

**HOMEWOOD CHILDREN’S VILLAGE
FULL SERVICE COMMUNITY SCHOOL
EDUCATION PIPELINE**

SECTION A. QUALITY OF PROJECT DESIGN (25 Points)

The Homewood Children’s Village (HCV) is a comprehensive community initiative inspired by Geoffrey Canada’s internationally acclaimed Harlem Children’s Zone. The mission of the HCV is, “to simultaneously improve the lives of Homewood’s children and to reweave the fabric of the community in which they live,” and its vision is that **Homewood** is a community in which, “Every child succeeds!” The HCV expressly seeks to serve children from birth through college and career. The HCV-FSCS targets the K-12 schools that serve the children and families of the Homewood feeder pattern: Pittsburgh Faison K-5, Pittsburgh Lincoln K-5 and Pittsburgh Westinghouse 6-12.

Homewood Children's Village Educational Pipeline			
Early Childhood Birth- Age 4	Primary School K-5	Secondary School 6-12	Post-Secondary College and Career
Homewood Early Childhood Center	Faison K-5 (550 Students) Lincoln K-5 (300 Students)	Westinghouse 6-12 (400 Students)	Pittsburgh Promise® Office of Promise Fulfillment

Homewood is one of Pittsburgh’s most socially and economically challenged communities. Homewood is a one square mile neighborhood located on the east end of Pittsburgh, PA. Over the past 50 years, Homewood’s population has fallen by nearly 80%, from more than 31,000 in 1940 to 6,442 (2,787 households) in 2010. Demographically, Homewood is one of Pittsburgh’s most racially segregated (94% African American) and economically impoverished neighborhoods, comprised of relatively large proportions of children, senior citizens and single parent households. Specifically, 33% (N=2,129) of Homewood’s residents are children and youth ages 0-21, 46% (N=2988) are adults ages 22-64 and approximately 21%

(N=1325) are seniors aged 65 or older. Economically, 46% of Homewood's population (and more than 60% of its children) live below the federal poverty level (i.e., \$22,050 per year for a family of four). More than 80% of students are eligible for free or reduced lunch, and 72% of children live in a single parent household. More than a quarter (26%) of Homewood's adults have not earned a high school diploma; 50% of the population lacks transportation; Temporary Assistance for Needy Families (TANF) cash assistance and food stamp eligibility rates in Homewood are more than double those of the rest of the city; and only 39% of Homewood's residents are in the workforce (Allegheny County Department of Human Services, 2010).

Homewood's social and economic challenges have an adverse impact on the academic, social and health outcomes of Homewood's children, their families and other members of the Homewood community exacerbated by a gap in current services and service integration. The schools in Homewood's Kindergarten through 12th Grade (K-12) feeder pattern are among the lowest performing, most racially segregated, and most economically disadvantaged schools in Western Pennsylvania. The data show that virtually every school in Western Pennsylvania ranked higher than the schools in the HCV-FSCS feeder pattern. For example, 99.6% of the 3rd graders (296/297) in Western PA ranked higher than the third graders at Faison. Lincoln's 3rd grade ranked 294/297 and Westinghouse 11th grade ranked 111/112. Moreover, fewer than half of the students at either of the schools were proficient in reading or math and *less than 10% of the 11th grade students at Westinghouse were proficient at math or science* (<http://www.bizjournals.com/pittsburgh/feature/schools-guide-2014>).

Gap in Dropout prevention. Dropping out of school is another significant academic challenge in Homewood. The Pittsburgh Public Schools have empirically identified eight risk factors (including academic, family and poverty indicators) that, when four or more are combined, are

highly predictive of dropping out: 1) having less than a 2.0 GPA, 2) low reading scores, 3) being over age for grade level, 4) frequent school transfers, 5) having more than 20 absences, 6) more than one suspension, 7) being raised in a single parent family, and 8) free/reduced lunch eligible. Homewood students have the highest risk factor profiles in Pittsburgh, with 58% of high school students, 45% of middle school students and 30% of elementary students having 4 or more of these risk factors. Consistent with the multi-risk factor profile prevalence, Balfanz and Letgers (2004) identified Westinghouse high school as one of the nation's "dropout factories" because of its high dropout rate (58%).

Gap in support for academic achievements (School Attendance and Grade Point Averages)

that prepare our students for opportunities. Another critically important academically related statistic is the extent to which a student is "Promise Ready." "Promise Ready" means that a student is eligible to receive the Pittsburgh Promise® Scholarship. Through the Pittsburgh Promise®, students who graduate from any Pittsburgh Public School, and who have a cumulative GPA of at least 2.5 and a 90% attendance record, are eligible to receive up to \$40,000 for postsecondary educational expenses (including tuition, fees, books, and room and board). Students' whose GPA is between 2.0 and 2.49 are able to attend the Community College of Allegheny County for free for one year. If they earn a grade point average of 3.0 or higher, they too can receive the full Promise scholarship and transfer to any qualifying postsecondary institution into which they are admitted.

Recently published data on Pittsburgh Promise® eligibility showed that 57.7% of Pittsburgh Public Schools' graduating seniors qualified to receive the scholarship (A+ Schools, 2012). Yet, only 26% of the seniors from Westinghouse were Promise Ready the lowest percentage in the district.

Gap in Health and Wellness Care. Children in communities like Homewood have been found to have higher prevalence of negative health outcomes including, “obesity, asthma, diabetes, preterm birth, infant death, mental health, birth defects, physical abuse, injury, low birth weight, all-cause mortality, and disability” (Donovan and Rose, 2005); and they have significantly less access to health care, are less likely to have a usual source of care (i.e., a medical “home”), and less likely to have had a doctor or dental visit in the last year (Donovan and Rose, 2005). Nine percent of Homewood’s children receive mental health services through the Allegheny Department of Human Services and Homewood has one of the county’s highest out of home placement rates for abused, neglected or abandoned children (Allegheny County Department of Human Services, 2009).

Findings from the HCV/University of Pittsburgh’s National Institute on Minority Health and Health Disparities funded Healthy Living, Healthy Learning, Healthy Lives (HL³) project, indicate that 18% of the students who attend Faison K-5 have been diagnosed with asthma, a proportion that is nearly three times the national asthma prevalence rate. HL³-related work in progress finds that a strong negative relationship between property conditions and infant mortality rates. Historically, Homewood has had infant mortality rates that are among the highest in Pittsburgh (DHS report).

Gap in access to quality nutrition. Recently work on health, food access and food insecurity in Homewood, conducted by the RAND corporation (e.g., HCV’s Director of Evaluation, Dr. Shannah Gilliam is a co-investigator) found that Homewood is effectively a food desert with that no food outlet that sells fresh fruits or vegetables, has significant barriers to quality food (e.g., 50% lack transportation) and that respondents reported significant health problems. Around the issues of food access and insecurity 30% of respondents said, (often or sometimes) “We couldn’t

afford to eat balanced meals”; 40% said (often or sometimes) “The food that we bought just didn’t last, and we didn’t have money to get more”; and 48% said (often or sometimes) “We worried whether our food would run out before we got money to buy more.” Though the RAND sample was somewhat biased toward older respondents, multi-generational homes in Homewood house a large number of Homewood’s children who are being at least partially raised by their grandparents. Therefore, food insecurity has serious implications for the physical and cognitive health of Homewood’s students, their families and other community members.

Gap in Parent Support in a community of violence. Another important factor related to Homewood’s students’, parents’ and residents mental health and overall well-being is the neighborhood’s high rate of crime and violence. Relative to Pittsburgh’s other 89 neighborhoods, Homewood experienced the largest number of homicides for the period 1997-2007 (i.e., 64), and based upon 2009 data, the neighborhood has drug, gun and overall violent crime rates that are, respectively, 1.7, 4.0 and 2.5 times those of the city taken as a whole (www.pghnis.pitt.edu). Violence, and concerns about violence, are tremendous sources of stress that can trigger asthma attacks, cause post (and current) traumatic stress disorder, lead parents to keep their children inside (i.e., risk factor for obesity), and generally erode a sense of safety, collective efficacy and psychological well-being (Leventhal and Brooks-Gunn, 2000). Anecdotally, in 2004 Pittsburgh made national news when, as a result of a series of shootings around Faison K-5, transportation services were provided for all children regardless of how close they lived to the school.

THE HCV-FSCS PROJECT

Building upon its six-year partnership, the HCV and Pitt, in collaboration with the Pittsburgh Public Schools and a variety of Homewood non-profit organizations will use a **university-assisted community schools model** (Universities and Community Schools, 2010) to

establish a feeder pattern-wide network of full-service community schools. The goal of this network is to integrate and coordinate a comprehensive set of evidence-based academic, social and health services for students, their families and community members who live and learn in Homewood’s K-12 feeder pattern.¹ The “university-assisted” aspect of the HCV-FSCS will involve students, faculty and staff from various schools and departments at the University of Pittsburgh who will continue to design and deliver academically based community services courses and projects, offer service learning opportunities and internships, provide technical assistance, assist to evaluate programs and conduct community-based participatory research projects.

The conceptual framework that undergirds the HCV-FSCS work, ecological systems theory (Bronfenbrenner and Evans, 2000), recognizes that individual children are nested, both in relationships and physical contexts. Key relationships and contexts that influence children’s academic, social and health outcomes include *children*, their *families*, and their *communities*. Accordingly, our programmatic efforts target children, their families, their peer networks, their schools, and social and physical communities in which they live and learn. See Table A.1 for the goals for participation. Risk and protective factors for children’s well-being exist at each of these levels and contexts. Important protective factors that promote student’s academic, social well-being and holistic health include: supportive, relationally and economically stable home environments with engaged and skilled parents, high quality formal and informal educational

¹ NOTE: There is considerable definitional debate and distinction about what defines a “community school” versus what defines a “full-service” community school (see Lawson, 2010), particularly around whether all services offered to students, their families, and community members have to be delivered “under one roof”. For our purposes, services can be offered on- (i.e. “school-based”) or off –site (i.e., school-linked). We use the more general definition of “full-service community school” as defined in the Federal Register program announcement. Throughout the remainder of this application we use the terms “full-service community school” and “community school” interchangeably.

