

2012 Promise Neighborhoods Planning Grant Application

PROMISE HEIGHTS

A Promise Neighborhood in Baltimore, MD



F. L. Templeton Prep Academy, "Transform My School" wall mural, 2012



UNIVERSITY of MARYLAND
SCHOOL OF SOCIAL WORK

Table of Contents

- 1. NEED FOR PROJECT 4
 - 1.1. The magnitude or severity of problems to be addressed by the proposed project as described by indicators of need and other relevant indicators. 4
 - Promise Heights (PH) History and Potential 4
 - Promise Heights Initiative—Vision 5
 - Promise Heights—Current Reality 5
 - Table 1: Promise Heights, Baltimore City, MD, and USA Comparisons 6
 - Figure 1: 2010-11 School Readiness for F.L Templeton (FLT) and Samuel Coleridge-Taylor (SCT) (retrieved from www.marylandreportcard.org) 9
 - Table 2: Promise Heights, Baltimore City, and Maryland School Data 10
 - 1.2. Extent to which geographically defined area has been described. 11
 - Figure 2: Map of Promise Heights (Upton/Druid Heights) 13
- 2. QUALITY OF PROJECT DESIGN 13
 - 2.1. The extent to which the continuum of solutions will be aligned with an ambitious, rigorous, and comprehensive strategy for improvement of schools in the neighborhood 13
 - Table 3. Promise Heights Community Partners Advisory Board (CPAB)—Structure, Membership and Responsibilities 20
 - 2.2. The extent to which the applicant describes a proposal to plan to create a complete continuum of solutions, including early learning through grade 12, college- and career-readiness, and family and community supports, without time and resource gaps that will prepare all children in the neighborhood to attain an excellent education and successfully transition to college and a career. 21
 - Figure 3: Promise Heights Pipeline of Existing Services 23
 - Table 4: Current or Planned Components of the Continuum of Solutions 23
 - Pregnancy and Early Childhood Development 24
 - Elementary School 27
 - Middle School 30
 - High School 33
 - Neighborhood Projects 34
 - Adult Learning, GED, and Workforce Development 35
 - 2.3 Extent to which solutions leverage existing neighborhood assets and coordinate with other efforts, including programs supported by Federal, State, local, and private funds. 35
 - Figure 4. PHI Funding Sources (left) and Targets (right) 36
- 3. QUALITY OF PROJECT SERVICES 38
 - 3.1. The extent to which the applicant describes how the needs assessment and segmentation analysis, including identifying and describing indicators, will be used during the planning phase to determine each solution within the continuum. 38
 - Needs Assessment and Identification of Problems, Solutions, and Indicators 38
 - Figure 5. Community-Informed Process of Developing and Implementing Needs Assessment, Including

Segmentation Analysis and Indicators of Success	41
Table 5: Examples of Needs Assessments Indicators and Measures	42
Segmentation Analysis	44
Data Sources.....	45
3.2. The extent to which the applicant describes how it will determine that solutions are based on the best available evidence including, where available, strong or moderate evidence, and ensure that solutions drive results and lead to changes on indicators.	48
4. QUALITY OF THE MANAGEMENT PLAN	52
4.1. Working with the neighborhood and its residents; the schools described in Absolute Priority 1; the LEA in which those schools are located, Federal, State, and local government leaders; and other service providers.	52
Table 6: Key Components of Parent Involvement Model.....	53
What Have We Learned?	53
4.2. Collecting, analyzing, and using data for decision-making, learning, continuous improvement, and accountability.....	54
Ethical Conduct of Research	56
Data Collection	56
Learning from Multiple Data Sources.....	56
Data Analysis	58
Decision Making.....	59
Continuous Quality Improvement.....	60
Accountability	62
Table 7: Evaluation Tools and Processes Involved with CQI.....	63
Challenges and Strategies for Addressing Community Participation.....	64
4.3. Creating formal and informal partnerships, including alignment of visions, theories of action, and theories of change described in its memorandum of understanding (MOU), and creating a new system for holding partners accountable for performance in accordance with the MOU.	64
Key Personnel	65
4.4. Integrating funding streams from multiple public and private sources, including its proposal to leverage and integrate high-quality programs in the neighborhood into the continuum of solutions.	70
Postlude	72
REFERENCES	73

1. NEED FOR PROJECT

1.1. The magnitude or severity of problems to be addressed by the proposed project as described by indicators of need and other relevant indicators.

