and success plans; c) whole student framework is used to identify and respond to academic, health, social, mental health, nutrition, and other needs; d) parents are engaged; and e) students receive in- and out-of-school academic supports	
4. Youth graduate high school.	4.1) 4-year cohort graduation rate of 71%, lower among Latinos (60.6%) and other needs-based groups. Related indicators: 59% of 11th and 67% of 12th graders enrolled in college and career readiness courses; 17% of 11th and 12th graders meeting benchmark on at least one college readiness exam.
Pipeline Solutions: a) Work-based learning opportunities are accessible; b) classroom learning is connected to career pathways; c) parents are engaged; d) students receive in- and out- of school academic supports; e) students are linked to higher education and vocational training opportunities; and f) academic, social, health, mental health, nutrition, and other needs are identified and addressed.	

5. High school graduates obtain a post-secondary degree, certificate or credential.	5.1) 60.5% post-secondary entrance rate (class of 2018) with lower rate for Latinos (49.9%). 5.2) 80% persistence rate (class of 2017) with lower rates for Blacks (77.6%).
Pipeline Solutions: a) Work-based learning opportunities are accessible; b) parents are engaged; c) financial resources to support continued learning are accessible; d) students engage in transition assistance services; e) students are linked to higher education and vocational training opportunities; f) academic, social, health, mental health, nutrition, and other needs are identified and addressed.	
6. Students are healthy.	6.1) Data for this indicator are not available – plan to capture data in development. Related indicators: % of NHPN students reaching health standard on all physical fitness tests was 35% of 6th grade students, 61% of 8th graders and 35% of high school students.
Pipeline Solutions: a) Students with asthma receive school-based asthma support; b) healthy foods are accessible; c) students live in homes free from environmental hazards; d) systems of care are trauma-informed; and e) physical and behavioral health supports are accessible.	
7. Students feel safe at school and in their community.	7.1) In school climate survey, 73% of students at 4 NHPN elementary and middle schools said they felt safe at school, and 7.2) 77% said they felt safe going to and from school. Scores on school

	safety ranged from 69-84 and to and from school scores ranged from 75 to 89, dependent on school.
Pipeline Solutions: a) Families benefit from increased social cohesion and connectedness; b) individual and community safety needs are identified and addressed; c) systems of care are trauma-informed; d) families' protective factors are strengthened; and e) identification, referral, and linkage to programs, services, and resources is integrated and coordinated across sectors.	
8. Students live in stable communities.	8.1) Average mobility rate (2019-20) at NPNH schools is 28.2% vs. 18.1% district-wide. Other measure: Community Wellbeing index[5] score is 393 out of 1,000, half of regional score.
Pipeline Solutions: a) Social, health, mental health, nutrition, safety, academic, and other needs are identified and addressed; b) students are engaged in multi-tiered levels of support and success plans; d) parents are engaged; e) families' protective factors are strengthened; f) systems of care are trauma-informed; g) families benefit from social connectedness and cohesion; and h) identification, referral, and linkage to programs, services, and resources is integrated and coordinated across sectors.	
9. Families and community members support learning in Promise Neighborhood Schools.	Data for indicators 9.1 and 9.2 are not available – plan to capture data in development. Related Measures: 98% of parents said they talk to their child about their homework assignments; 96% of parents said they do their best to attend school events; 53% of teachers say parents often attend school events.

Pipeline Solutions: a) Universal developmental promotion, early detection, identification of needs, referral, and linkage to needed services; b) families engage in early literacy initiatives; c) affordable, quality, and inclusive early care and learning opportunities are universally accessible; d) parents are engaged; and e) identification, referral, and linkage to programs, services, and resources are integrated and coordinated across sectors.	
10. Students have access to 21st century learning tools.	10.1) 95% of students have access to a device and broadband internet at home, as a result of the COVID-19 pandemic
Pipeline Solutions: a) Universal access to 21st century learning tools, including devices and broadband internet at home	

B. Quality of Project Services

B.1 Equal Access and Treatment

Equity is the driving force for the North Hartford Ascend Pipeline (NHAP) due to differences in outcomes based on race, ethnicity, disability, and other factors. The project seeks to address academic, social, economic and health inequities that were compounded by the COVID-19 pandemic. NHAP will deploy strategies essential to facilitating the systemic change required for community transformation and improved academic outcomes.

1) Deploy a comprehensive pipeline of evidence-based services so that an integrated and coordinated prenatal through career system of care is universally accessible. Understanding of the short-, moderate-, and long-term biological implications of adversities, such as toxic stress, adverse childhood experiences, and social determinants of health outcomes, has transformed approaches to childhood comprehensive system building. While original efforts focused on the content of child health services and, subsequently, the integration of child health services, early care and education, and family support services, understanding the biology of adversity created the need for a more comprehensive and integrated approach. The Office for Community Child Health (OCCH) and Help Me Grow National Center (HMG) designed and implemented a methodology to engage all relevant sectors (see Figure 1) and support the equitable distribution of outcomes among children.[24] Components of HMG, depicted in Figure 2, include 1) a centralized access point that assists families and professionals in connecting to resources that help children thrive; 2) family and community outreach to enhance parent and provider understanding of healthy child

Figure 1: OCCH Flower Design

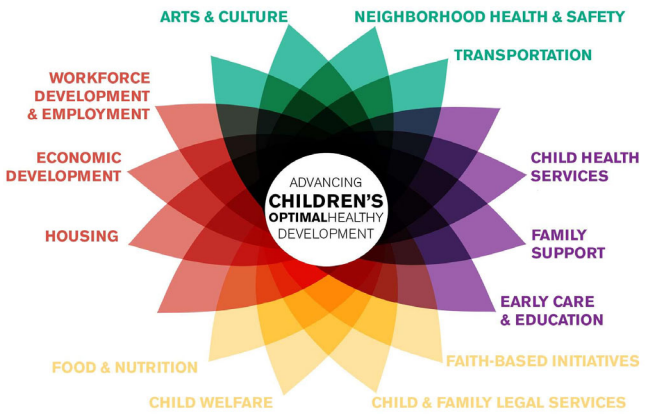
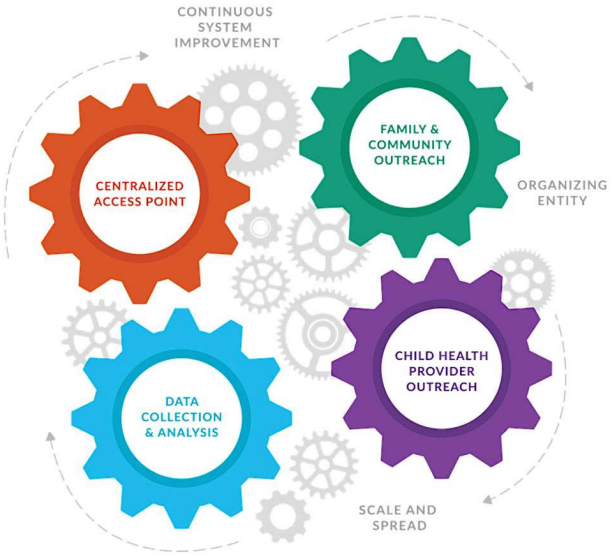


Figure 2: HMG Model



development, the supportive services available to families and how both are important to improving children's outcomes; 3) child health services outreach to support early detection and intervention efforts and enable health providers to connect families to the grid of community resources; and 4) data collection and analysis to support evaluation, identify system gaps, bolster advocacy efforts, and guide quality improvement. Connecticut Children's Center for Care Coordination (CCC) supports screening for social determinants of health while ensuring that referrals are driven by families' priorities and needs. CCC developed the Care Coordination Collaborative Model (CCCM) as a vehicle to improve communication among a networked cohort of programs in diverse sectors to increase the efficiency and effectiveness of care coordination within a comprehensive system and serve as a resource for medical homes seeking community-based services for families. The model has since been replicated throughout the state of Connecticut and nationally.

Under the leadership of OCCH and its programs, NHAP will leverage the core components of HMG and the capacity of the CCC and its CCCM to deploy a comprehensive pipeline of prenatal through career services. HMG will bring to bear best practices and lessons learned regarding place-based comprehensive system building from its national affiliate network. Year one will focus on designing the integration of existing services within a comprehensive, integrated pipeline; assessing organizational readiness of partners to engage in a comprehensive pipeline (including identifying organizational assets and opportunity areas); and identifying needed training, capacity building, and quality improvement activities that will enhance organizational readiness to engage in developmental promotion, early detection, and referral and linkage of children, students, and families to desired services. OCCH will also begin integrating services and implementing capacity

building activities while supporting organizations as they transition from operating in silos to operating in the context of an integrated continuum. Years two through five will focus on ensuring access of families to the NHAP and continuing to offer capacity building and quality improvement opportunities to improve organization- and system-level effectiveness and quality to support long-term sustainability.

2) Leverage a parent- and family-led agenda and community-driven engagement strategies so that parent and community priorities drive NHAP. Parent priorities are often an afterthought in the design, provision, and evaluation of services. A parent- and family-led agenda remedies this problem by soliciting and prioritizing parents' observations, questions, and needs, as well as familial strengths – acknowledging the parent as the expert on and key promoter of their child's development and, in turn, redistributing power from providers to parents during service interactions. Research demonstrates the benefits of this approach in child health services during such activities as developmentally-oriented anticipatory guidance and screening for developmental, behavioral, and social concerns.[25] OCCH and the Lab will work with direct service providers through the evidence-based academic detailing model of the Educating Practices program to modify their approach from a provider-driven agenda to a parent-led agenda.[26]

During the year one organizational readiness assessment, OCCH and the Lab will assess the extent to which parent priorities are solicited and incorporated into the service interaction. During year two, OCCH and partners will design and implement capacity building activities and tools to elevate emerging and best practices to prioritize parent voice. A select example is using screening for such factors as social determinants of health as a starting point for discussions with families regarding their needs, as opposed to viewing screening scores as an indication for referral

without due consideration of families' priorities.[27] A second example is ensuring that early detection of children's developmental and behavioral needs includes soliciting and attending to parents' opinions and concerns.[28] We will monitor implementation, quality, and impact of these strategies in years three through five and beyond.