Table A.1 FSCS Program Participation Goals -- Current and Years 1 – 5.

	S = Students; F = Families; C = Community members			Totals					
	S	F	C	C	Yr1	Yr2	Yr3	Yr4	Yr5
1.1 In-School Tutoring and Mentoring	x			790	360	540	720	960	1140
1.2 B2C	x			51	45	45	60	70	70
1.3 Personal Opportunity Plans (POP)	x			0	105	245	355	500	680
1.4 POPs: College and Career	x			0	45	100	185	260	335
1.5 Maker's Clubhouse	x			35	35	35	35	35	35
1.6 Higher Achievement	x			60	75	90	90	90	90
1.7 HCS	x			200	225	250	250	250	250
1.8 YMCA Lighthouse	x			51	45	45	60	70	70
1.9 Girls on the Run (mentoring)	x			9	12	15	15	15	15
2.1 In-School Behavioral Support	x			790	360	540	720	960	1140
2.2 Be There	x			700	850	850	850	850	850
2.3 Check and Connect	x			0	35	100	185	260	335
3.1 ABE	x			70	95	110	110	110	110
3.2 Life Skills	x			0	100	100	100	100	120
4.1A HL3 (planning)		x		0	120	0	0	0	0
4.1B HL3 (intervention)	x			0	0	50	0	0	0
4.2 SBHC	x	x	x	0	0	100	300	500	700
5.1 Power Pack	x			115	325	325	325	325	325
5.2 Dinner's Ready	x			0	50	75	100	100	100
5.3 Girls on the Run (running)	x			9	12	15	15	15	15
5.4 HCS	x			200	225	250	250	250	250
5.5 Workout Wednesdays			x	14	20	25	25	30	30
5.6 Health Matters			x	15	25	35	45	45	45
5.7 5K and Healthy Eating Expo			x	130	200	225	250	275	300
5.8 Walk/Bike to School	x			100	175	200	250	250	250
6.1 Parent Partner		x		0	35	60	75	105	110
6.2 Parent Center		x		0	0	20	40	80	120

opportunities, and adequate medical, dental and behavioral health care (Bradley and Corwyn, 2002; Chen, 2004; Evans 2004).

Evidence base at the foundation of our work. The research and planning for the HCV-FSCS began in 2009. We began to pilot pieces of the work at Westinghouse in 2010, which at the time was a traditional 9-12th grade high school. Subsequently, the school was reconstituted as a 6-12th

grade academy, experienced significant administrative turnover, and thus limited our ability to fully implement a FSCS model there at that time. In the fall 2011 HCV launched Pittsburgh's first FSCS at Westinghouse. Prior to launching the current HCV-FSCSs, the HCV staff, and faculty from the University of Pittsburgh, consulted with staff from the Harlem Children's Zone's Beacon Schools, with Dr. James Comer, Yale psychiatrist and founder of the nationally recognized Comer School Development Program, and most recently with Jane Quinn, the Vice President and Director of the National Center for Community Schools. Moreover, in partnership with the University of Pittsburgh School of Social Work, the Village convened our key partners: the Pittsburgh Public Schools, the National Coalition of Community Schools, and the Yale Child Study Center to discuss our prospective work. The convening is memorialized at <http://childstudycenter.yale.edu/comer/news/Homewood.aspx>.

The HCV-FSCS utilizes four overarching intervention strategies to create meaningful linkages among the contexts within which our children are nested.

- **Formation of Full Service Community Schools (FSCS) with the National Center for Community Schools.** Our full service community schools (FSCS) are both a place – a school with a strong educational system at its core – and a set of partnerships through which community resources are leveraged to promote student success. According to this nationally- and internationally- recognized strategy, we seek to have schools and communities work together to improve outcomes for students, families and communities. Each FSCS is designed to meet the needs of the individual community; therefore, no two schools are exactly alike (Blank, Melaville, Shah, 2003).
- **Comer School Development Program (Comer SDP) of the Yale Child Study Center** that emphasizes the developmental pathways of children: *The School Development Program -*

James Comer, Yale Child Study Center. The FSCS will foster child development alongside sound instructional principles in school. Accordingly, the Comer SDP must recognize six developmental pathways: (1) Physical Development--Health, Wellness, Nutrition, Physical Activity; (2) Psychological Development-Mental and Behavioral Health; (3) Language Development-The Six Literacies (Listening, Speaking, Reading, Writing, Nonverbal, Cultural); (4) Social Development-Community building, social justice, and value of family; (5) Ethical Development-Values Clarification; and (6) Cognitive Development-Analytical thinking. Often the school focuses on the cognitive to the exclusion of the other five developmental pathways. Each of those six pathways is explicitly supported in the overall design of the FSCS (Comer 2004; Comer & Emmons 2006; Comer 2009; Comer & Emmons 2009; Joyner, Comer, Ben Avie, 2004).

- **Two Generation approach of the Aspen Institute**: The two-generation approach expressly recognizes the need to scaffolding to both children and their parents in the areas of education, economic support, and social capital. This work is further informed by the 2014 Harvard study “Where is the Land of Opportunity?” and our understanding of how five factors (i.e., family structure; racial and income segregation; primary school quality, and income inequality) impact social mobility. ((Mosle & Patel 2012; Gruendel 2014))
- **Out-of-School Time focus with the Allegheny Partnership for Out-of School Time (APOST)**. Facilitated by the United Way of Allegheny County, APOST is a partnership of funders, intermediaries and providers dedicated to building a quality Out-of-School Time system that will contribute to the healthy successful development of young people as they progress through their school years, graduate from high school, and enter into adulthood. The HCV utilizes several partners to foster youth development in out-of-school time from

kindergarten through college. Each program provides academic instruction and enrichment activities for students following the end of the school day, sending children home with a nutritious meal at the end of the program. (www.afterschoolpgh.org)

Mentoring and Other Youth Development

In-School Academic Supports. HCV staff has worked in PPS schools as FSCS partners during each of the last three years. In each elementary school, HCV staff work in the school full-time and are assigned to work with primarily one grade level to allow them to build meaningful relationships with all of the students in that grade. They also work with a caseload of students to further deepen those relationships and provide targeted mentoring and youth development activities. Staff are assigned to academic classrooms to support students by helping students complete in-class work, clarifying concepts, and redirecting students who are off task. In addition, in-school support staff provide after school tutoring to students identified as needing additional one-on-one academic assistance.

Personal Opportunity Plans. (POP)s are a “student-centered and student-directed plan that maximize a student’s academic, social, emotional, and college and career development and foster success in school and life. They are not a one-time activity, but an ongoing process by which the student defines, explores, and then refines his or her interests and goals throughout the school system.” The HCV will expand our current services to develop these plans for each of the students in the FSCS.

To implement the POP process, University of Pittsburgh School of Social Work Interns, under the direction of licensed MSWs will meet with students, their parents/guardians, and their teachers to outline goals and next steps based on individual student need and desire. As each goal is defined, the social work intern will help the student access and utilize community resources to

realize those goals. Akin to an Individual Education Plan (IEP) mandated by the IDEA, the POP will remain with the student throughout their academic experience so that those who work with the student in the future can better understand the full context of the student and help them continue progress.

Bridge-to-College Program. The HCV began the Bridge to College (B2C) program in 2012 to address the overwhelming need to facilitate readiness for and access to post-secondary education and/or training for children in Homewood. High school students are taught the importance of doing well in school and obtaining skills, both academic and soft, that are necessary for success beyond high school and introduces children to what that success may look like – including, but not limited to, college. The goals of B2C are to enhance college awareness and create a college-going culture as a foundational activity for children in Homewood and to provide academic instruction and support combined with mentoring and excursions to increase students’ awareness of college options and strengthen the skills needed for success.

Maker’s Clubhouse. The Maker’s Clubhouse is STEAM (science, technology, engineering, arts, mathematics) out-of-school-time program, where students from kindergarten to 5th grade come to thrive in an enriched, nurturing and active environment. Facilitated by Bible Center Church, the Maker’s Clubhouse is housed in Faison Elementary and equipped with caring, creative staff and volunteers. Each day, children are met by friendly smiling faces and a healthy snack from their crew leaders. They are assisted with homework and rotate throughout various stations such as: gym activities, educational games, STEAM enrichment activities and optional lessons from the Bible.

Higher Achievement Pittsburgh. Higher Achievement is a holistic, college preparatory expanded learning time program for middle school students from underserved communities,

currently serving 130 scholars in our Hill District and Homewood Achievement Centers and an additional 70 in the STEM Zone at Pittsburgh University Preparatory School at Milliones, Higher Achievement is the only middle school-focused out-of-school time program endorsed by the U.S. Department of Education in their What Works Clearinghouse at the highest levels of evidence in Pittsburgh (<http://ies.ed.gov/ncee/wwc/SingleStudyReview.aspx?sid=10070>). Participating scholars and families commit to starting in 5th or 6th grade and staying in the program year-round through 8th grade promotion. The long-term result is that 93% of the program completers matriculate to post-secondary education, and 76% ultimately graduate from college. Higher Achievement is a rigorous afterschool and summer program that gives youth from at-risk communities their best opportunities to succeed in middle school and life by closing the opportunity gap during the pivotal middle school years.