Promise Heights (PH) History and Potential

The Promise Heights Initiative (PHI) is a holistic endeavor to empower children, students, teachers, families, and other stakeholders of Promise Heights (PH is comprised of West Baltimore's Upton and Druid Heights communities) to achieve their potential. Today, the area is known nationally for inspiring the television show "The Wire," which depicted the illegal drug trade in West Baltimore. The PH neighborhood was once, however, Baltimore's premier African American community replete with jazz clubs, dance halls, theaters, and other hubs of the African-American community and home to educated, professional property owners, including doctors, lawyers, and retailers. The Baltimore chapter of the NAACP was founded there, which was visited by famous leaders of the national civil rights movement such as Booker T. Washington, W.E.B. DuBois, and Marcus Garvey. The urban renewal of the 1960s and 70s destroyed much of Upton's historic architecture, replacing it with public housing. Despite these many challenges, PH communities are working hard to rebuild themselves through the PHI, drawing upon their legacy of greatness.

Reconstructing PH as a Promise Neighborhood reflects bidirectional learning and commitments: (1) honest and transparent efforts by stakeholders, including the University of Maryland, Baltimore (UMB), to prepare students and track indicators of progress; and (2) commitment from the PH community to actively participate in the evolution and evaluation of PHI and believe in all PH children's ability to succeed.

Promise Heights Initiative—Vision

PHI's vision is to provide a safe and healthy learning and living environment for PH residents. The PHI vision can be achieved through a Planning Grant as part of the Department of Education Promise Neighborhoods Program (PNP). The Planning Grant will support the purpose of PHI's Promise Neighborhood by:

- Building a complete cradle-to-college continuum of learning and associated family/community support that is both high-touch and high-tech
- Recognizing, respecting, and addressing the diverse ways that students learn
- Dissolving silos and integrating empowerment and management strategies
- Enhancing bidirectional learning in partnership with UMB
- Using novel environmental scanning and capacity building activities
- Developing student-centered education and family/community support indicators
- Providing 24/7 access to learning modules through a PHI virtual learning platform
- Evaluating the impact through quantitative and qualitative assessment
- Addressing cultural competence and sustainability of the PHI
- Communicating openly and disseminating decision, results, and implications
- Holding ourselves accountable and planning for sustainability

Promise Heights—Current Reality

Promise Heights faces many challenges. Consider these statistics: over 61% of PH children live in poverty; close to 50% of PH adults lack a high school diploma or equivalency; nearly six out of ten PH adults were either unemployed or not in the work force during the last Census. In stark contrast to these poor indicators, PH community members have pride in their rich history and show a desire to address neighborhood

concerns, organize, learn, and progress.

PHI’s mission is to create a comprehensive child, family and community building model in West Baltimore that provides children 0-21 with educational, social, physical, and economic opportunities and which allows them to thrive and succeed in school, work and family life. To achieve the PHI mission, non-profit agencies, faith-based organizations, UMB, local government, and PH communities all commit to finding solutions to meet the needs of vulnerable families. That commitment also involves implementing evidence-based practices to improve PH socioeconomic indicators.

Magnitude of Problems - The PH neighborhood is near the heart of Baltimore City, approximately one mile from UMB and 1.5 miles from the City’s inner harbor. The PH community reflects educational and health disparities. It is home to approximately 10,342 residents, 28% of whom are children (Census, 2010). There is little racial and economic diversity in the community: 93% of the population is African-American (Census, 2010) and 53% of households have an income less than \$14,999 (American Community Survey, 2005-2009). Nearly three of five children (61%) live in poverty, as compared to 28% in Baltimore City and 10% in Maryland overall.

Table 1: Promise Heights, Baltimore City, MD, and USA Comparisons

	Promise Heights	Baltimore City	Maryland	USA
Infant Mortality Rate* (per 10,000 residents)	15.0	12.1		
Single Parent Families	85%	53	27%	16.9%
<u>Educational Attainment</u>				
Less Than 9 th Grade	13%	6.4%	4.3%	6.3%
Attended grades 9-12, but no diploma	26%	16.7%	8.2%	9.1%
HS graduate or GED	34%	29.7%	26.8%	29.3%
16 yrs or older and not in labor force	55%	37.8%	30.6%	35.2%
Violent Crime Rate (per 1,000 residents)*	27.3	15.6		
All numbers from American Community Survey, 2005-2009, except * from 2011 Baltimore City Health Department				