NHAP will also work with service providers to identify and elevate community voice. North Hartford Triple Aim Collaborative (NHTAC) will facilitate resident and community engagement in the NHAP. NHTAC is a workgroup that convenes residents, community-based organizations, and anchor institutions to advance health and well-being and serves as a convener of community-centric models of change that encourage multi-sector partnerships. Many partners of the NHAP are members of the NHTAC, who will lead implementation of four key activities.

First, NHTAC will partner with community-based organizations (CBOs) viewed as trusted messengers to facilitate resident participation in the NHAP by conducting community engagement and building activities, such as design sessions, surveys, and advocacy sessions. Second, NHTAC will engage CBOs in capacity building activities to improve organizational effectiveness and expand content area expertise on topics such as protective factors, trauma, social-emotional learning, and diversity, equity, and inclusion. Third, NHTAC will leverage an independent communications firm to conduct focus groups to understand resident marketing and communication preferences and then develop a multi-platform, community-centric communications and marketing strategy. Fourth, NHTAC will incentivize resident participation in the NHAP activities as paid consultants. Residents will receive stipends for participating in activities such as focus groups, planning sessions, and committees.

Combined, these strategies are intended to enhance CBO capacity, increase resident leadership and capacity, enhance residents' capacity to meaningfully and authentically lead the NHAP, and create sustainable career opportunities for those from the community with lived experiences. The first half of year one will focus on planning and designing each of these activities, while the remainder of the project period will focus on implementation and quality improvement.

3**) Targeted universalism to achieve equity**. NHAP will provide equitable access to pipeline services to residents and those working in the neighborhood, regardless of age, race, sex, religion, national origin, disability, economic background, or sexual orientation. Targeted universalism is a strategy in which universal goals are pursued by targeted processes to achieve those goals for those that are most vulnerable, based on how different groups are situated within structures, cultures, and across geographies while prioritizing network/systems promotion and prevention efforts at scale.[29] OCCH and its programs have extensive experience levering this approach to support equitable access to services, particularly HMG, which diffuses and disseminates best practices identified by the national affiliate network. HMG views targeted universalism as a strategy to advance racial equity and ensure services are equitable. This approach also highlights the importance of designing services responsive to community strengths and needs, and the importance of having staff reflective of the community's ethnic, cultural, and linguistic diversity. The previously described organizational readiness assessment will be used to assess the extent to which service providers understand and leverage a targeted universalism approach, identify opportunities to strengthen deployment of this approach, and identify local best practices. This information will be used to design capacity building activities, such as communities of practice, to support adoption of this approach during remaining years of the grant.

4) Strengthen families' protective factors. The Center for the Study of Social Policy developed the Strengthening Families Protective Factors Framework (SFPFF), recognizing families are more likely to thrive when they have the support they need. SFPFF is a research-informed approach that increases family strengths and enhances child development when integrated into existing services and child- and family-serving systems. Protective factors include: parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and social and emotional competence of children.[30]

OCCH and its programs have extensive experience leveraging this framework to both support children's optimal healthy development and measure their program impact. HMG designed an evaluation methodology which examines the impact of the HMG in strengthening protective factors and demonstrated the utility of such factors as proximate measures to capture the impact of developmental interventions. The positive impact of HMG engagement on families' protective factors confirms the efficacy of the model in promoting children's healthy development.[31]

CCC provides training to child and family serving sectors on the SFPFF across Connecticut. Under the leadership of CCC, OCCH will use the previously-described organizational readiness assessment to assess the extent to which service providers leverage the framework and implement activities that strengthen familial protective factors. Using that information, CCC and the Lab will design and engage service providers in capacity building and quality improvement activities to enhance their capacity to strengthen family protective factors.[32]

5) Early identification, referral, and linkage to services. Dr. Paul Dworkin's early research interests focused on the early detection of children with developmental delays, disorders,

and concerns, and examined the utility of developmental screening as a process and the efficacy of developmental screening tools (DSTs). Dr. Dworkin's analysis documented the inherent limitations of DSTs, the importance of interpreting the results of DSTs in the context of all that is known about the child's and family's circumstances, and the importance of eliciting parents' opinions and concerns as valid indicators of their child's developmental status. Dr. Dworkin advocated for surveillance and screening in place of isolated screening activities. In 2006, the American Academy of Pediatrics formally endorsed surveillance and screening as the optimal approach to developmental monitoring[33]. It continues to be endorsed as best practice today.[34]

OCCH and the Lab will work with NHAP providers to enhance their capacity to perform effective developmental surveillance and screening to support their participation in developmental promotion, early detection, referral, and linkage to pipeline services through the HMG model. The previously described organizational assessment will be used to understand the extent to which organizations are deploying developmental promotion, surveillance, and screening, and identify capacity building opportunities to strengthen these efforts. The Lab will partner with Help Me Grow Connecticut through its central access point, Child Development Infoline, to increase developmental screening, support the identification of children with developmental concerns, support the development and implementation of processes and protocols to support developmental screening and surveillance among partners, and maintain an accurate and up-to-date resource directory that includes community-based services and resources.

B.2 <u>Likelihood of Improved Academic Achievement</u>

Hartford Public Schools (HPS) is in the final stages of an **equity-driven school redesign.**[35] This plan supports the equitable distribution of financial resources and will lead to significant

improvements in student achievement and academic performance. The equity-driven redesign impacts every community school in North Hartford Promise Zone (NHPZ). HPS is also in the midst of executing its most recent strategic plan and is a key stakeholder that supported the design of NHAP. District priorities include: teaching and learning; family and community partnerships; operational effectiveness; and school culture and climate. A detailed overview of each of these priorities are available in Attachment C: Hartford Public Schools Strategic Plan. Table 7 highlights the overlap between goals outlined in the strategic plan and Department of Education Promise Neighborhood (DOEPN) Performance Indicators.

Notable strategic plan actions include: ensure all students with disabilities have access to the core curriculum with appropriate supports and accommodations within a continuum of services; ensure all English language learners have access to the core curriculum with appropriate services; require all schools to implement evidence-based strategies; build the capacity of staff, families, and community members to form effective partnerships to support students' success; develop processes for providing timely and accurate information to schools; develop a district-wide approach to implementing data teams in all schools; analyze district and school-level culture and climate data to identify and address the root causes of issues related to students and staff feeling safe, valued, and respected; and evaluate the equity and cultural proficiency of HPS policies and procedures, instructional practices, and communication strategies and make necessary adjustments.

Within NHAP schools, HPS will deploy an early warning indicator system; a multi-tiered system of support; a student success center; and English Language Arts and math resource teachers. Most significantly, HPS will continue the deployment of a tiered community school

model. All five schools located within NHPZ have been designated by HPS as Tier 4 schools, indicative of the highest level of need. Activities in tier four schools include: assets and needs assessment; collaborative leadership practices; attendance strategies; higher education partnerships; family and community engagement; expanded learning opportunities; integrated student supports; and physical and mental health wellness clinics. Community school will serve as an entry point to NHAP services for all children, students, and families who live in the NHPZ.

Table 7: Overlap between HPS Strategic Plan Goals and DOEPN Performance Indicators

HPS Goals	Promise Neighborhood Performance Indicators
Increase English Language Arts proficiency in grade 3 at or above grade level 22% by 2022.	# or % of students at or above grade level according to state English Language Arts Assessments in at least the grades required by ESEA.
Increase graduation rate 9% by 2022.	Four-year adjusted cohort graduation rate.
Decrease chronic absenteeism by 7% by 2022.	Chronic absenteeism rate of students in 6th-9th grades.
Increase student perceptions of feeling safe and valued at school by 2022.	# and % of students of children who feel safe at school and traveling to and from school as measured by a school climate survey.

COVID-19 interrupted implementation of the strategic plan and pursuit of aligned goals, however HPS was awarded $127M in aid from the American Rescue Plan Act to develop a comprehensive plan to re-engage students and families. While the plan is still being finalized, key priorities include: developing strategies to address learning loss, meeting the social and emotional

needs of students and families, helping families deal with food and housing insecurity, and expanding summer school access to all students.

C. Quality of Project Design

C.1 Pipeline of Services

The development of a pipeline of services is underway within the North Hartford Promise Zone (NHPZ). Organizations offer a range of evidence-based services and have started to cultivate cross-sector partnerships. However, a fragmented service delivery system; focus on provider priorities; ineffective use of trusted messengers; leveraging deficit-based engagement strategies; and uncoordinated developmental promotion, early detection, referral, and linkage strategies have resulted in negligible changes in academic outcomes, despite notable investments in the community, described in Section E.3 Neighborhood Assets and Programs.

The DOEPN creates the opportunity to deepen the quality of services available, expand the most needed and impactful services, and, leveraging the needs and segmentation analysis, deploy a theory of change with the six core components: 1) a comprehensive, integrated pipeline of evidence-based services; 2) a parent- and family-led agenda and community-driven engagement, marketing, and communication strategies; 3) targeted universalism to achieve equity; 4) strengthening families' protective factors; 5) early identification, referral, and linkage to services and 6) data collection and analysis. This model will significantly improve academic and developmental outcomes and the long-term well-being and quality of life of children, students, and families living in the NHPZ, as will be demonstrated by significant changes in the Promise Neighborhood Program Results and Performance Indicators.