Homewood Community Sports. This youth football and cheerleading program services youth ages 5 to 14 years old. The program is a summer and fall afterschool activity located at Willie Stargell Field in Homewood. The youth participate in a ten game regular season schedule; a possible three additional games could be played if teams qualify for the postseason. The program services over 200 youth from July through November. A youth baseball league serves youth age 5-16 in the spring. Many of these young people continue to participate in sports at Westinghouse High School, where the Westinghouse Lady Bulldog basketball team are perennial City League champions.

YMCA Lighthouse Project. The YMCA Lighthouse Project is an afterschool program for teens that teaches leadership and career readiness through the media arts of film, photography, graphic design and music production. The goal of the Lighthouse Project is to grow young people that are creative, civically engaged and prepared for college or career. Between October and June, the

Lighthouse serves over 60 high school students each year engaging them in a comprehensive program experience that includes multimedia instruction, youth driven media projects, mentoring, academic case management, team building and community service.

1. Programs that provide assistance to students, who have been chronically absent, truant, suspended or expelled.

In-School Behavioral Supports and Interventions. The HCV's in-school support staff provide behavioral support for students. If a student is causing disruptions in the classroom and the teacher is unable to stop the behavior, HCV in-school support staff are the next line of defense. They can remove the child from the classroom temporarily, talk with them privately, and hopefully address the problem so that the student can get back to class as soon as possible. This prevents students from being sent to the principal's office, losing learning time and often being suspended. In the first semester of this intervention being implemented at Faison, suspensions were reduced from 186 to 1 from September – December.

“BE THERE” Campaign. This year, the HCV joined the county-wide *United Way Be There*[®] campaign and have accordingly organized all of our attendance programming under that name. Our program includes: daily phone calls, regular attendance incentives, attendance pledges, education on the importance of attendance, Site Directors and Truancy Elimination Plans. In our current FSCS model, at Faison and Lincoln, parents/guardians of students who are absent receive a phone call from our in-school support staff each day. To expand our program, we seek to better identify and assist families who are having challenges that impact student attendance. Parents requesting assistance will be directed to a Social Work Intern, a Parent Partner or the school social worker based on their need. This year, parents were also asked to sign attendance pledges indicating they would do their part to ensure their child(ren) attends school every day. Signed

pledges were posted at the entrance of the school, and our goal next year is to engage 80% of parents in this pledge.

Check-and-Connect. The HCV piloted this program in 2009 and would like to expand our FSCS by implementing the full program. Check & Connect is a comprehensive intervention designed to enhance student engagement at school and with learning for marginalized, disengaged students in grades K-12, through relationship building, problem solving and capacity building, and persistence. A goal of Check & Connect is to foster school completion with academic and social competence. *Check & Connect* is implemented by a trained mentor whose primary goal is to keep education a salient issue for disengaged students and their teachers and family members. The mentor works with a caseload of students and families over time and follows their caseload from program to program and school to school. The *Check & Connect* trained mentor continuously **checks on students**, assessing their engagement with school and learning through close monitoring of their attendance, behavior, and grades; *and connects with students*, offering individualized intervention in partnership with school personnel, families, and community service providers.

2. Mental Health Services

ABE Curriculum. Alternative Behavior Educator (ABE) is an online social skills curriculum that walks children through real-life scenarios and teaches them strategies for handling problems they are facing in school and in life. ABE has almost 30 modules, divided by developmental level Preschool – 2nd grade and 3rd – 5th grades. In our first year of using the curriculum, some of the most used modules were on bullying, respect, self-control, and authority.

Life Skills Group. For students in transition from elementary to middle school, the leadership of the schools specifically requested a “life skills” intervention that will address the developmental

pathways identified in the Comer School Development Plan. In Project Year 1, the Site Director in partnership with HCV staff will begin offering a Life Skills groups to all 5th grade students within the school day to address the range of psychological, social and emotional needs that present themselves among our children.

3. Primary Health and Dental Care

“Healthy Living, Healthy Learning, Healthy Lives” Research Grant. The HCV serves as the Community Partner in the Healthy Living, Healthy Learning, Healthy Lives (HL³) Project with the University of Pittsburgh in a three-year grant that leverages experiential knowledge from Homewood residents with expertise from our university, medical, and agency partners to equitably engage each group in a community-based participatory research (CBPR) partnership to investigate, ameliorate and ultimately eliminate disparities in children’s health, with a particular focus on asthma, its correlates, consequences and co-morbidities. An explicit goal of the HL³ CBPR Project is to examine the lived experiences of poor urban children and their families in order to better understand the diverse asthma-, and ostensibly non-asthma-related, social determinants that may trigger asthma, shape the course and severity of the disease and undermine interventions to manage it. Through partnerships leveraged with this grant, the HCV will seek to conduct the following screenings to acquire baseline health data for all elementary school children including, but not limited to: spirometry (for asthma or other COPDs), body mass index (for weight and obesity), blood pressure (for pre-hypertension factors), and cortisol screening (for stress). The Principal Investigators in the project are John Wallace, PhD, University of Pittsburgh School of Social Work; Michael Yonas, DrPH, of Allegheny County Department of Human Services; Derrick Lopez, JD, Homewood Children's Village; and Shannah Tharp-Gilliam, PhD, Co-Principal Investigator, Homewood Children's Village.

School-based health clinic. The HCV has been working since school year 2010-2011 to re-activate a school-based health clinic (SBHC) at Westinghouse that serves the entire community. The clinic will provide primary care health services and mental health services and will help increase access to health care. The School Based Health Clinic, funded through a pending local grant with the Pittsburgh Foundation, is slated to open at Westinghouse. The clinic was active most recently in 2004, and will provide day-to-day services for all students in grades 6-12 at Westinghouse. Those services will include scheduled wellness visits, emergent care, and health screens for drugs and alcohol and behavioral health issues. The overarching goal of the clinic is to improve school attendance and to reduce repeated referrals and suspensions for issues through comprehensive health care for students. Based upon available resources, the School Based Health Clinic may be made available to the families of students and community members during out of school time hours.

4. Nutrition Services and Physical Activity

Power Pack Nutrition Program. At a cost of less than \$200/year, the HCV Power Pack Program is an essential service to meet the challenge of food scarcity over the weekend for many of our students. Every Friday, children receive their Power Packs containing nutritious, nonperishable food items. Our first year goal was to serve 10% of the students at the Faison K-5 (~60 students) and Lincoln K-5 (~30) this year. We exceeded that number by mid-March of 2014, and with additional donations from the Junior League of Pittsburgh, Allegheny County Department of Health, and Ladies Hospital Aid Society we are ramping up to serve 250 students next year, representing 25% of the students in grades K-5 at Faison and Lincoln during the 2014-2015 school year. Food scarcity is equally a challenge in grades 6-12 at Westinghouse and the 0-5 age groups. Utilizing the funding we have secured for the 2014-2015 school year, the Power

Pack program will be piloted with children ages 0 to 5 and students in grades 6-12 at Westinghouse. Upon securing additional resources, our goal is to serve 25% of the students in grades 6-8 (n=50) and 20% of the students in grades 9-12 (n=40).

“Dinner’s Ready” Program. In summer 2014, the HCV will be working with the Bible Center church to pilot a summer dinner program called Dinner’s Ready. As data shows and as we’ve learned through our school-year nutrition program, families need access to consistent, healthy meals during the summer. The schools and the Homewood branch of the YMCA are offering summer breakfast and lunch programs for youth, so we are teaming up to offer a dinner program that has never been seen before. This free summer dinner program will provide an experience for youth and their families that emphasizes etiquette, art projects, literacy, and the development of inter-generational relationships. At each meal, volunteers will sit with children and their families to help facilitate conversations to build healthy inter-generational relationships.

Girls on the Run. Office of Child and Community Health staff is helping to ensure children have access to safe, fun physical activity and access to after-school programs that provide a nutritious meal. The OCCH brought the “Girls on the Run” program to Faison Elementary in Fall 2013. “Girls on the Run” is a national program focusing on teaching girls how to live a healthy, lives. This experience culminates in a 5K run for participants. “Girls on the Run” was offered during Spring 2014, and OCCH plans to continue “Girls on the Run” at Faison for each fall and spring season.

Workout/Walking Wednesdays. Workout Wednesday started in August 2013 and provides free weekly physical activity sessions for adult family members of the children that participate in HCV programming. During the warmer months (April – October), members walk outside throughout the community. During winter months (November- March), the group meets indoors

and focuses on group fitness activities like Zumba, yoga, and cardio kickboxing. Each session is lead by an OCCH staff member or community member. In addition to providing physical activity opportunities, OCCH partners with Grow Pittsburgh to provide produce bags to all Workout Wednesday members.

Health Matters Series/Annual Health Expo. “Health Matters” is a bi-monthly health series started in October 2013. The series serves as an open forum where residents can learn more about a specific health topic from an expert in the field. The goal of the series is to raise awareness about health topics that are important to the community. Health topics selected for Health Matters for the 2013-2014 year were breast health, flu/winter wellness, heart health, and men’s health. The OCCH also hosts an annual Health and Wellness Expo to provide Homewood residents with free access to a variety of different health organizations and general health screens. For the 2014 Health and Wellness Expo, OCCH staff is working with partner organizations to provide more in-depth screenings, including physicals, for Expo attendees.

Homewood Health Matters 5K and Healthy Eating Expo. In June 2014, the HCV and Homewood Community Sports organized the first Homewood Health Matters 5K and Healthy Eating Expo. About 130 walkers/runners and 40 volunteers participated in the event which started and ended at Homewood’s main sports field. As walkers/runners finished the race, they participated in the Healthy Eating Expo, at which there were cooking demonstrations, healthy eating information, shopping tips, and spices for families to take and grow at home.