Table 1 documents the high rates of infant mortality, single parent households and violent crimes and poor educational attainment in the PH neighborhood as

compared to Baltimore and the United States. Reflecting the community's overall economic distress, home ownership rates are some of the lowest in the City. Further, the number of federalized subsidized housing is one of the highest in city. Within PH are two large adjacent public housing complexes, McCulloh Homes and Spencer Gardens, whose residents suffer even greater difficulties than those in the surrounding community. These housing complexes are home to 1,352 residents, 614 (21%) of whom are children. The median family income is under \$9,000 and 45% of adult residents are unemployed (Cheron Porter, personal communication, 2009). About 880 Section-8 housing units are also in PH.

Community Health and Safety - The Baltimore City Health Department's 2011 Neighborhood Health Profile notes that PH rates are in the bottom third of neighborhoods for many critical indicators: (1) the life expectancy for the community is 62.9 years as compared to 71.8 years for Baltimore City; (2) residents have a higher rate of chronic disease, including diabetes at 7.7 per 10,000 residents vs. 3.5 for the city overall; and (3) the homicide rate is twice the Baltimore City rate (Ames, et al., 2011).

Access to preventative health care is critical, yet PH residents have poor access to preventative health care and are, therefore, more susceptible to illness and preventable disease that can become life-threatening. Asthma rates in PH are among the highest in the city. In Baltimore, asthma is the leading cause of school absenteeism and the top reason children visit the emergency room (University of Maryland Medical Center, 2012). In PH, asthma is responsible for over 60% of emergency room visits by children, and among students who miss five or more days of school per year, 40% report asthma as the reason (Pat McLaine, Professor, UMB School of Nursing, personal

communication). While the number of children who were hospitalized for asthma decreased citywide during the last year, there was increase in the number of children hospitalized for asthma in PH. One of our PH students died from asthma this winter—something that the PHI has vowed to keep from happening again.

Safety has improved over the past decade in Baltimore, but remains a problem in PH. The citywide violent crime rate (homicide, rape, aggravated assault, and robbery) decreased by nearly 11 incidents per 1,000 persons from 2000 to 2010. However, PH has one of the highest overall violent rates in 2010 at 27.1 offenses per 1,000 persons. This is nearly three times the rate for the City of Baltimore.

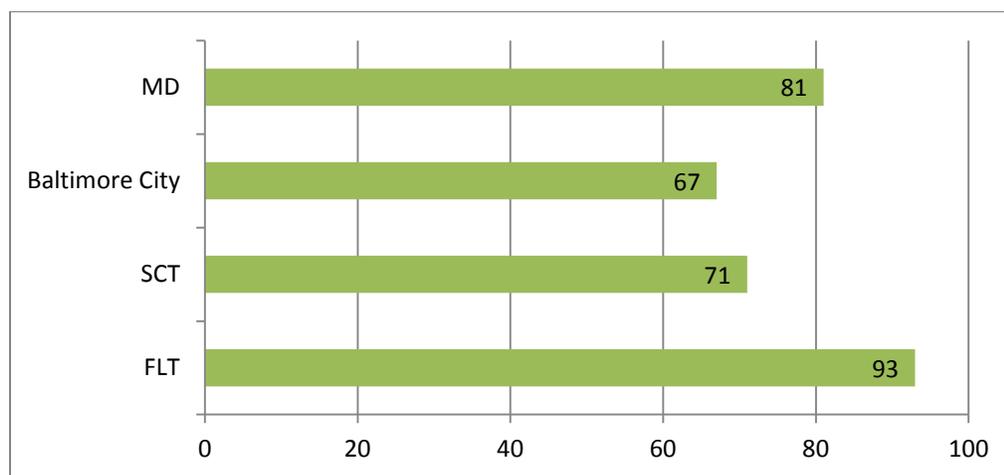
Maternal and Child Health - Good health begins with babies being born healthy. While the percentage of births where mothers received early prenatal care increased, the infant mortality rate for PH is one of the highest in Baltimore at 15.0 per 10,000 residents (Ames, et al., 2011). Another indicator of community distress is the high teen birth rate in PH. Although, the teen birth rate is declining nationally and locally, the teen birth rate in PH increased from 84.7 per 1,000 in 2009 to 97.4 in 2010. That is an increase of 12.6 while the decline in Baltimore City was -9.0 mirroring the historic lows nationally in teen births. The negative effects of early childbearing affect the health, education and employment opportunities of the mothers; poverty is a frequent outcome. The long-term implications for offspring include poor opportunities in society, risks of poor health, and adverse developmental outcomes.