The North Hartford Ascend Pipeline (NHAP) model is a multi-level change strategy supporting measurable transformation at the individual-, community-, and system-level. NHAP is a **comprehensive, integrated, and coordinated cross-sector, prenatal through career pipeline** that engages families in **evidence-based services** without disruption over the life course. NHAP consists of five domains: 1) early care, education, and learning; 2) primary and secondary education; 3) post-secondary education, training, and career development; 4) health, safety, and well-being; and 5) resident and community leadership and system building. While domains 1-3 are defined by stages of the life course, domains 4 and 5 cut across all stages of the life course. Domains 1-4 seek to strengthen individual- and community-level outcomes; domain 5 seeks to strengthen system-level outcomes (See Attachment D: North Hartford Ascend Pipeline Theory of Change and Logic Model.). Each pipeline domain has an aligned set of opportunity areas, solutions, and pipeline services. While some pipeline services are universally accessible to everyone in the NHPZ, others are targeted based on individual and familial strengths, risks, needs, and preferences. Each domain consists of pipeline services we seek to bring to scale and impact in NHPZ leveraging resources from DOEPN; services that are being offered as in-kind contribution to DOEPN; and existing resources within the community. Attachment E: North Hartford Ascend Pipeline Solutions and Services includes a comprehensive list of pipeline services.

Early Care, Education, and Learning pipeline services help children enter kindergarten ready to succeed in school by: deploying universal developmental promotion, early detection, referral, and linkage to services; engaging parents in pre- and post-natal services; teaching parents to employ responsive parenting skills; engaging families in early literacy initiatives; and ensuring affordable, quality, and inclusive early care and learning programs are accessible to families. Table

8 outlines early care, education, and learning pipeline services and is followed by a brief description of each pipeline service.

Table 8: Early Care, Education, and Learning Pipeline Services	
Pipeline Service	Provider
Child Development Infoline	United Way of Connecticut
Hartford School Readiness Preschool Program	City of Hartford
Hartford Family Child Care Network	
Hartford Talks	
Dolly Parton Imagination Library	United Way of Central and Northeastern Connecticut (UWCNC)
Stronger Families, Stronger Families (SF^2): Parents as Teachers, Child First, Early Head Start	The Village for Children and Families
Words Count, SF^2	
Early Childhood Partnership Consultation	
Mid-Level Developmental Assessment	
CREC Head Start	Capital Region Education Council
Parenting Education: Common Sense Parenting, Circle of Security, Crianza con Cariño and 24/7 Dads	Family Resource Centers
Child Development Center	Women's League
Reach Out and Read	Community Health Services

- *Child Development Infoline (CDI)* provides free developmental screenings, referral, and linkage to services; supports developmental promotion by sharing simple and fun activities parents can implement to support developmental promotion and address developmental needs; and serves as an access point to the Connecticut Birth to Three System for children with significant developmental disabilities or delays.
- *Hartford School Readiness Preschool Program (HSRPP)* provides affordable, high-quality early care and education services at three community-based learning programs and one school-district program in NHPZ. All of the early learning centers are accredited by the National Association for the Education of Young Children (NAEYC). HSRPP uses Connecticut's Documentation & Observation for Teaching System[36] to monitor children's progress against Connecticut Early Learning and Development Standards.[37]
- *Hartford Family Childcare Network* strengthens family child care providers by enhancing their knowledge and practices in early care and education and business operations. Benefits of participation include professional development services, coaching, wrap-around services, and a family resource directory.
- *Hartford Talks* is a language development program that leverages a "talk pedometer," an innovative technology developed by LENA Research Foundation, to measure talk with children birth through age four.
- *Dolly Parton Imagination Library* is a book subscription program for children birth through age five. Families receive a free, age-appropriate book by mail every month, creating a home library of sixty books by the time children enter kindergarten.

- *Stronger Families, Stronger Futures* is a coordinated system of home-based supports for children prenatal through five that promote healthy births, enhance child development, support positive parenting practices, and prevent child maltreatment through the use of three evidence-based models: Parents as Teachers, Child First, and Early Head Start (home-based).
- *Words Count* is a parent-directed, play-based program that provides support to increase a child's vocabulary and conversational abilities using the Language Environment Analysis System (LENA).
- *Early Childhood Partnership Consultation* provides relationship-based consultation services to help parents/families manage their child's behavior and improve success at school. Services include in-daycare/school services, six weeks of consultation with the child's teachers, action plans to support skills to cope with day-to-day challenges, referrals to other resources, and support visits to implement an action plan at home and in the classroom.
- *Mid-Level Developmental Assessment* is a comprehensive clinical assessment of communication, cognitive, physical, adaptive, and social/emotional development as well as parenting. Services include developmental testing, a feedback session, and an integrated family services plan.
- *CREC Head Start* engages families in early learning to support social skills, emotional well-being, language, literacy, and concept development; physical, oral, and behavioral health services; and programs to support and strengthen the parent-child relationship while engaging families in supporting a child's learning and development.

- *Parenting Education: Common Sense Parenting, Circle of Security, Crianza con Cariño, and 24/7 Dads* are offered by three Family Resource Centers within NHPZ. These evidence-based parenting education programs enhance positive and responsive parenting skills of participants.
- *Women's League Child Development Center (CDC)* fosters the cognitive, physical, emotional, and social development of young children through a creative, healthy, appropriate learning environment that is responsive to the needs of the community. Programs stimulate intellectual development, promote social adjustment, and sound physical growth while building a child's positive self-image. CDC was the first inner-city early childhood education program to be accredited by NAEYC[38].
- *Reach Out and Read* is an evidence-based model that helps children enter kindergarten ready to learn by having trained doctors and nurses speak with parents about the importance of reading aloud and providing families with children between 6 months and 5 years a new book at every regular check-up.

Primary and Secondary Education pipeline services support student proficiency in core academic subjects; transitions from middle school grades to high school; high school graduation; and access to 21st century learning tools. Measurable change on these indicators will be achieved by ensuring the community school model is universally accessible; providing in- and out-of-school time academic supports; identifying and responding to early warning indicators of poor academic achievement and attainment; engaging students in multi-tiered levels of support; engaging students in student success plans; leveraging the whole student framework to respond to academic, social, health, mental, health, nutrition, and other needs; and engaging parents in their child(ren)'s

learning. Table 9 outlines all primary and secondary education pipeline services and the provider. The table is followed by a brief description of each pipeline service.

Table 9: Primary and Secondary Education Pipeline Services	
Pipeline Service	Provider
Resource Teachers (Math & English Language Arts)	Hartford Public Schools
Early Warning Indicator System	
Multi-Tiered System of Support	
Student Success Plans	
English Language Learner Services	
Student Disability Services	
Student Success Center – Weaver High School	
Reading and Math Tutors	United Way of Central and Northeastern Connecticut (UWCNC)
Hartford Youth Service Bureau Truancy and Family with Services Needs Court Diversion Program	City of Hartford
Families Learn Together	Children's Museum

- *Resource Teachers* (English Language Arts and math) are specialized educators that help students with learning challenges and difficulties and improve academic outcomes through small group instruction. Resource teachers will administer assessments, collaborate with classroom teachers to create plans for students, and periodically review data to analyze student

progress. Resource teachers will be deployed at the two elementary schools (SAND and Wish) and the high school (Weaver).

- *Early Warning Indicator System (EWIS)* will identify and address risk factors associated with low academic achievement and attainment, including attendance, behavior, core course failure, and standardized test failure. Three coordinators will support the five schools in the NHPZ: one will support Sand and Wish, one will support MLK and Milner, and one will support Weaver.
- *Multi-Tiered System of Support* is a framework to address the needs of the whole child/student, including academic, social, emotional, behavioral, health, and college and career readiness.
- *Student Success Plans* are developed for students in grades six through twelve to document goals and progress towards social, emotional, physical, and academic growth, support academic achievement and attainment, and support post-secondary education and career interests.
- *English Language Learner Services* engages English Language learners in the core curriculum by providing them with appropriate supports, services, and accommodations based on their individual needs and requiring schools to implement evidence-based instructional strategies, as demonstrated by the number of schools effectively implementing standardized Tier 2 and 3 academic intervention strategies.
- *Student Disability Services* engages students with disabilities in the core curriculum by providing them with supports, services, and accommodations based on their individual needs and requiring schools to implement evidence-based instructional strategies, as demonstrated

by the number of schools effectively implementing standardized Tier 2 and 3 academic intervention strategies.

- The *Student Success Center* aims to increase graduation rates and decrease chronic absenteeism by providing wrap-around services to address social, environmental, and behavioral factors limiting school attendance and academic success.
- *Reading and Math Tutors* will leverage volunteer readers to work individually with children to enhance their literacy and numeracy skills in weekly thirty-minute sessions.
- *Hartford Youth Service Bureau Truancy Court Diversion Program and Families with Service Needs* is a formalized referral process that addresses truancy concerns and services needs by connecting students with community partners to address barriers and engaging children and families in individualized support.
- *Families Learn Together (FLT)* is a collaborative project that brings The Children's Museum to communities in partnership with community-based organizations. FLT gets youth and families excited about, comfortable with, and engaged in STEM and STEAM activities over a sustained period of time and, in turn, supports their cognitive and social development. The FLT curriculum aligns with Next Generation Science Standards.[39]

Post-Secondary Education, Training, and Career Development pipeline services support high school graduation; successful completion of a post-secondary degree, certification, or credential; and access to 21st century learning tools. Table 10 outlines all post-secondary education, training, and career development pipeline services and the provider and is followed by a brief description of each pipeline service.