Walk and Bike to School Campaign. The Walk and Bike to School Campaign is part of the Safe Routes to School initiative of the HCV and Operation Better Block (OBB). The Safe Routes to School initiative aims to increase the number of students who walk and/or bike to and from school in a safe environment by (1) designating safe routes for students and families to walk

and/or bike to school; (2) encouraging community participation; (3) promoting greater health and wellness among students, families and the greater community; and (4) integrating the Safe Routes to School program into the Pittsburgh Faison curriculum through school assemblies and physical activity.

5. ***Family engagement, including parental involvement, parent leadership, family literacy, and parent education programs.***

Parent Center. Parents are the first and most important teachers in a child’s life. Often, parents/guardians in low-income communities deal with a multitude of daily challenges, ranging from meeting basic needs to continuing their own education to having time together as a family. The HCV believes that if we better support parents to create stable, safe, and pleasant home environments, children will consequently thrive. The combination of meeting children’s needs through the FSCS and enriching parents will lead to our goal of every child succeeding.

A new initiative, the Parent Center will seek to 1) support parents by providing them with supports for their own educational attainment, 2) provide “Parent Partners” to assist parents more intensively, and 3) provide fun opportunities for parents and families. Through the Parent Center, parents can continue their own education and also learn how to better support their children. Topics could include, but are not limited to, individualized education programs (IEPs), developmental stages, appropriate discipline strategies, conflict resolution, budgeting, and time management. Finally, the Parent Center will offer enrichment, fun classes and game nights for parents to enjoy with and without their children. For example, activities could include music, dance, art, bingo nights, exercise classes and movie nights.

To launch the Parent Center, we are recommending one year of planning, at the beginning of which the Parent Center Coordinator would be hired to design the structure and offerings of the university. In Year One, 1 or 2 Parent Partners would also be hired. In Year Two, the Parent Center would launch with select offerings and programs as a pilot. In year three, the full Parent Center would launch, incorporating the lessons learned from the previous year.

Parent Partner Program. The goal of the Parent Partner program is to help parents/guardians create stable home environments in which children can thrive. The Parent Partner is a new position that will support the primary care-giver to create a safer and more generally “well” environment in an effort to stabilize the home. The “Parent Partner” will work side-by-side with parents, attending appointments, modeling behaviors, advocating with and for parents and generally helping parents navigate the complex systems within which they interact.

Parents/guardians often have many and various needs creating an atmosphere of chaos that understandably impact students and their achievement. Parent Partners are explicit resources for parents/guardians, rather than many resources in schools that are child-focused and extend out to the parent and family. Parent Partners are non-judgmental, non-threatening, caring, skilled adults with a social work background who can build relationships with a hard-to-engage population that is often not willing to accept services despite their deep need. Parent Partners will walk through the challenges with the parent as their advocate and supporter and will possess knowledge of resources in the community to address the needs.

SECTION B: ADEQUACY OF RESOURCES (10 POINTS)

The Homewood Children’s Village has worked for the past several years to align resources to meet the needs of children, families and other community members, recognizing the tremendous need for more collaboration and better systems

integration and coordination. We will use funding from the USDOE's Full Service Community Schools Program, and our existing human, financial and physical resources to plan, comprehensively develop and take to scale a feeder pattern-wide network of university assisted full-service community schools to serve the students, their families and other community members who live, learn, and play in the Homewood. This project builds upon EXISTING successful partnerships. FSCS school and partner site has dedicated spaces in each of the buildings in the designated schools, and OST spaces. Students and staff have access to computers, printers, classroom and other resources. Further, our FSCS has thrived as a result of generous university support and access to the human, physical and other resources of the University of Pittsburgh.

The Homewood Children's Village benefits from local foundation and individual support, our University Assisted partnership, corporate funding, through general grants and tax credits, and coordinated partnership programming and will sustain the FSCS project design through those many and varied resources. Utilizing the University Assisted Partnership with the University of Pittsburgh, the HCV conducts reviews of existing literature, and Homewood specific research conducted by the HCV's university and community partners, which all point to the reality that poverty, perhaps more than any other single factor, helps to explain Homewood's academic, social and health-related needs and outcomes (Chen, 2004; Evans, 2004; Sampson, Sharkey and Raundenbush, 2008). The data presented in the gap statements above emanate from published reports conducted explicitly for the HCV as a part of our existing university and community partnership or from the HCV's evaluation documents on the level of academic, social and health need among students, their families and community members in Homewood.

Programs that provide assistance to students, who have been chronically absent, truant, suspended or expelled. These FSCS activities leverage the human and fiscal resources from FSCS staff in partnership with staff from the Pittsburgh Public Schools, AmeriCorps KEYS Service Corps (the Allegheny Department of Human Services), Social Work Interns (University of Pittsburgh School of Social Work) and the United Way of Allegheny County “Be There” program. Each FSCS Site Director coordinates the day-to-day activities of the school; sits on the leadership team of each school to interface with school principal regarding those students who have specific attendance and behavioral challenges; supervises the AmeriCorps and HCV Fellows and Social Work Interns who make telephone calls home to parents and caregivers to identify the core issues surrounding attendance; and works with community programs that promote school attendance and positive behaviors

Mentoring and Other Youth Development. Leveraging the human capital among our partners is the primary tool for youth development. Our objective is to make relationships real and meaningful by making adult-child ratios smaller and promoting active engagement and planning on the part of the team of caring adults charged with serving our children. In school, the FSCS Elementary Site Directors assign one AmeriCorps or HCV Fellow to a grade level (consisting of a dedicated team of teachers) to develop professional relationships with the team of teachers to monitor progress and plans for a cohort of students. Each team of adults identifies and develops a plan of assistance for individual students who need additional academic and/or social service assistance.

The FSCS Site Director actively works with out-of-school time partners to identify extended day programming for students within each building. They work with partner program

coordinators to engage parents and enroll students in the identified programming. The FSCS has executed Memoranda of Understanding with each of the Out-of-School time partners to implement programming. Each partner possesses independent programmatic budgets, which can engage 20% of the total student populations of the education zone.

In the next phase of the programming, the Site Directors will coordinate the development of individualized personal opportunity plans for each of the students that they serve. They will begin with students who are in pre-transition and transition years, (i.e. 4th/ 5th grade students, 7th/8th grade students and 11th/12th grade students) and work each successive year to engage the entire pipeline of students. Constructed in partnership with the primary caregivers, each plan will explicitly include academic, developmental and out-of school time activities and goals.

Mental Health Services. The HCV In-School Staff utilizes in-school curricula and student groups to provide mental health services for students in the FSCS. The FSCS Director provides training for all staff at the beginning of each school year. Each staff member utilizes the “Efforts to Outcome” reporting tool to report student engagement and progress. Additionally, the Site Director and Social Work Interns facilitate life skills groups for students to promote pro-social interactions and academic engagement.

Primary Health and Dental Care. The School Based Health Clinic, funded through a pending local foundation grant with the Pittsburgh Foundation, is slated to open at Westinghouse. The clinic was active most recently in 2004, and will provide day-to-day services for all of students in grades 6-12 at Westinghouse. Those services will include scheduled wellness visits, emergent care, and health screens for drugs and alcohol and behavioral health issues. The overarching goal of the clinic is to improve school attendance and to reduce repeated referrals and suspensions for issues through comprehensive health care for students.

Nutrition Services and Physical Activity. Homewood is a food desert, and food scarcity is a challenge that must be navigated by many children and families. To address these needs, the FSCS staff collaborates with the HCV Office of Child and Community Health. With a generous grant of \$50,000 from the Ladies Hospital Aid Society of Pittsburgh and numerous individual donations, the Power Pack distribution program will grow in Project Year 1 to serve 20% of the student populations at each FSCS Site. Moreover, during the summer months, Bible Center Church will partner with CCH to serve dinner to children and families during the summer months. The funds for this program are internal operating funds from Bible Center Church, Inc. and the Homewood Children's Village coupled with reimbursements through the federal subsistence programs.

Family engagement, including parental involvement, parent leadership, family literacy, and parent education programs. The Parent Partner Program was piloted by the FSCS program through our University Assisted Partnership.. An expansion of the current FSCS model operating in the schools, these two initiatives will be fully implemented throughout the duration of the FSCS grant, partnering with each school and local community partners to open Parent Centers within and/or adjacent to each school. The facilities within which our Parent Centers will be provided in-kind through space donated by our partners in the School District and Community. The staff for the Parent Partner Program and the Parent Centers will be HCV Staff funded by the general budget and this proposal.

Data Sharing Agreement. The HCV-FSCS benefits from integrated data from Allegheny Department of Human Services (DHS) and Pittsburgh Public Schools through one of the nation's first data sharing agreements

(<http://www.alleghenycounty.us/WorkArea/DownloadAsset.aspx?id=32826>; Jeffrey Fraser,

March 2011 Framework for Collaboration: The Memorandum of Understanding between Allegheny County DHS and Pittsburgh Public Schools). Through this agreement, our partners can track student attendance, grade and behavior data in real time, leading to more efficient and efficacious interventions.

Sustainability. **The HCV, Pitt and our partner organizations will develop a comprehensive sustainability plan and integrate with, and build upon, our related efforts to improve relevant academic, social and health outcomes for the students, their families and community members that we serve.** The purpose of our sustainability plan is to continue the work of the HCV-FSCS beyond the 60 month Full-Service Community Schools Program funding period. To do this, we will pursue public and private funding from individuals, and key local, state and federal funding sources. These sources will include, individual donors, special events, foundations and local funding sources with whom we and our partners have established significant long-term relationships (e.g., the Allegheny County United Way, the Richard King Mellon Foundation, The Pittsburgh Foundation, The Heinz Endowment, the Grable Foundation, the Allegheny County Department of Human services), and federal funds that we can access directly or indirectly through grants distributed at the state and county levels. Potential sources include Child Care and Development Block Grants, 21st Century Community Learning Centers, Temporary Assistance to Needy Families, Food and Nutrition Programs, Title 1 Funding through the Pittsburgh Public Schools, Social Service Block Grants and other State and County level grants.

As one of Pittsburgh's most significant anchor institutions and largest employers, the University of Pittsburgh has used its influence to leverage numerous human, financial and other resources for the HCV partnership. These resources have come from different schools and

departments within Pitt, the University of Pittsburgh Medical Center, the City of Pittsburgh, the Allegheny County Department of Health and Human Services, the Allegheny County Health Department, the Urban Redevelopment Authority, Allegheny General Hospital, Carnegie Mellon University and various local foundations and the National Institutes of Health. The work of the HCV/Pitt partnership, as well as lessons learned, have been widely disseminated at academic and practitioner focused conferences, both locally and nationally, and through publication in refereed professional books and journals (see Ohmer, Sobek, Teixeira, Wallace, and Shapiro (2013); Teixeira and Wallace, 2014; Wallace and Lopez, 2012; Wallace and Teixeira, 2013; Wallace, in press)

SECTION C: QUALITY OF MANAGEMENT PLAN (25 POINTS)

The Homewood Children's Village infrastructure has been designed to specifically address the developmental ecology of our children.

Operations and Oversight Team. Three offices comprise the core of operations for the Homewood Children's Village: the Office of the President/CEO; the Office of Evaluation and Research; and the Office of Development & Community Affairs. In addition to the core functions of strategic planning, evaluation of programming and development, these offices also partner with external organizations to re-develop the physical infrastructure of Homewood and research projects to inform our work moving forward.

Derrick L. Lopez, JD, ABD (Educational Policy), the President/CEO, will have principal oversight of the work of the HCV-FSCS. As President/CEO, he serves as officer in charge and chief spokesperson for HCV. A former Assistant Superintendent with the Pittsburgh Public Schools and an attorney, Mr. Lopez leads the organization's strategic planning to meet its vision and mission, programmatic goals and objectives. Note also that Mr. Lopez dedicates 25% of his

time to the Healthy Living, Healthy Learning and Healthy Lives Project from the National Institutes of Health as the Co-Community Principal Investigator. Mr. Lopez has 20 years of experience as an educator, and he has served in his current role for three years.

Shannah Tharp-Gilliam, PhD, the Deputy CEO and Director of Evaluation, will manage the evaluation of the Full Service Community School Project. As the Director of Evaluation, Dr. Tharp-Gilliam supervises a team that will implement the evaluation plan. Note also that Dr. Tharp-Gilliam dedicates 20% of her time to the Healthy Living, Healthy Learning and Healthy Lives Grant as the Co-Community Principal Investigator. Dr. Tharp-Gilliam has more than 10 years of experience as a researcher, formerly with the RAND Corporation, and she has served in her current role for three years.

Lisa L. Perry, MPM, the Vice President (VP) of Development and Director of Community Affairs, designs and implements comprehensive plans for developing key external alliances by cultivating individual and philanthropic support. The VP also leads staff and volunteers to institutionalize philanthropy and fund development within the organization and support the work of the Full Service Community School Project. Ms. Perry has served in the field of education for more than 15 years, and she has served the Homewood Children's Village for the past four years.

Day-to-Day Management Team. Three HCV Offices integrate their services to deliver the work of the Homewood Children's Village to Children each day.

Office of Full Service Community Schools. K. Camara Watkins, LMSW, the Director of the Office of Full Service Community Schools will guide the implementation of the HCV-FSCS project and ensure all staff have the resources necessary to do the work. The FSCS Director makes frequent visits to each school to also ensure management and oversight. **Detria Dixon, MSW, Site Director at Faison and Monte Robinson, MPC, Site Director at Lincoln –**

are day-to-day liaisons between the HCV and the school; supervise the HCV staff in one FSCS; and coordinate service providers and partners within that school. The Site Director for Westinghouse will be hired upon receipt of this grant. The Site Directors are members of the schools' leadership team and are on-site full-time and therefore are able to conduct daily planning, coordination, management and oversight. Each Site Director also coordinates the services with the Office of Child and Community Health and the Office of Promise Fulfillment. Additional planning occurs each summer before the following school year with the FSCS Director, the Site Director, and each school's Principal. At that time, the team reviews the successes of the previous year, lessons learned and finalizes the roles of the in-school support staff. The FSCS Director has served in this position for 3 school years, and the Site Directors have served in their positions for 2 school years.

Office of Child and Community Health. Kristi Burry, MPH, CHES, CPH, Director of the Office of Child and Community Health, will coordinate the various programs in the HCV-FSCS that relate to health and wellness, among children, their families and the broader community. Ms. Burry has worked with HCV for two years and in this role for one year. She supervises the Health Corps member and other volunteers to implement programming both in the school and community.

Office of Promise Fulfillment. Walter Lewis, MS, Manager in the Office of Promise Fulfillment, coordinates secondary school programming and partners with organizations, colleges and universities to build a college-going culture among our students. The manager has served in this position for 2 school years.

Coordination of Services among Management, Operations and Oversight. Within the HCV management model, the **President/CEO meets bi-weekly with the Directors of each office of**

the Homewood Children's Village to ensure the coordination of projects within the Village.

These team meetings are designed as problem solving sessions, where each Director is given time to discuss challenges that may have arisen, upcoming events, and the management of efforts to accomplish the mission of the HCV. In the alternate weeks, the **President/CEO meets with individual Directors/Managers to discuss their goals/objectives/timelines/budgets** and their progress towards meeting those objectives. At these meetings, course corrections occur.

Each Director/Manager also has quarterly meetings with the Deputy CEO/Director of Evaluation to review progress towards the goals and objectives listed within their programmatic logic models. During those meetings, they receive and review data from the Efforts to Outcomes database, which tracks the services provided to individual students by program staff. **Each Director/Manager also has monthly meetings with the VP of Development and Community Affairs to plan for events that support their individual work,** i.e. the Annual Back to School Block Party or the Health and Wellness Expo. During those meetings, efforts are coordinated for upcoming events and a review of recent events (successes and challenges) occurs.

The Project Manager for the HCV-FSCS Grant will be the current FSCS Director, K. Camara Watkins. She will continue to meet with the CEO during her regularly scheduled time for an extended period of time to manage the FSCS Grant. The FSCS Director is also tasked with the management of numerous relationships to accomplish her day to day work. They include monthly meetings with each of the service providers and partnerships that support the full service community schools. Those meetings occur with internal HCV Directors, i.e. Office of Child and Community Health and Office of Promise Fulfillment and leaders of the partnership organizations. Moreover, quarterly convenings for the entire HCV-FSCS partnership are

designed to ensure that progress towards identified goals and objectives of the partnerships is being tracked; services are coordinated; and partners are continuing to cultivate strong relationships among the team of providers. In the interim, the FSCS Director also has regular check-ins, by phone, email, or face-to-face meetings, to check the status and progress of our work.

Lessons Learned. Note that HCV has just completed its third year of implementation of the Full Service Community Schools model in the Pittsburgh Public Schools: Year 3 at Westinghouse; Year 2 at Pittsburgh Faison; and Year 1 at Pittsburgh Lincoln. During 2013-14, the HCV reached the milestone of serving more than 1,000 children daily. That represents more than one-quarter of the children in the HCV-FSCS feeder pattern. Utilizing the Efforts to Outcomes database, the HCV has documented more than 80,000 individual efforts on behalf of the children, families and community that we serve. During our three years of operation, the HCV has gained first-hand understanding of the magnitude and severity of the needs of our community. The HCV has demonstrated our organizational capacity to do this work during the past three year of implementation of our FSCS. We document our challenges in our project memoranda and in our annual reports to funders. Our internal HCV Annual Evaluation reports (Tharp-Gilliam & Kasunic, 2013) have built on these lessons to improve our relationships and services. Our robust in-school supports have led to many positive outcomes – increased student attendance and decreased truancy, fewer suspensions and disciplinary referrals; a decrease in unwanted behavior, and earlier recognition of issues that may be affecting students negatively. Moreover, students who have participated in HCV programming have shown upward trends in grade point averages and ancillary academic indicators. It is from this perspective that we seek to expand our offerings through this US DOE Grant.

SECTION D: QUALITY OF PROJECT SERVICES (20 POINTS)

Research reports summarizing the current evidence, compiled in the What Works Clearinghouse Practice Guides, and published by National Center for Education Evaluation and Regional Assistance, Institute of Education (IES) Sciences, U.S. Department of Education (DOE) serve as primary sources linking the selected eligible services, activities, and outcomes to a foundation of support for their efficacy. The Eligible Services and activities selected for inclusion in this application were chosen after consultation with that literature and as well as practice-based evidence from the literature and our own work in the HCV FSCS for the last three years.

This section presents evidentiary support for in-school and out-of-school time services, mental and behavioral health supports, and nutrition programs that have been found to improve the following academic areas:

- 1) Dropout prevention ~ Progressing in school and completing school for grades 6 – 12 (Dynarski et al., 2008);
- 2) Academic achievement (Alaimo et al., 2001; Beckett et al., 2009; Kleinman et al., 2002; Stephan et al., 2007; Weist et al., 2005); and
- 3) College entry and financial support for college entry (Tierney et al., 2009);

In the pages that follow, **bolded section headings** list the citations for the referenced evidence that the services will lead to improvement in student achievement; underlined subheads state the recommendations from the research on effective practice; text in the paragraph highlights specific activities that we will use to support implementation of the recommendation. Matrices summarizing the connection between DOE FSCS eligible content areas, HCV FSCS programs and activities, and evidence-based recommendations utilized in our work are presented in Table D.1.