Table 10: Post-Secondary Education, Training, and Career Development Services	
Pipeline Service	Provider
Reach Back, Reach Forward	Hartford Promise
Degree4Me College Enrollment Program	City of Hartford
High School Internship Program	City of Hartford and Capital Workforce Partners (CWP)
Summer Youth Employment and Learning Program	City of Hartford and CWP
Hartford Youth Service Corps	City of Hartford and Our Piece of the Pie
Hartford Opportunity Youth Collaborative	CWP
Young Legends	United Way of Central and Northeastern Connecticut (UWCNC)
Hartford Working Cities	
ALICE Saves	
Career Navigation for Latino Residents	San Juan Center

- *Reach Back, Reach Forward* engages students in higher education planning (i.e., financial aid applications, college exploration, and connection to community mentors), provides scholarship funds to eligible students, and supports post-secondary success by connecting students to services, such as First Year Experience Programs.
- *Degree4Me College Enrollment Program* provides structured support and post-secondary career pathways to high school students who may not have awareness of or access to college preparation programs and services.

- *High School Internship Program* advances local youth workforce development among youth disconnected from school by engaging them in meaningful work experiences aligned with individual interests.
- *Summer Youth Employment and Learning Program* provides young people the opportunity to earn a paycheck while building the experience and the skills necessary for success in college and careers. Participants are connected with organizations and businesses that match their interests and linked services and resources based on their individual strengths and needs.
- *Hartford Youth Service Corps* is an innovative public-private partnership that engages Hartford youth in part-time, yearlong employment with flexible scheduling. Participants work with Youth Development Specialists on their personal and professional goals and engage in based service projects that benefit Hartford neighborhoods, such as lawn care services for seniors.
- *Hartford Opportunity Youth Collaborative* is a cross-sector collaborative effort comprised of leaders in education, youth development, and workforce development charged with addressing the needs of opportunity youth (young people between ages 18-24 who did not finish high school and are unemployed). The collective impact effort helps opportunity youth obtain their high school diploma, continue their education, and find employment.
- *Young Legends* provides leadership development training to help young people develop skills such as community advocacy, marketing, and financial literacy and, in turn, strengthen and empower young adults. Young Legends recommends programs, services, and policies to address young adult needs and connects young adults to services and programs.

- *Hartford Working Cities* improves employment outcomes for young adults by aligning, coordinating, and scaling sector-based education and training services informed by Positive Youth Development practices.
- *ALICE Saves* is a virtual financial coaching and savings program for young adults. Participants receive a $25 sign-up bonus, a $20 quarterly match when a participant saves $60, and quarterly prize drawings for participants who save $200 in any quarter.
- San Juan Center partners with Hartford HIV Youth Identification and Linkage Consortium (described in the next section) to engage young people in career navigation services, as well as link them to other essential public services based on identified needs, strengths, and preferences.

Healthy, Safety, and Well-Being pipeline services support student health and student sense of safety at school and in the community, enhance family and community support of learning, and enable access to 21st century learning tools. Table 11 outlines all health, safety, and well-being pipeline services and the provider.

Table 11: Health, Safety, and Well-Being Pipeline Services	
Pipeline Service	Provider
Starting Childhood Off Right	Connecticut Children's Office for Community Child Health (OCCH)
Healthy Homes	
Easy Breathing for Schools	
Center for Care Coordination	
Injury Free Hartford Initiative	
Hartford Youth HIV Identification and Linkage	OCCH and University of Connecticut Health Center
Pediatric and Family Health and Behavioral Health Services	Wheeler Clinic
	InterCommunity Health Care
	Community Health Services
Parents Recovering from Opioid Use Disorders (PROUD)	InterCommunity
Infant and Early Childhood Mental Health Program	Wheeler Clinic
Healthy Start	Community Health Services
Hartford Healthy Family Initiative Nutrition Program	City of Hartford
North Hartford Safe Routes to School Program	City of Hartford
North Hartford Community Health and Wellness Fair	City of Hartford
Hartford Reentry Welcome Center	Community Partners in Action

- *Starting Childhood Off Right (SCOR)* prevents childhood obesity by engaging families, community-based partners, and pediatric and family health services in wellness activities, education, and linkage to nutrition services via a food prescription program (in development).
- *Healthy Homes* enhances the quality, stability, and affordability of housing by providing education to parents and property owners and interventions to address and remove environmental hazards in the home.
- *Easy Breathing for Schools (EBfS)* is a school-nurse led asthma management program that reduces chronic absenteeism by improving asthma control among students at high risk of asthma exacerbation.
- The *Center for Care Coordination (CCC)* empowers families to advocate for their children and connects families to needed medical, behavioral, educational, legal, and social services. CCC will leverage a parent- and family-led agenda and strengths-based approach to understand and identify individual and familial risks and needs and support families in accessing needed services and resources.
- *Injury Free Hartford (IFH)* decreases childhood injury by altering the way in which neighborhoods think about and approach child safety and violence prevention. IFH provide safety and injury prevention information and activities focused on pedestrian safety, bike helmet use, booster and car seats, home safety, fall prevention, and healthy relationships.
- *Hartford HIV Youth Identification and Linkage Consortium (HYHIL)* is a network of medical, community-based organizations, local and state health departments, and youth representatives that prevent the spread of HIV/Hepatitis C, sexually transmitted diseases, teen pregnancy, and

opiate misuse while leveraging existing resources and community assets to improve health and social outcomes, such as career navigation services offered by the San Juan Center.

- *Pediatric and Family Health and Behavioral Health Services*
  - Wheeler Clinic provides a comprehensive continuum of integrated behavioral health and primary care, early childhood, special education, community justice, child welfare, prevention, and workforce development programs and services.
  - InterCommunity provides whole-person, integrated healthcare services, including comprehensive primary care, behavioral health, substance use recovery, and community supports. InterCommunity is a Certified Community Behavioral Health Clinic through the Substance Abuse and Mental Health Administration and as such, offers 24-hour crisis care, utilizes evidence-based practices, provides care coordination, and effectively integrates primary care, behavioral health, and substance use recovery services within a single system of care.
  - Community Health Services (CHS) provides care to children and families, starting in pregnancy through adulthood. CHS works hand-in-hand with families to help assure every child reaches their full potential and make Hartford's next generation the strongest and brightest ever by providing primary care chronic disease management and other services.
- *Parents Recovering from Opioid Use Disorders (PROUD) Program* offers family-centered treatment to pregnant and postpartum women in substance abuse recovery using a holistic model that includes clinical services, case management, and peer-based recovery coaches.

- *Wheeler Infant and Early Childhood Mental Health Program* serves families whose children (infants through age twelve) have experienced trauma or are at risk for, show early signs of, or have been diagnosed with mental illness or Neonatal Abstinence Syndrome. Activities include promotion and outreach, prevention/early intervention, intervention/specialized treatment, and workforce development.
- *Healthy Start* helps babies and mothers stay healthy and safe by engaging them in health care services, enabling services, and public health services. Participants are linked to community-based services and resources based on a comprehensive assessment that includes physical and behavioral health, employment, housing, domestic violence risks, and other factors.
- *Hartford Healthy Family Initiative Nutrition Program (HHFINP)* supports students and family health through local, culturally-appropriate programs to support health and well-being with an emphasis on nutrition and healthy eating among those that identify as Black, African-American, Hispanic, and Latino. Modeled after the Centers for Disease Control and Prevention Racial and Ethnic Approaches to Community Health Program, HHFINP removes barriers to health linked to race, ethnicity, education, income, location, and other social factors.
- *North Hartford Safe Routes to School Program* addresses issues related to neighborhood safety and roadways, so that students and families feel safe at their school and in their community.
- *North Hartford Community Health and Wellness Fair* is an annual event that offers health and well-being services such as flu vaccinations, health screenings, grocery gift cards, health education, and exercise classes to support student and family health and community stability.

- *Hartford Reentry Welcome Center* helps residents returning home from incarceration rebuild their lives and connect to basic needs and other supports to reduce recidivism and support community stability.

Resident and Community Leadership and System Building pipeline services seek to enhance the quality and sustain the impact of services deployed in the community to strengthen academic achievement and attainment and long-term well-being and quality of life. Table 12 outlines all resident and community leadership and system building pipeline services and the provider. The table is followed by a brief description of each pipeline service.

Table 12: Resident and Community Leadership and System Building Pipeline Services

Pipeline Service	Provider
Family Navigation System Building	OCCH
Family Navigation Services	The Village for Children and Families
Shared Data Infrastructure	Hartford Data Collaborative (HDC) and University of Hartford Center for Social Research (CSR)
Shared Outcomes Measures	HDC and CSR
Quality and Measurement Improvement	HDC and CSR
Care Coordination Collaborative Model	Center for Care Coordination
Capacity Building Activities	Childhood Prosperity Lab

Community-Centric Marketing and Communications	United Way of Central and Northeastern Connecticut (UWCNC)
Peer Outreach Initiative	
Community-Based Organization-Led Community Engagement Initiative	
Community-Based Organization Capacity Building	
Resident Leadership	
North Hartford Triple Aim Collaborative	
Community School and Whole Student Models	Hartford Public Schools
EnVision Center at Parker Memorial	City of Hartford
Hartford Opportunity Youth Collaborative	City of Hartford and CWP

- *Family Navigation System Building* focuses on integrating existing services engaging families in assessment, referral, and linkage to services and is described in section C.3 Family Navigation System.
- *Family Navigation Service Provision* will increase the accessibility and availability of assessment, referral, and linkage services in NHPZ, and is described in Section C.3 Family Navigation System.
- *Shared Outcome Measures* are based on the targeted universalism framework, described in section B.1 Equal Access and Treatment. Strategies to develop and achieve shared outcome measures are described in Section C.2 Collecting, Analyzing, and Using Data.