1) Evidence based approaches to dropout prevention for students in grades 6 – 12

(Dynarski et al., 2008):

E.1.1 Utilize data systems that support a realistic diagnosis of the number of students who drop out and that help identify individual students at high risk of dropping out. Evidence: “LOW”; We have found that data-based decision making is a valuable system for tracking the progress of our work and monitoring students; therefore this approach will continue to be part of our FSCS design. We will develop a “comprehensive, longitudinal, student level database with unique IDs that, at a minimum, includes data on student absences, grade retention, and low academic achievement.” These data will be reviewed regularly, with a particular emphasis before the transitions to middle school and high school.

E1.2 Assign adult advocates to students at risk of dropping out. Evidence: “MODERATE”; Among the evidence-based recommendations we selected in this evidence area, we chose adults who are committed to investing in the student’s personal and academic success. Our school-based staff, OST providers, and social work interns are assigned to maintain low caseloads, and purposefully match students with adult advocates.

E1.3 Provide academic support and enrichment to improve academic performance. Evidence: “MODERATE”; Our in-school staff have been praised by teachers for their role in academic support. Specifically, as is recommended, they “provide individual or small group support in test-taking skills, study skills, or targeted subject areas such as reading, writing, or math.”

Table D.1 Eligible services, FSCS program activities, and effective approaches to academic success.

		E1.1 Data Use	E1.2 Adult Advocates	E1.3 Acad. Enrich.	E1.4 Beh. / Soc. Skills	E1.5 Learning Environ.	E2.1 OST	E2.2 Aligned to School Day E2.2 Max. Student Attend	E2.3 Ind. & Small Group	E2.4 Engaging OST	E2.5 Program quality data	E3.1 College App.	E3.2 Financial aid App.	E3.3 Peers and adults	E4.1 Nutrition	E5.1 Enhance resources	E5.2 Wraparound	E5.3 Link Resources
Mentoring and Youth Development	In-School tutoring and mentoring	x	x	x	x	x		x	x	x	x		x	x			x	
	Bridge to College (B2C)	x	x	x	x		x	x	x	x	x	x	x	x			x	
	Personal Opportunity Plans	x	x	x	x			x	x	x	x		x	x			x	x
	Maker's Clubhouse	x	x	x	x			x	x	x	x		x	x				
	Higher Achievement	x	x	x	x		x	x	x	x	x		x	x	x			
	Homewood Community Sports	x	x	x	x			x	x	x	x	x	x	x	x			
	YMCA Lighthouse	x	x	x	x			x	x	x	x		x	x	x			
Girls On The Run (mentoring)	x	x	x	x			x	x	x	x	x	x	x	x				
Attendance	In-School Behavioral Support	x	x		x	x		x		x	x							
	Be There	x	x		x			x			x							
	Check and Connect	x	x		x			x			x							
Mental Health	Alternative Behavior Educator		x		x						x							
	Life Skills Groups		x		x					x	x							
PHDC	Health Living, Learning, Lives										x							
	School-Based Health Clinic										x					x	x	x
Nutrition	Power Pack		x								x				x			
	Dinner's Ready		x					x		x	x				x			
	Girls On The Run (race training)		x					x		x	x				x			
	Homewood Community Sports		x					x		x	x				x			
	Workout Wednesdays		x								x				x			
	Health Matters		x								x				x			
	5k and Healthy Eating Expo		x								x				x			
Walk/Bike to School		x									x			x				
Family Engagement	Parent Partner										x							
	Parent University										x		x	x			x	
	In-School tutoring and mentoring										x		x	x			x	

E1.4 Implement programs to improve students' classroom behavior and social skills. Evidence: "LOW"; Teaching behavior and social skills may mitigate problematic and disruptive behavior both in and out of the classroom by teaching students how to interact and communicate positively." One of the key roles of our social work interns is to teach strategies to strengthen problem-solving and decision-making skills. Specifically, among other of the strategies recommended by Dynarski and colleagues, our staff teach these skills using the ABE system.

E1.5 Personalize the learning environment and instructional process. Evidence: "MODERATE"; Our in-school staff and social work interns effectively reduce class-size by "establish(ing) small learning communities" within the classes in which they work through their small group and one-on-one tutoring and mentoring.

2) Evidence based approaches for out-of-school time (OST) programs with evidence and scientific support for positively impacting academic outcomes (Beckett et al., 2009):

E2.1 Align the OST program academically with the school day. Evidence: "LOW"; Our work over the past three years is consistent with Beckett's recommendation. Our key OST programs, Higher Achievement (grades 6 - 8) and Bridge to College (9 - 12), both work to align their academic support to students' school work.

E2.2 Maximize student participation and attendance. Evidence: "LOW"; Our work reflects hours of interviews and discussion as well as surveys to generate program features to meet the needs and preferences of students and parents, in an effort to promote attendance.

E2.3 Adapt instruction to individual and small group needs. Evidence: "MODERATE"; Our use of data to monitor our work is not the limit of our focus on results. And we plan to expand our use of formal and informal assessment data to inform academic instruction among our FSCS services and partners.

E2.4 Provide engaging learning experiences. Evidence: “LOW”; This recommendation was found to be effective in laboratory and school-day settings, plus it just makes sense that providing interesting and engaging experiences is a good practice. Further, our work with our students supports the value of making “learning relevant by incorporating practical examples and connecting instruction to student interests and experiences.”

E2.5 Assess program performance and use the results to improve the quality of the program.

Evidence: “LOW”; Whether or not monitoring itself leads to positive academic effects in our opinion is not the issue. We have an extensive evaluation plan and have demonstrated our capacity to collect program and student performance data. Further, like in the explanation of this recommendation, we analyze our “data and use findings for program improvement, and...conduct summative evaluations” (e.g., Tharp-Gilliam, Kasunic, 2013).

3) Evidence based approaches for to assist students with the college entry process, increase the financial assistance application rate or the college enrollment rate (Tierney et al., 2009):

E3.1 Engage and assist students in completing critical steps for college entry. Evidence:

“MODERATE”; In our work with high school juniors and seniors, we have found that directed and specific help navigating the college application system, writing essays, and submitting the applications is invaluable. In addition to this type of support, we help students to “in their college searches, coordinate and sponsor college visits and in completing college applications” all of which are best practices.

E3.2 Increase families’ financial awareness, and help students apply for financial aid. Evidence:

“MODERATE”; Our support of the Pittsburgh Promise scholarship program and program metrics that monitor students’ success toward becoming eligible, demonstrates our commitment to removing financial barriers to higher education.

E3.3 Surround students with adults and peers who build and support their college-going aspirations. Evidence: “LOW”; Specifically, we provide multiple sources for mentoring for students by recent high school graduates who enrolled in college or other college-educated adults as well as less recent graduates who can provide the long view of life after college.

4) Evidence based approaches for nutrition enhancement programs (Keinman et al., 2002) with significant relationships to academic performance improvements in students suggest the following recommendations which are being introduced through our FSCS:

E4.1 Provide supplemental feeding programs to offset threats to children's capacity to learn.

According to the evidence, children who were at nutritional risk had significantly poorer attendance, punctuality, and grades at school, more behavior problems, and were less likely to eat breakfast at school than children who were not at nutritional risk. Participation in a school-based nutrition programs enhanced daily nutrient intake and improvements in nutrient intake were associated with significant improvements in student academic performance and psychosocial functioning and decreases in hunger (i.e., improvements in attendance and school breakfast participation, decreases in hunger, and improvements in math grades and behavior over children who did not decrease their nutritional risk). Under-nutrition along with environmental factors associated with poverty can permanently retard physical growth, brain development, and cognitive functioning. Poor children who attend school hungry perform significantly below non-hungry low-income peers on standardized test scores. Improved nutrition and environmental conditions can modify the effects of early under-nutrition. Supplemental feeding programs can help to offset threats posed to the child's capacity to learn and perform in school which result from inadequate nutrient intake. Once under-nutrition occurs, its long-term effects may be reduced or eliminated by a combination of adequate food intake and environmental (home,

school) support. School Breakfast programs have shown a significant impact on academic outcomes (Keinman et al., 2002) but children are also hungry on the weekends and in the summer when school is not in session. Therefore, our nutrition program supplement school nutrition with weekend nutritional support through out Power Pack program. Further, all of our key outreach events include healthy food selections.

5) Evidence-based mental health supports have been reported to provide effective services in an academic setting (Stephan et al., 2007; Weist et al., 2005):

E5.1 Enhance school-based health resources. School-Based Health Centers (SBHC) have been shown to improve school climate, reduce the stigma of mental illness, and boost academic outcomes among students who utilize their services. Additionally, SBHCs are known to reduce Medicaid costs associated with emergency room use and hospitalization.

E5.2 Community-based Wraparound Initiatives such as Community Schools are designed to incorporate Wraparound values and principles into the school setting whereby individualized plans are developed that incorporate community services and informal supports.

E5.2 Link School and Community Resources. School-linked Services and supports such as formal and informal relationships with community-based mental health providers including provide services in schools, community-based settings and homes. Our linkages are formalized with a Memoranda of Understanding (MOUs) and also rely on relationships between school staff and local mental health provider organizations.