- *Data and Measurement Quality Improvement* focuses on strengthening NHAP service providers' capacity to collect and use meaningful data and is further described in Section C.2 Collecting, Analyzing, and Using Data.
- *Care Coordination Collaborative Model,* originally described in Section B.1 Equal Access and Treatment, will improve communication among diverse programs providing assessment, referral, and linkage services to children and families and increase the efficiency and effectiveness of these services within a comprehensive system.
- *Capacity Building Activities,* such as communities of practice and learning communities, will focus on disseminating promising and efficacious strategies that improve academic outcomes and long-term well-being and quality of life in collaboration with key NHAP partners and local, regional, and national changemakers strengthening child and family-serving systems. Topical focus areas are highlighted in Sections C.2 Collecting, Analyzing, and Using Data and C.3 Family Navigation System.
- *Community-Centric Marketing and Communications*, described in Section B.1 Equal Access and Treatment, will leverage an independent marketing and communications firm to understand resident and community marketing and communication preferences and then deploy a multi-platform approach to increase awareness, visibility, accessibility, and utilization of NHAP.
- *Peer Outreach Initiative* will leverage peer outreach specialists to engage residents and community members in NHAP activities and services by developing partnerships; providing guidance and support; advocating for community participation in decision making on policies, practices, and services; and support implementation of partners' community engagement plans.

- *Community-Based Organization-Led Community Engagement Initiative,* described in Section B.1 Equal Access and Treatment, will leverage organizations viewed as trusted messengers to facilitate resident and community participation in NHAP activities and services by facilitating design sessions, surveys, and advocacy sessions.
- *Community-Based Organization Capacity Building*, described in Section B.1 Equal Access and Treatment, will be offered to grassroots organizations offering services in the NHAP. Capacity building activities will focus on improving organizational effectiveness and expanding content area expertise on relevant topics.
- *Resident Leadership,* described in Section B.1 Equal Access and Treatment, will incentivize resident and community participation in the design, implementation, evaluation, and sustainability of the NHAP. Residents and community members will be compensated for their efforts and contributions as paid consultants.
- *North Hartford Triple Aim Collaborative,* described in Section B.1 Equal Access and Treatment, is a workgroup that convenes residents, community-based organizations, and anchor institutions to advance health and well-being and serves as a convener of community-centric models of change that encourage multi-sector partnership. Goals include improving the health and well-being of residents and community members residing in North Hartford and improving the value of investment in health and well-being services in the community.
- *Community School Model* is a place-based, school improvement model that creates a school partnership with a lead community agency responsible for providing integrated student support, expanded learning opportunities, community engagement, and shared leadership

practices. The *Whole Student Framework* moves the focus from narrowly defined academic achievement to one that promotes long-term development and success of all students.

- *EnVision Center at Parker Memorial* provides the community a centralized hub that supports economic empowerment, educational advancement, health and wellness, and character and leadership. The EnVision Center will serve as a key entry point to accessing NHAP services and resources.
- *Hartford Opportunity Youth Collaborative (HOYC)* is a cross-sector, collective impact collaborative formed with the explicit goal of engaging organizations and systems to address the needs of disconnected/opportunity youth. HOYC continues to build a collaborative table that is inclusive and representative with a shared vision that all Hartford youth are educated, employed, and self-sufficient. HYOC is working to implement actionable recommendations to further develop education-career pathways, improve data analytics and intelligence, and empower youth leaders.

C.2 Achieving Scale

North Hartford Ascend Pipeline (NHAP) services will be universally available to children and families through an integrated family navigation system (described next), expanding Hartford Public Schools' community school and whole student models, which serve around 2,000 students, to include more services and create an integrated pipeline. Through NHAP, children and families will engage in a customized set of pipeline services based on their unique strengths, needs, and preferences. A comprehensive, integrated, and coordinated pipeline of services is essential to optimally support families, improve academic outcomes, and support long-term well-being and quality of life, especially given the impact of the COVID-19 pandemic on families in the NHPZ,

as described in Section A.1 Magnitude and Severity of the Problems to be Addressed. While the full impact of the COVID-19 pandemic on individual-, community-, and system outcomes is not yet understood, the community has experienced notable increases in warning indicators, including chronic absenteeism and unemployment. As children transition back to school, parents find employment and transition back to work, and the NHPZ and greater Hartford community transition out of the pandemic, NHAP partners are prioritizing assessing and understanding the impact of the pandemic on key indicators and outcomes for children. NHAP will leverage the 2021-2022 school year to establish an updated baseline for academic achievement and attainment, child development, health, behavioral health, sense of safety and security, and other factors known to impact children and families. This information will be used to drive year one planning activities, project priorities, and quality improvement activities.

Based on the current warning indicators, we project children and families will have a greater level of need, require a comprehensive set of services, and benefit from a more intensive level of engagement. Recognizing optimal child development is the combination of and connection between educational, social, environmental, and behavioral influences, NHAP is leveraging a multi-generation approach to support children in the context of their surroundings by strengthening families. We anticipate incremental increases in the number of children, students, and families engaged in three or more pipeline services (year 1 – 50%; year 2 – 60%; year 3 – 65%; year 4 – 70%; and year 5 – 75%. During year 1, NHAP will engage a minimum of 75 families in moderate to intensive assessment, referral, and linkage services and project families will engage with services from at least three pipeline domains. During years 2-5, NHAP will engage a minimum of 125 families in moderate to intensive assessment, referral, and linkage services per year and project

families will engage with services from at least three pipeline domains. By the end of the project period, NHAP will have engaged 575 families in moderate to intensive assessment, referral, and linkage services and a minimum of 75% of families living in NHPZ will be engaged with services in at least three pipeline services.

C.3 Family Navigation System

A key component of the North Hartford Ascend Pipeline (NHAP) is a family navigation system (FNS) that will maximize utilization and impact of pipeline services on individuals, families, and the community. The FNS will include coordinators, navigators, peer educators and other professionals, herein and after referred to as family navigation professionals (FNP), who will strengthen family protective factors while addressing individual and familial risks and needs and elevating strengths. FNPs will teach, mentor, and collaborate with children, families, and community members, and engage them in assessment, referral, linkage, and follow-up to support successful connection to and utilization of services that best meet their needs.

While North Hartford Promise Zone (NHPZ) has a number of existing assets and resources, there has been minimal network development, limiting coordination and integration of services providers. While some collaborative efforts have successfully coordinated service providers at the municipal and regional levels, such as the North Central Care Coordination Collaborative developed by the Connecticut Children's Center for Care Coordination (CCC), and can serve as a model for place-based initiatives such as NHAP, they have not translated into measurable change at the neighborhood level. Through this initiative, Connecticut Children's Office for Community Child Health (OCCH) will collaborate with partners to integrate and enhance existing, currently disparate family navigation services into a unified FNS through system and capacity building

activities, quality monitoring and improvement, and process and outcome evaluation, while increasing the availability, accessibility, and utilization of assessment, referral, linkage, and follow-up services.

Family Navigation System Building. Leveraging the experience and expertise of initiatives such as the Help Me Grow National Center (HMG) and its Affiliate Network and CCC's experience facilitating the North Central Care Coordination Collaborative and disseminating the Care Coordination Collaborative Model (CCCM) across the state and nationally, OCCH will collaborate with partners to create a unified FNS leveraging the tenants of Collective Impact: common agenda, shared measurement systems, mutually reinforcing activities, and backbone support.[40] Goals of the unified system are to: enhance communication and information sharing among disparate providers; mitigate service duplication; reduce the likelihood that children and families fall through the cracks; increase efficiency and effectiveness at both the programmatic and system levels; institute shared practices; and monitor quality and impact.

Initial efforts will focus on developing a comprehensive inventory of organizations teaching, mentoring, and collaborating with children, parents, and community members and/or engaging children, parents, and community members in assessment, referral, linkage, and follow-up services. The inventory will include organizational tools and processes (i.e., case classification and threshold system; assessment tools; case management processes and protocols); inclusion and exclusion criteria, as well as minimum qualifications; data collection and management tools and processes, including feasibility and capacity for data integration; and a summary of partnership building efforts and experience participating in cross-sector collaborations.

This information will be used to support system building and the development of common practices across pipeline domains, including: creating minimum standard intake and assessment processes; developing tools and process to support information sharing and care coordination, such as a release of information and informed consent; identifying minimum standard data sharing and integration requirements; and designing family navigation conferences modeled after the CCCM. The organizational assessment will also be used to identify common practices that can be deployed within pipeline domains, for example developmental screening among early childhood providers. These tools and processes will be collaboratively developed with partners providing family navigation services.

The inventory will also be used to identify and prioritize capacity building activities (CBA). CBAs will be administered collaboratively through activities such as communities of practice and individually through one-on-one training and technical assistance. A key component of CBAs will be data tracking and submission to monitor the uptake of key strategies. CBAs will be facilitated by Childhood Prosperity Lab (the Lab), in collaboration with partners and content area experts. Initial CBAs will likely focus on Motivational Interviewing, facilitated in collaboration with The Village for Children and Families (The Village); adopting the Strengthening Families Protective Factors Framework, facilitated in collaboration with CCC; and data training workshops, facilitated in collaboration with Hartford Data Collaborative (HDC) and University of Hartford Center for Social Research (CSR).