Our four national strategies are also evidence based (Also see Section A.):

- a. FSCS ~ Coalition for Community Schools (Blank & Berg 2006; Bireda 2009; Coalition for Community Schools 2014)
- b. Comer School Development Plan ~ Yale Child Study Center (Comer 2004; Comer & Emmons 2006; Comer 2009; Comer & Emmons 2009)
- c. Two-Generation Approach ~ Aspen Institute (Mosle & Patel 2012; Gruendel 2014)
- d. Allegheny Partners for Out-of-School Time (www.afterschoolpgh.org)

Our Eligible Services, Activities and programs, Objectives and Results/Outcomes demonstrate a comprehensive plan based on results-focused partnerships.

Table D.2. Simplified program logic model for the proposed work.

Eligible Services	Activities/Programs	Objectives	Results & Outcomes
<ul style="list-style-type: none"> ● Mentoring and Youth Development ● Attendance ● Mental Health ● PHDC ● Nutrition ● Family Engagement 	<ul style="list-style-type: none"> ● Bridge to College (B2C) ● Personal Opportunity Plans (POP) ● Maker's Clubhouse ● Higher Achievement ● YMCA Lighthouse ● Girls On The Run ● In-School Behavior Support ● Be There ● Check and Connect ● Alternative Behavior Educator (ABE) ● Life Skills Groups ● Health Living, Learning, Lives ● School-Based Health Clinic ● Power Pack ● Dinner's Ready ● Workout Wednesdays ● Health Matters ● 5k and Healthy Eating Expo ● Walk/Bike to School ● Parent Partner ● Parent Center 	<ul style="list-style-type: none"> ● To establish strong relationships with parents and involve them in FSCS's work with their children ● Provide participants with adequate weekend nutrition to address food scarcity ● To address key issues that lead to chronic absenteeism for students ● To ensure that each student has a personalized plan for academic and career goals ● To provide students with support for the development of soft skills appropriate to academic and professional contexts ● To provide support for the development of life- and social skills ● To provide academic support, such as homework help and math / English instruction ● To support participating high school graduates as they identify, qualify for, and attain meaningful and promising post-secondary opportunities 	<ul style="list-style-type: none"> ● Our students are academically prepared for opportunities ● Our students don't dropout of school before graduation ● Our students are eligible for the Pittsburgh Promise® based on GPA and Attendance ● Our students graduate on time ● Our families feel supported even in a crime-riddled community ● Our students and their families have access to quality nutrition ● Our community has access to health and wellness care

SECTION E: QUALITY OF EVALUATION (10 POINTS)

(2.i) Our Evaluation team has the capacity to provide timely and valid information on the management, implementation and efficiency of our project. **The Homewood Children’s Village FSCS has exception internal capacity among non-profits of its size to conduct rigorous evaluations.** Shannah Tharp-Gilliam, PhD, adjunct RAND researcher and HCV Deputy CEO and Director of Evaluation and Research heads the HCV’s Office of Research & Evaluation (ORE). In her role at the HCV, she leads and supports HCV’s program design, implementation, and evaluation of services to Homewood’s children and their families. She also provides technical assistance to other community service providers, that builds and implements evaluation strategies based on an outcomes-oriented approach. Prior to joining the HCV, for seven years, Dr. Tharp-Gilliam was a researcher studying education reform and health services at the RAND Corporation where she integrated qualitative data into otherwise quantitative designs. During this time she led the evaluation of the Pittsburgh Public Schools Excellence for All Initiative and was on the team that evaluated the Pittsburgh Promise® and the New Haven Promise, last-dollar scholarship programs impacting thousands of young scholars. She now holds an Adjunct Social Scientist position at RAND. Bryan Stephany, MA, Manager of Evaluation and Research and Yiyang Shi, BA, Data Analyst, manage the work of the ORE and oversee data management and report production.

(2.ii) Our team will provide guidance on and strategies for replicating or testing the project intervention in multiple settings. In addition to our experience as practitioners and implementers of FSCS for the past three years and decades of implementation experience prior to the formation of the HCV, our team has a record demonstrative of our experience with synthesis of implementation protocols, best-practice and lessons learned as published reports and peer reviewed documents. (Please see curriculum vitae/resume’ for key personnel for citations.)

(3) Our methods will provide valid and reliable performance data on relevant outcomes. For three years HCV has honed our program planning, staff training, data reporting and data management system. The ORE Team has demonstrated capacity to conduct valuable internal evaluation of program and services for formative and summative purposes. This foundation provides up-to date and accurate data to meet program improvement and formative and summative evaluation needs. ORE created the HCV Effort to Outcomes™ (ETO) database to streamline data entry and provide a data management system to record and track data for HCV's services and program. Using this system, in 2013, HCV's staff collected over 80,000 pieces of data for over 1,100 participants to track our impact. Developed and sold by Social Solutions, Inc., ETO is a comprehensive case management database software system. ETO allows staff to track daily interactions with children, parents and other staff. In ETO, our staff members can capture information about attendance at programs and events; calls home to parent; one-on-one and group tutoring; mentoring and life-skills interactions; and receipt of materials that support students on the road to learning such as Power Packs, school supplies, care packages, and coats. ORE uses STATA statistical software to run statistical tests on our data to enhance our understanding of our efficacy and to allow for improvement. In addition to our internal data capacity, HCV has ongoing relationships with organizations that supplement our internal data. These organizations include:

1. Allegheny County Department of Human Services
2. Pittsburgh Public Schools
3. University of Pittsburgh School of Social Work
4. University of Pittsburgh PCNIS

EVALUATION DESIGN

How will HCV FSCS use the evaluation information to monitor progress and provide accountability?

Evaluation of this project will be two-pronged ~ monitoring progress and providing accountability.

1) We will monitor progress through an ongoing and continuous improvement evaluation cycle

conducted by the HCV Office of Research & Evaluation. 2) We will provide accountability through an annual external evaluation conducted by the University of Pittsburgh. Additionally, we will comport to **DOE’s performance reporting** requirements and to the **requirements of the University of Pittsburgh, our external evaluator.**

1. **HCV uses a “Plan, Do, Study, Act” (“PDSA”) cycle with extensive thought work represented in detailed logic models. We will use this strategy to monitor progress of the funded project.** (See *Table D.2* for a simplified logic model for this project.) Our PDSA cycle provides documentation of the planning for each aspect of our work; process indicators and deliverables for our direct services, collaborations and partnership networks; information on challenges, lessons learned, and areas for implementation improvements and changes; and regularly planned and scheduled review and revision of our processes and services. Each year, our evaluation team partners with the managers and directors of HCV program services to construct logic models that document the objectives and activities as well as the evaluation strategies (metrics and outcomes) for each program. These logic models are revised from year to year and strategies are adjusted to account for partners’ needs, students’ needs and realities of conducting such complex work in the real world. This process, demonstrates that the HCV has a system that allows for and expects change based on our data and our staff’s work. Monthly, quarterly and yearly, and on an as-needed basis, our directors and managers implement adjustments to our work based on our evaluation and PDSA results. **Program improvement and monitoring reports** on processes related to the specific program are provided either bi-weekly or monthly based on staffs’ needs along with training and discussions on how to use the data for program improvement and staff monitoring. **Feedback for Administrators** is provided using ETO software, that compiles information on staff members’ case management efforts, parent engagement, program specific participant efforts (e.g., stipends and program attendance) and other

areas based on administrators’ requests and needs. These data are summarized on a regular basis to support staff and program management. Feedback for Administrators reports and summaries allow HCV administrators to identify successes and areas of improvement for their programs. **Feedback for Staff** include production of tailored summaries of ETO data for HCV programs to provide HCV staff with program information such as attendance, time spent with participants, stipends earned, and participation “points” (e.g., Lighthouse/Bridge to College). It is also used for such basic logistics as tracking the need for additional Power Pack bags based on the number of canvas backpacks that are returned or not returned weekly. This information is used to identify areas in which staff improvements can support participants as well as processes that have been working well. Summaries also allow HCV staff to track their work with participants. **Qualitative data** will be collected from follow-up interviews and surveys with participants for most programs, as well as information gathered through weekly and/or monthly update meetings and calls as well as program capacity discussions with our programmatic and operations staff.

2. **The University of Pittsburgh will conduct our annual external evaluation.** Our evaluation and data collection strategy was designed to respond our research questions (Table E.1) and our program objectives and outcomes (Table E.2.)

Table E.1. Research questions, method, data sources.

Target Group	Research Question	Data Sources
Child	1. To what extent is the FSCS helping children meet challenging academic achievement standards, such as Pittsburgh Promise® eligibility requirements (2.0 cumulative GPA and minimum attendance record of 90%) and high school graduation rates? Method: Quantitative	<u>Program Data</u> from PPS / HCV Evaluator: Internal
Family & Community	2. To what extent are the FSCS solutions helping children and families reach the goals set for each eligible service area indicator? Method: Quantitative	<u>Program Data</u> from PPS / HCV Student & Parent, Staff & Partner: <u>Surveys / Interviews</u> Evaluator: Internal

	3. To what extent do children and families perceive that the FSCS solutions are effective? Method: Qualitative	Student & Parent: <u>Surveys / Interviews</u> Evaluator: Internal
	4. What are the conditions that promote or hinder the FSCS “systems improvement” short-term and long-term goals, including mechanisms of data sharing, coordination, and outreach? Method: Mixed Methods	<u>Program Data</u> from PPS / HCV Staff & Partner: <u>Surveys / Interviews</u> Evaluator: Internal/ External
	5. Which target groups are making progress and which may need additional FSCS support? Method: Quantitative	<u>Program Data</u> from PPS / HCV Evaluator: Internal/ External
	6. Which types of services or combination of services are helping children and families achieve FSCS program and eligible service area-specific goals? Method: Mixed Methods	<u>Program Data</u> from PPS / HCV Student & Parent, Staff & Partner: <u>Surveys / Interviews</u> Evaluator: Internal/ External

DATA COLLECTION

The types of data that will be collected in response to the research questions and program logic model include the following, described briefly below and in the following tables.

- Common Process Indicator metrics (adult focus)
- Common Process Indicator metrics (student focus)
- DOE Performance measure
- Common Long Term Student Outcome Metrics
- Qualitative program data
- Eligible service area specific metrics
- Program Specific Metrics

Tables E.3 present the data to be collected in this project. The narrative that follows provides the details of our evaluation for each type of data as well as: (A) Metric and indicators to be collected; (B) Data collection schedule; (C) Method; and the (D) Instruments and design schedule.

1. *Common Process Indicator metrics (Adult and student focus)* (Table E.2). Are thusly titled because each program, service area, etc. will collect these same measures in “common” with each other. For example, the DOE Performance Measure (i.e., the percentage of individuals targeted who receive services) is among these measures. (A) See Table E.2 for metrics and indicators. (B) These metrics will be collected *daily* or *at each associated event*. (C) Our staff uses paper/pencil data collection templates

and then enters the data into our ETO database. Staff members are given an hour each week to enter their data. This method has proven successful for our work. Our partners will have the option of joining our online ETO portal and thus will use the same protocol as our staff; or they will be giving the option of providing HCV with monthly reporting reports based on a template that will be uploaded by the HCV Office of Evaluation staff. (D) Most of the templates needed for these metrics have already been created. Those that require update or creation will be developed prior to our project start date.

2. Long Term Student Outcome Metrics (Table E.2). Given the gaps in service and needs of our students outlined in Section A, our long-term student outcomes focus on students' GPA, school attendance percentage, and high school graduation. (A) See Table E.2 for metrics and indicators. (B) Students individual school attendance and GPA data are downloaded at the end of each grading period from the PPS district system; and high school graduation data are currently collected from individual students in our programs and cross-checked with data from the schools; (C) Data will be download from District database; (D) No instruments are needed for these metrics.

3. Qualitative program data (Table E.2). Much of the texture and valuable explanatory qualitative data are found in our staff members' case management notes. (A) See Table E.2. (B) Qualitative data and care management notes are collected daily or as anecdotal information occur. (C) Our staff uses paper/pencil notebooks and later enters their notes into our ETO database. Staff members are given time each week to enter their data. This method has proven successful for our work. Our partners will have the option of joining our online ETO portal and thus will use the same protocol as our staff; or they are given the option of providing HCV with monthly reporting reports based on a template that will be uploaded by the HCV Office of Evaluation staff. (D) Case management templates have already been created.

Table E.2. Common Metrics across program and eligible service areas: DOE Performance measure, Common Process Indicator metrics (Adult and student focus), Common Long Term Student Outcome Metrics and Case management notes.

Type of Metric	Metrics of Interest	Indicators (Collection Schedule)	Collection Strategy
Common Process Indicator metrics (Adult focus)	DOE performance measure: <i>Number of Adults Served</i>	# served by type of participant (student, guardian, community member); % of goal population receiving services	Staff Entry
	<i>Time spent with Adult client</i>	Hours of staff effort (1-on-1 and group)	Staff Entry
	<i>Adult Program Attendance</i>	Parent/guardian program attendance (# of hours/days; % of program total)	Staff Entry
Common Process Indicator metrics (student focus)	<i>Number of Students Served</i>	# of students served / % of school population receiving services	Staff Entry
	<i>Time spent with student</i>	Hours of staff effort (1-on-1 and group)	Staff Entry
	<i>Program Attendance (if applicable)</i>	Student program attendance (# of hours/days; % of program total)	Staff Entry
	<i>Parent Engagement</i>	# of parent contacts; % of students receiving > 1 contact per month)	Staff Entry
Common Long Term Student Outcome Metrics	<i>Pittsburgh Promise Eligibility</i>	# & % of participating students (or children of participating parents) who are eligible for the Pittsburgh Promise® based on GPA and Attendance	Download from District
	<i>High School Graduation</i>	# & % of students (or children of participating parents) who enter FSCS in each class cohort in grades 7 - 12 and graduate during the course of the grant	Download from District
Qualitative program data	<i>Notes</i>	Case Management Notes	Staff Entry

4. *Eligible service area specific metrics (Table E.3).* All programs and services in each eligible service area will be evaluated based on a set of metrics for that eligible service area. (A) See Table E.3 for metrics and indicators. (B) Data for indicators based on district data will be monitored at the end of each grading period and annually at the end of the school year; (C) District Data: HCV staff have access to student academic data through our partnership with the district. Our staff download data that can be linked by Student ID for further analysis. Data safeguarding measure are taken to ensure confidentiality of student information is maintained.

ABE: the ABE Social Skills intervention modules are supported by a series of validated pre-post test of the efficacy of the lessons. These data are accessed through the ABE website. **Life Skills:** HCV staff will utilize a validated test of social skills based on the content of the lessons; (D) Instruments will be updated or developed on a schedule to ensure that data are captured for each indicator.

Table E.3. Eligible service area specific metrics (Part 1/4).

Eligible service area	Metrics of Interest	Indicators (Collection Schedule)	Collection Method
Programs for chronically absent, truant, suspended or expelled	<i>Student School Attendance</i>	Δ in # of students deemed chronically absent; % of school population (grade period & annual)	Download from District
	<i>Risk-Factors for Drop-out</i>	Grade retention; low academic achievement (i.e., < 2.0 GPA, low reading scores); frequent school transfers; chronic absenteeism (>10%); > one suspension; single parent family, and free/reduced lunch eligibility	
	<i>Days in Out of School Suspension</i>	Suspension data for individual students and by school (grading period & annual)	
	<i>Expulsion from School</i>	Expulsion data for individual students and by school (grading period & annual)	
Mentoring and Other Youth Deve't	<i>Student School Attendance</i>	# of students deemed chronically absent; % of school population	Download from District
	<i>Conduct of POP</i>	# & % of students with current POP	Staff Entry
	<i>Course Grade, Quarterly & Cumm. GPA Change/Time</i>	% and # of students with Positive Δ in Grades (Specific focal courses and overall GPA)	Download from District
Mental Health Services for students	<i>Student School Attendance</i>	# of students deemed chronically absent; % of school population	
	<i>Conduct of Life Skills Group</i>	# and % of students who receive Life Skills Group	Staff Entry
	<i>Life Skills Knowledge</i>	Δ in content area knowledge	Pre-Post Test
	<i>Social Skills Knowledge</i>	Δ in content area knowledge	ABE Pre-Post Test

Table E.3. Eligible service area specific metrics (Part 2/2).

Eligible service area	Metrics of Interest	Indicators (Collection Schedule)	Collection Method
Primary Health and Dental Care	<i>Student School Attendance</i>	# of students deemed chronically absent; % of school population)	District
	<i>Screenings/Physicals</i>	# screened by medical condition by type of participant (student, guardian, community member) / % of school population receiving services	Staff Entry
	<i>Educational Materials</i>	Topic of quantity of educational materials	Staff Entry
	<i>Completed Referrals</i>	# referred / # completing referrals	Staff Entry
Nutrition Services and Physical Activity	<i>Student School Attendance</i>	# of students deemed chronically absent; % of school population	District
	<i>Partners / sponsors</i>	# and name of partners and sponsors for NS & PA activities	Staff Entry
	<i>Power Packs</i>	Topic of quantity of educational materials	Staff Entry
	<i>Completed Referrals</i>	# referred / # completing referrals	Staff Entry
	<i>Number of Guardian Participants</i>	# of guardians served or participating	Staff Entry
Family engagement,	<i>Student School Attendance</i>	# of students deemed chronically absent; % of school population	District
	<i>Parent Center Metrics</i>	TDB during the planning in Year 1.	

5. *Program Specific Metrics (Table E.4).* In addition to the common metrics, and eligible service metrics, most proposed services have a set of program specific metrics that provide information that affords a closer investigation into its unique goals and outcomes. It is not feasible to provide the complete logic models for each of the proposed services in this application. However, we have provided a selection of services and indicators in Table E.4. (A) See Table E.4 for metrics and indicators; (B) Program specific metrics will be collected on a schedule appropriate to attribute changes in the indicator to the specified program/intervention; (C) Many of the indicators for our program specific metrics require unique

surveys or interviews to gather information tailored to our program content. (D) Instruments will be updated or developed on a schedule to ensure that data are captured for each indicator.

Table E.4. Sample of Program Specific Metrics.

Eligible Service	Proposed Service/Program	Indicators
Mentoring and Youth Development	Bridge to College (B2C)	Δ in knowledge of college matriculation process (application, financial aid, different colleges, etc.)
	Personal Opportunity Plans (POP)	# of students meeting their academic goals outlined in POP
	POPs: College and Career	Δ in knowledge of employment soft skills at the end of the training
	Girls On The Run (mentoring)	# of girls who complete end of season 5K
Nutrition	Power Pack	Δ in access to healthy food
	Dinner's Ready	Δ in access to healthy meals during summer months
	Girls On The Run (race training)	# of girls completing end of season 5K
	Workout Wednesdays	Δ in participants' weekly physical activity from start to end of quarter
	Health Matters	Δ in knowledge of Health Matters topics from start to end of session
	5k and Healthy Eating Expo	# of participants reporting completion of first 5K
	Walk/Bike to School	# of students who report feeling safer walking to school
Family Engagement	Parent Partner	Δ in reported "feelings of connection" between the school and the community from start to end of school year
	Parent University	Δ in knowledge of resources and opportunities start to end of session