Quality monitoring and improvement activities, such as plan-do-study-act cycles, and outcome evaluation efforts will be designed and facilitated by HDC and CSR. HDC will convene data sharing and integration processes enabling ethical and permissible use of data, streamline and

converge established data sharing processes to maximize resources, reduce burden on community providers, and create transparency and understanding in data sharing processes by empowering provider and community participation. CSR's evaluation efforts focus on human service programs that benefit historically-marginalized populations. CSR uses scientific-based theory to guide evaluation and has extensive experience conducting social research. Quality monitoring and outcome evaluation efforts are detailed in section D. 2 Collecting, Analyzing and Using Data.

Family Navigation Service Provisioning. OCCH and partners will increase the availability, accessibility, and utilization of FNS through targeted deployment of FNPs affiliated with key partners and expansion of FNS in collaboration with The Village. The Department of Education Promise Neighborhoods Program (DOEPNP) enables the targeted deployment of existing FNPs in the context of a place-based initiative, as outlined in Table 13. Each of these FNPs will serve as an entry point into the NHAP. The Village will deploy a team of Family Navigators (FN) who will serve as the central portal of entry for individuals and families lacking a connection to or relationship with existing FNPs and those that do not meet the minimum qualifications for existing FNS services.

All FNPs will: utilize minimum standard intake and assessment processes; tools and process to support information sharing and care coordination, such as a release of information and informed consent; abide by minimum standard data sharing and integration requirements; participate in CBAs; and participate in family navigation case conferences. FNPs will teach, mentor, and collaborate with families to: 1) strengthen resilience by enhancing problem-solving, coping, and other stress management skills; 2) strengthen social connections by building supportive, trusting relationships with families and connecting them to other networks of parents;

3) provide concrete support in times of need by identifying needs and linking them to aligned services; 4) increase knowledge of parenting and child development by connecting parents to relevant services; and 5) support the social and emotional competence of children through developmental promotion and surveillance activities and services.

Table 13: Targeted Deployment of FNPs Through NHAP

Organization	FNP Title
City of Hartford	Community Health Worker; Career Navigator
Child Development Infoline	Care Coordinator
Community Health Services	Care Coordinator
Connecticut Children's	Care Coordinator and Peer Educator
Hartford Promise	Reaching Back Coordinator and Reaching Forward Coordinator
Hartford Public Schools	Early Warning Indicator Coordinator; School Counselor; School Social Worker; Family and Community Support Service Provider; Graduation Specialist
InterCommunity	Care Coordinator
San Juan Center	Career Navigator
United Way of Central and Northeastern Connecticut	Peer Outreach Specialists
University of Connecticut Health Center	Community Health Specialist
Wheeler Clinic	Child Development Specialist and In-Home Clinician

The Village for Children and Families	Family Navigators; Parents as Teachers Visitor; Child First Clinician; Child First Family Support Specialist; Lead Family Resource Center Coordinator; Family Resource Center Parent Educators; Community School Director

D. Quality of Management Plan

D.1 Adequacy of Management Plan

Connecticut Children's Office for Community Child Health (OCCH) is the lead applicant and backbone agency for North Hartford Ascend Pipeline (NHAP). OCCH will deploy a collaborative leadership and governance structure while retaining accountability and ownership of the project timeline, goals, deliverables, and budget, similar to the process used to develop this proposal. OCCH identified and convened key stakeholders; leveraged existing assets to conduct a community needs and strengths analysis; collaborated with key stakeholders to identify existing community assets to integrate into the pipeline; and began designing new pipeline services to address identified gaps.

Governance Structure. Three governing bodies, composed of residents, community leaders, partner organizations, and other stakeholders working in the community will oversee NHAP (See Attachment E: North Hartford Ascend Pipeline Governance Structure.)

- The *Management Team* will facilitate implementation of the project and be responsible for administrative functions, such as contract, timeline, work plan (See Attachment G: North Hartford Ascend Pipeline Work Plan) and budget management. The Management Team will be chaired by

a to-be-hired NHAP Program Manager within OCCH. Additional members of the team include NHAP Project Director, Paul Dworkin, MD; Childhood Prosperity Lab Manager, Jacquelyn M. Rose, MPH; OCCH Executive Associate, Lauren Dominique; a to-be-hired NHAP Program Coordinator housed within OCCH; North Hartford Promise Zone (NHPZ) Administrator, Courtenay Jackson; and North Hartford Triple Aim Collaborative (NHTAC) Director, Gina Federico. A curriculum vitae or resume for members of the Management Team is included in Attachment K: Curriculum Vitae and Resumes. The Management Team will meet a minimum of once per month with more frequent touchpoints anticipated during program planning and launch and ongoing communication between meetings. The NHAP Director and Program Manager will meet a minimum of once per month, with more frequent touchpoints during program planning and launch and ongoing communication between meetings. The Childhood Prosperity Lab Manger will serve as the interim chair and NHAP Program Manager while Connecticut Children's recruits, hires, and on-boards someone to fill this role. Preference will be given to candidates with lived experience in the NHPZ for both the NHAP Program Manager and Coordinator positions.

- The *Leadership Team* will guide strategic planning, implementation, evaluation, and sustainability of NHAP; leverage political, financial, and social capital to advance NHAP goals; publicly champion NHAP with key external stakeholders; and serve as liaisons to Action Teams (described next). The Leadership Team will be composed of project partners (as outlined in Table 14: Leadership Team Members), residents, community leaders, and other stakeholders. A curriculum vitae or a resume for members of the Leadership Team is included in Attachment K: Curriculum Vitae and Resumes.

Table 14: Leadership Team Members	
Name	Title and Organization
Kim Oliver, MBA	Director, City of Hartford Department of Families, Children, Youth, & Recreation
Geethika Fernando, MsPH	Data Coordinator, Hartford Data Collaborative
Leslie Torres-Rodriguez, Ed.D	Superintendent, Hartford Public Schools
Nuchette Black-Burke, M. ED. In Educational Technology	Chief Engagement and Partnership Officer, Hartford Public Schools
Jennifer Gifford, MSW	Vice President of Community Resources, United Way of Central and Northeastern Connecticut
Tammy Freeberg, MSW	Vice President, Strategy and Planning, The Village for Children and Families
Toral Sanghavi, PhD	Associate Vice President of Management and Analytics, The Village for Children and Families
Marcia Hughes, PhD	Research Analyst, University of Hartford Center for Social Research

NHAP Project Director, Paul Dworkin, MD, will serve as one of two co-chairs for the Leadership Team. The second co-chair will be selected by the Leadership Team with a majority vote and serve one-year terms. The Leadership Team will meet a minimum of once per month with ongoing communication between meetings. The co-chairs and NHAP Program Manager will also meet a minimum of once per month with ongoing communication between meetings.

The Leadership Team will oversee three standing functional teams and ad hoc teams as needed. The three standing functional teams include: Data, which will focus on data collection and analysis, quality monitoring and improvement, and process and outcome evaluation; Family Navigation System, which will focus on improving communication, coordination, collaboration, and shared practices within and across pipeline domains; and Resident and Community Engagement, which will focus on elevating community voice in system and service design, implementation, evaluation, and ownership of the NHAP. Functional teams will be facilitated by chairs identified via a majority vote by the Leadership Team and supported by at least one representative from the Management Team.

- *Action Teams* consist of established collaborative bodies organized around pipeline domains. These teams will serve as content area experts and inform and support the development and execution of NHAP strategies and tactics. Examples of action teams include NHTAC, which serves as the health and well-being body for the NHPZ; the Mayor's Cabinet for Early Childhood, which supports early childhood success; and Hartford Opportunity Youth Collaborative, which seeks to improve quality of life outcomes of opportunity youth. Representatives from the Leadership Team will serve as liaisons to Action Teams for one year terms and will participate in regularly scheduled meetings, provide updates, and seek input on the NHAP.

Key Personnel from OCCH will provide content area expertise related to comprehensive childhood system building; targeted universalism; Strengthening Families Protective Factors Framework; leveraging a parent- and family-led agenda; universal developmental promotion, early detection, referral, and linkage to services; and different facets of child health, development, and well-being.

Paul Dworkin, MD, Executive Vice President for Community Child Health and Founding Director of the Help Me Grow National Center, has extensive experience strengthening service delivery to promote children's optimal healthy development; strengthening care coordination across sectors; diffusing innovations to achieve scale; and impact and has made significant scientific contributions. Prior to his current position, Dr. Dworkin served as physician-in-chief at Connecticut Children's Medical Center for 15 years. His vision led to the creation of Help Me Grow, which is currently being disseminated nationally.

Jacquelyn M. Rose, MPH, Childhood Prosperity Lab Manger, is well versed at facilitating place-based system building activities; cultivating and advancing social innovations that help all children reach their full potential; and facilitating the diffusion and dissemination of efficacious innovative strategies and best practices in the context of comprehensive system building.

Kevin Borrup, DrPH, JD, MPA, Executive Director of the Injury Prevention Center, has significant experience in injury prevention science; conducting research; designing, implementing, and evaluating community health programs; and advocating for policies that keep children safe and injury free.

Allison Matthews-Wilson, MSW, Director of Care Integration, oversees efforts to integrate clinical support teams (case management, care coordination, and social work) into a seamless system of care and support for patients and families and has significant experience in community-based program development, evaluation, and dissemination. Ms. Matthews-Wilson is a nationally certified trainer of the Protective Factors Framework.

Katherine Ramirez, MS, Center for Care Coordination Program Manager, oversees efforts to enhance care coordination services and provides support to a range of providers addressing social determinants of health. Ms. Ramirez has significant experience in program development and management, quality improvement, and care coordination; serves as the facilitator and technical advisor for the North Central Regional Care Coordination Collaborative; and is a nationally certified trainer of the Protective Factors Framework.

Jessica Hollenbach, PhD, Director of the Asthma Center and Easy Breathing for Schools, has significant experience conducting translational and health services research in collaboration with community-based partners, as well as program design, evaluation, and dissemination. Other team members from Connecticut Children's Medical Center who will provide peripheral consultation and support to NHAP are outlined in Table 15: Consultative and Ad Hoc Support for NHAP.

Table 15: Connecticut Children's Consultative and Ad Hoc Support for NHAP

Name and Title	Contribution
Jim Shmerling, DHA, FACHE President, Chief Executive Office; Member, Hartford Board of Education	Engage key public, private, and philanthropic stakeholders at the local, state, and national levels. Serve as a NHAP liaison to the Hartford Board of Education.
Aimee Monroy Smith, MPP Senior Vice President, Government Relations and External Affairs	Engage key elected leaders, as well as municipal and state government officials, and create and maintain project visibility across Hartford, region and the state.
Luis Rivera, MSW Community Relations Manager	Identify new project partners and create and maintain project visibility across Hartford and Greater Hartford.

Scott Orsey, MBA, MS; Associate Director, Operations, Business Strategy & Institutional Engagement	Access and leverage organizational assets within Connecticut Children's, such as information and technology, grants management, financial planning, and legal.
Kimberly Martini-Carvell, MA Associate Director of Capacity Building, Organizational Learning, and Professional Advancement and Executive Director of the Help Me Grow National Center	Support the professional development of key project personnel and bring to bear lessons learned from the Help Me Grow Affiliate Network in partnership with Childhood Prosperity Lab.
Debra Dudack, Communications Manager	Support strategic marketing and communications design and evaluation.

D. 2 Collecting, Analyzing and Using Data

Hartford Data Collaborative (HDC), University of Hartford's Center for Social Research (CSR), and Data Haven will lead quality monitoring and improvement and outcome evaluation efforts. Established in 2019 as an initiative of Connecticut Data Collaborative, *HDC* is a network of Hartford area non-profit organizations, Hartford city agencies, state agencies, and philanthropic partners facilitating data sharing and integration between human service agencies. HDC is a shared data infrastructure that facilitates data sharing, integration, and analysis to optimize services and outcomes for Hartford residents by ensuring timely, integrated, client-level data is accessible for regular analysis.

CSR has been in operation since 1975. Their evaluation work focuses on human service development and assessment, particularly service programs targeting socially and economically marginalized populations. CSR has experience tracking large numbers of program participants to

determine effectiveness using multi-method strategies to determine outcomes and to strengthen program services and providing technical assistance to enhance evaluation design. CSR uses scientific-based theory to guide evaluation and insights from practice to inform research.

Established in 1992, *DataHaven* empowers people to create thriving communities by collecting and ensuring access to data on well-being, equity, and quality of life. One of DataHaven's most robust initiatives is the DataHaven Community Wellbeing Survey (CWS), which produces information on quality of life, public health, economic development, and civic vitality. DataHaven is a formal partner of the Urban Institute's National Neighborhood Indicators Partnership. Together, HDC, CSR, and DataHaven will serve as the leads to monitor and improve quality and understand the impact of North Hartford Ascend Pipeline (NHAP) on individual-, community-, and system level outcomes in the North Hartford Promise Zone (NHPZ).

Evaluation Team. The Evaluation Team will be facilitated by a Principal Investigator (PI) and Lead Evaluator from CSR with degrees in Sociology and Family Studies and extensive experience conducting applied social research. They will be responsible for providing training and technical support to NHAP service providers, data collection and analysis team management, and facilitating field research. Other evaluation team member include two full-time NHAP Community Data Coordinators, two half-time Masters-level research assistants, and two bachelor-level sociology interns. Preference will be given to individuals with lived experience in NHPZ when recruiting and hiring. The team will also include two faculty researchers from the University of Hartford Departments of Sociology and Education. They will provide consultation on evaluation and research initiatives and programmatic strategies as needed.

The Evaluation Team will cultivate relationships with NHAP service providers and train program staff, residents, community leaders, and families on evaluation, quality improvement, and data collection protocols. NHAP Community Data Coordinator Positions will be transitioned to HDC for long-term sustainability and impact on the community.

CSR will partner with HDC to 'warehouse' all project data, including 1) population-level school data; 2) agency programmatic-level data; and 3) individual-level data resulting from Family Navigation services. HDC and CSR will both sit on the Data Functional Team and collaboratively identify priorities, activities, work plans, etc., in support of community-wide oversight and management. This community-wide data integration and oversight function is significant: **while NHAP partners include critical government agencies and social service providers, the comprehensive data set will be managed by the community**.

HDC and CSR will collaboratively identify and map providers and referral networks during the planning phase that will feed NHAP data collection and evaluation efforts. By integrating cross-agency data, we will identify pipeline services captured in one system that impacts the outcomes in another; anticipate service needs and opportunities; proactively tailor programs to meet needs; and prioritize investments in pipeline services that have the greatest impact and return on investment.

Evaluation Design. CSR's analysis will draw on quasi-experimental research methods, analyzing pretest/posttest data between NHAP and comparison groups, to bring the best possible evidence to bear on the likely causal impact of the range of pipeline services on outcomes. CSR, in collaboration with HDC, will 1) review existing comparison groups at similar Hartford schools

and neighborhoods to establish comparison groups; and 2) will potentially have access to similarly reliable baseline data for program participants and comparison groups at the individual level.

Population-, Neighborhood-, and Individual-Level Indicators. *Population-Level School and Post-secondary Data (GPRA 1.1, 2.1.2.2, 3.1, 3.2, 4.1)* will be obtained by leveraging an existing data sharing partnership between HDC and Hartford Public Schools (HPS). It includes demographics, attendance, test scores, coursework, grades/achievement, and attainment, as well as measures of school safety using the HPS' Climate and Culture Survey Data. In addition, a link to the **National Student Clearinghouse (Indicators 5.1, 5.2)** allows HDC and CSR to track students into post-secondary education and training.

Neighborhood Survey Data Collection (GPRA 5.1, 5.2, 6.1, 7.1, 7.2, 8.1, 9.1, 9.2, 10.1) will be facilitated collaboratively by CSR and DataHaven. Neighborhood-level data collected through the Community Wellbeing Survey (CWS) will be supplemented in Years 1, 2, and 3 by surveying 150 additional child/parent household respondents and adding additional data questions related to child and resident well-being, NHAP engagement and service utilization, community belongingness, protective factors, and other indicators.

HDC will engage subgroups of parents, recruited via the neighborhood survey data collection, to serve on consumer panels throughout the project period. Participants will be reimbursed for their efforts via a stipend program. Consumer panels will be leveraged to inform the CQI process; support the development, implementation, and evaluation of pilot projects; guide resident and community outreach and engagement efforts; and to gather qualitative family-level feedback on quality, effectiveness, and impact of pipeline services.

Community-based organizations (CBOs), pipeline service providers, and other entities in the community will also be surveyed on community well-being. NHAP Community Data Coordinators and sociology interns will survey approximately 20 organizations regularly with support and oversight provided by DataHaven and CSR. Data collected on neighborhood households and organizations will be aligned with programmatic- and individual-level data and data from the National Student Clearing House (see below) and diffused to deepen and support learning, build community connections, and assess the efficacy of pipeline services.

Individual-Level and Case Management Data (indicators aligned with each pipeline service). CSR will collaborate with pipeline service providers to collect individual- and programmatic-level data. NHAP Community Data Coordinators will support providers in many ways, including regularly scheduled and as-needed site visits. HDC will supplement support provided by the NHAP Community Data Coordinators by engaging service providers in learning collaboratives and individualized training and technical assistance.

Evaluation Activities

Continuous Quality Improvement. To ensure effective collaboration between the Evaluation Team (CSR and HDC collectively), CSR will establish a Continuous Quality Improvement (CQI) process in collaboration with the Data Functional Team and with support from the Leadership and Management Teams. CSR will proactively engage them in a range of programmatic and evaluation activities including quality monitoring, CQI, data integration, program analysis, and outcome evaluation.

Plan-Do-Study-Act (PDSA) cycles will be used to plan, implement, test, and institutionalize shared practices within and across pipeline domains in support of shared outcomes. The Evaluation Team will engage program staff in PDSA pilot studies, determined through the CQI process, by conducting interviews and focus groups with key stakeholders to better understand their perceptions and experiences with the system and specific pipeline services. Interviews and focus groups will also be used as a tool for resident and community outreach and engagement and to diffuse information about NHAP and its impact.

A central strategy to galvanizing the community and developing a comprehensive, integrated, data-driven system of prenatal through career pipeline is the development of shared purpose and practices across all pipeline solutions. PDSA cycles will be used to develop, implement, monitor, and evaluate the following practices: 1) Outreach and engagement that intentionally addresses the cultural, social, and environmental barriers to service utilization (i.e., distrust of authority and systems due to historical/current experiences of racism, segregation, poverty, discrimination, and economic and social marginalization). 2) Focus on strengths by increasing children's and families' protective factors and leveraging a parent- and family-led agenda during service interactions. 3) Contribute to the centralized data base to increase the amount and availability of aggregated and disaggregated data for better understanding of program performance, implementation of practice changes, and community sharing in public forums. 4) Establish a community-wide infrastructure to reach families during the early years of a child's life to ensure that NHAP children enter kindergarten developmentally ready to learn, recognizing the significant brain development that happens the first five years life. 5) Use principles of social network science (i.e., Program to Analyze, Record, and Track Networks to Enhance Relationships

(PARTNER) Tool) to assess the nature, strength, quality, and evolution of institutional partnerships and interactions across the pipeline, and baseline network assessment and progress on partnerships.

Data Integration efforts will be facilitated by HDC**.** HDC will enable the ethical and permissible use of data; streamline existing data sharing processes; link siloed data sets; and improve data transparency among providers and residents. HDC's responsibilities include: a) mapping provider and referral systems in collaboration with the evaluation partner; b) inventorying provider data systems and collection methods to identify data fields being collected; c) creating a living data dictionary; d) enhancing the capacity of service providers through capacity building activities (CBA) such as training workshops, learning collaboratives, and individual technical assistance; and e) linking and integrating datasets (including negotiating and executing required legal documentation, establishing criteria and operations to transfer datasets, and transferring and storing datasets in a secure portal adhering to all regulations and standards).

Data integration, paired with a comprehensive, multi-faceted evaluation plan, will enable the longitudinal tracking of children and families to monitor the short-, moderate-, and long-term outcomes on Promise Neighborhood Program Performance Indicators, as well as other indicators of well-being and quality of life.

Data Linking will be facilitated by HDC and DataHaven using unique identifiers to track pipeline service utilization and outcomes at a variety of levels. CSR will receive data exports from HDC and DataHaven on a monthly, quarterly, annual, and as-needed basis and will transfer data to statistical software for analyses.

Process Evaluation will focus on pipeline service implementation and system building processes. CSR will track NHAP progress in developing a comprehensive, integrated, prenatal to career pipeline using the PARTNER social network analysis tool to measure the strength and quality of partnerships across the system. CSR and HDC will also evaluate processes and practices within specific pipeline services, with a focus on creating efficiencies in implementation activities and processes.

Impact and Outcome Evaluation will measure NHAP's impact on individual and familial outcomes. Central analysis will evaluate the impact of NHPN on student, neighborhood, and school-level GPRA and other outcomes and indicators. CSR will use linked data to track, analyze (i.e., pre- and post-design, multivariate regression) and report on child/student/family outcomes, program participation rates, and any follow-up or intervention services, as one means for evaluating effectiveness in optimizing child and family progress and circumstances (e.g., family- and neighborhood-level increases in protective factors). In addition, child and family profiles, program participation rates, and outcomes/indicators at the programmatic and school levels will be compared across years to show trends using a Results-Based Accountability framework.

E. Adequacy of Resources

E.1 Reasonableness of Costs

Since receiving a Federal Promise Zone designation in 2015, the City of Hartford has partnered with residents, public, private, and philanthropic sectors to drive investments into the North Hartford Promise Zone (NHPZ) to improve public safety, support young families, build community pride, and create new economic opportunities. While these investments have increased the number of services available to residents, they are offered to and engage residents in silos and

have not influenced key academic, well-being, and quality of life indicators. Hartford Public School (HPS) students continue to have low academic achievement and attainment, despite spending $17,261 per student in 2018-19 school year, comparable to two of the region's best performing districts, Glastonbury ($17,874) and Simsbury ($17,338). In the 2017-2018 school year, Hartford spent more at $19,616 per student than comparable urban communities across the state (New Britain $13,061; Bridgeport $14,241; Waterbury $15,547; New Haven $18,381; and Windham $18,868; and the state average $16,988). The Federal Reserve Bank of Boston estimates that because of social, environmental, and behavioral, factors, such as the prevalence of poverty and the percentage of single parent households, HPS needs to spend an additional $7,780 per pupil to educate students at the same level as their peers in wealthier, less distressed communities.[41]

$3,123,484 of the year one budget and $1,798,915 of the year two will support project planning efforts. These costs will create the infrastructure, tools, process, and relationships required to build a sustainable pipeline of services, without time or resource gaps, that is strengths-based, co-designed with residents, and significantly improves academic and well-being outcomes for children, families and the community. NHAP partners identified over $7,000,000 per year in match, totaling $36,895,603 in total match.

E.2 Sustainability

North Hartford Ascent Pipeline (NHAP) partners will make significant investments in co-designing and creating shared system infrastructure such as data systems, data sharing agreements, enhancing organizational capacity, quality improvement, developing shared practices, family navigation integration, and resident and community leadership, in support of long-term impact and sustainability. The Office for Community Child Health's (OCCH) has significant expertise in this

area and will bring to bear lessons learned from programs operating locally, regionally, and nationally, including the Help Me Grow National Center, Center for Care Coordination, Care Coordination Collaborative Model, Injury Prevention Center, Easy Breathing for Schools, Hartford HIV Youth Identification and Linkage Consortium, and Childhood Prosperity Lab.

As described in Section D. 2 Collecting, Analyzing and Using Data, part of the evaluation strategy consists of using individual-, community-, and system-level outcomes to understand the short-, moderate-, and long-term impact of investments over the life course. Evaluation is designed to capture the impact of investments in certain sectors on outcomes in other sectors. Integrating sector-specific programs and services within a comprehensive, integrated system of pipeline supports (i.e., NHAP) will afford the opportunity to evaluate short-, moderate-, and long-term outcomes and address such long-standing barriers to demonstrating return on investment, cost savings, and cost benefit as the "wrong pocket" and "long pocket" problems. It will also encourage such long-term sustainability strategies as justifying the reasonableness of investments, encouraging the blending and braiding of funding sources and budgets across funding sources, agencies, and departments, and adopting "invest-reinvest" methodologies.

E.3 Neighborhood Assets and Programs

North Hartford Promise Zone (NHPZ) has a variety of community assets, programs, and services. Community assets include: proximity to the central business district, University of Hartford, Artists Collective, Upper Albany Main Street Merchants Association, American Jobs Center, and the Swift Factory, a newly renovated economic hub. Adjacent to the neighborhood, the newly constructed Dunkin' Donuts Park, a 6,000-seat stadium that is home to a minor-league baseball team, created over 200 new seasonal and part-time jobs. Table 16 summarizes the

educational, commercial, recreational, social, and services available within the NHPZ.

Table 16: Other NHPZ Assets and Resources

Type	#	Description
Education	18	8 public schools (including 1 middle and 1 high school), 1 private K-8 school, 7 Early Care and Education Centers (serving 647 children aged 3 months-12 years) and 28 family day care homes, and 3 public library branches.
Commercial	1	1 significant commercial strip, with over 200 neighborhood-focused businesses, and one related merchants' association
Recreation	6	1 major public park with golf, tennis, cricket, basketball, baseball, handball and playgrounds; 3 City recreation centers, including an EnVision Center; 1 YMCA; 1 equestrian center
Social	45	Block watches, faith-based organizations, merchant organizations
Culture	3	Arts/music/dance instruction focused on African and West Indian cultures
Services	37	16 food pantries/clothing banks; 2 farmers' markets; 4 soup kitchens; 5 community gardens; 6 family/family resource centers, 1 multi-service agency; 1 workforce development agency; and 4 community-based organizations

A number of multi-sector collaborative groups convene to address drivers known to impact families and the educational and well-being outcomes of children. Two examples include: 1) Mayor's Cabinet for Young Children, which advises the Mayor in setting policy on all matters affecting young children and their families and acts as the local School Readiness Council. The cabinet is comprised of both elected and appointed public sector leaders, as well as non-governmental appointees representing important stakeholder groups, including parents. 2) North Hartford Triple Aim Collaborative, which aspires to achieve the community triple aim of health, well-being, and value of investment. The Collaborative consists of a range of stakeholders with a vested interest in health and well-being, as well as community and resident leaders.

Since receiving the Promise Zone designation, significant federal, state, and philanthropic investments have been made in NHPZ, as outlined in Attachment H: Federal, State, and Philanthropic Investment in NHPZ. Some examples include: Teen Pregnancy Prevention, Fair Housing Initiatives, Performance Partnership Pilot for Disconnected Youth, Community-Based Crime Reduction, and Racial and Ethnic Approaches for Community Health. These investments support initiatives that create a safer community, support young families, build community pride, reimagine a new community center, and transform a former gold-leafing factory into an economic engine and learning space. State funding was leveraged to upgrade infrastructure, improve the main neighborhood throughway, Albany Ave., and renovate a low-income housing development. Philanthropic investments focus on providing educational, social, physical and behavioral health, and workforce development services to NHPN residents.

OCCH and its programs also have a robust funding portfolio that engages and benefits children and families locally, regionally, and nationally. Some investments are designed for local and state impact, such as Cigna Foundation's $327,972 investment to improve asthma management for children living within the Promise Zone, and Connecticut Department of Transportation's $500,000 investment to support *Watch for Me CT, Look Before You Lock* and a child passenger safety mini-grant program. OCCH's most substantial investments support the dissemination of comprehensive system building efforts, as demonstrated by The JPB Foundation's generous investment to enhance community capacity to mitigate the impacts of toxic stress through the Help Me Grow. A detailed summary of investments in OCCH and its program are included in Attachment I: Investments in the Office for Community Child Health and Programs.

Despite investments in the NHPZ that resulted in increases services and resources, a comprehensive, integrated, and coordinated prenatal through career pipeline critical to achieving significant improvements in academic achievement and attainment, well-being, and quality of life for all children and their families has not been developed. Support from the Department of Education Promise Neighborhoods Program, paired with the OCCH's experience and expertise in comprehensive system building, leveraging a parent- and family-led agenda, targeted universalism to promote equity, strengthening families' protective factors, and universal developmental promotion, early identification, referral, and linkage to services will position NHAP to maximize existing neighborhood assets, programs, and services and future investments to have a sustained impact on the community.