The time from birth to age five offers children the greatest opportunity for learning. Because this learning depends on the quality of children's experiences, stimulation and responsive parenting are critically important. Yet, there were only 288

slots for children 0- 5 for child care (family day care, home-, and center-based) available in PH, and only 17 infants are in care, even though the community has approximately 500 children under two years of age.

Academic Need – There are four public schools serving children in Promise Heights: F. L. Templeton Preparatory Academy (FLT) (a year-round charter elementary school), the Historic Samuel Coleridge-Taylor Elementary School (SCT), the Middle School for the Arts at Booker T. Washington (BTW), and Renaissance Academy High School (RA). Children in all PH schools exceed state averages for low-achieving students, chronic absenteeism, truancy, and academic failure. A total of 93.4% of students attending these schools are eligible for the Free and Reduced Meals program. Each year, incoming kindergarten students in Maryland are being assessed on school readiness skills and knowledge using the Maryland Model for School Readiness (MMSR) Kindergarten Assessment. In 2010-11, the school readiness skills of entering kindergarteners for FLT and SCT were comparable to their peers in the Baltimore City School System (See Figure 1.)

Figure 1: 2010-11 School Readiness for F. L. Templeton (FLT) and Samuel Coleridge-Taylor (SCT) (retrieved from www.marylandreportcard.org)



School Adequate Yearly Progress (AYP) scores have consistently been below state goals in all PH schools, as shown in Table 2. Although school-wide AYP proficiency scores have increased between 3 and 12% over the last four years at FLT, state AYP goals have increased at a constant rate of 5% a year and FLT has remained behind. None of the other schools have seen gains in proficiency scores. Having experienced difficulty meeting state AYP standards, both FLT and BTW were placed under Corrective Action in the fall of 2009, as was SCT in the fall of 2011.

Table 2: Promise Heights, Baltimore City, and Maryland School Data

2010-2011 SCHOOL YEAR		# of STUDENTS	% AYP READING	% AYP MATH	% FARM	% SPED
Elementary	Maryland	311,767	86.2	88.0	46.8	11.4
	Baltimore City	17,574	72.9	72.7	84.4	14.3
	F. L. Templeton	453	70.3	69.1	≥ 95.0	13.7
	Samuel Coleridge-Taylor	408	60.0	55.7	93.9	18.0
Middle	Maryland	184,308	73.7	83.5	41.2	11.9
	Baltimore City	16,659	65.1	49.1	82.3	19.3
	Booker T. Washington	327	38.9	27.0	91.4	30.3
High	Maryland	264,055	81.7	83.6	34.0	10.9
	Baltimore City	24,311	60.9	61.8	69.4	16.7
	Renaissance Academy	326	85.5	82.7	72.4	28.8

In 2000, FLT was one of the three lowest-performing schools in Maryland and became an EdisonLearning™ school, serving pre-K through 5th grade students. Seven years later despite evident improvements, the school did not achieve AYP goals and was converted to a public charter in November of 2010. SCT did not achieve AYP in either reading or math for the 2010-2011 school year. Per the school's performance plan, AYP was not met because of a lack of appropriate and sustained interventions for students performing below grade level, classroom management issues, poor parent volunteerism and classroom support, and student absences and tardiness. SCT was

identified as needing improvement in the Comprehensive Priority stage (Maryland State Department of Education, 2012).

Booker T. Washington (BTW) was the first middle school for African American youth in Baltimore city. Many renowned alumni graduated from the school including: Thurgood Marshall, Kweisi Mufume, and Cab Callaway. Currently, BTW students are in academic distress. Approximately 30 percent of the students are receiving special education services and 35% of students are one year over-age. The suspension rate of 40 percent is high for City middle school students. Sixteen percent of the students missed 20 or more days of school last year.

Renaissance Academy (RA) High School is located on BTW's third floor. RA also has a large proportion of students with special needs: 29% of the students are in special education and one year over-age students. Although the suspension rate is lower than BTW's at 22%, the graduation rate hovers at 76%. Approximately 39% of the students miss over 20 days of school. According to City Schools CEO, Andres Alonso "for the third year in a row, Baltimore's scores on state test show a double digit achievement gap between chronically absent students and their peers who attend school regularly, and the system's recent spike in suspensions has created a similar disparity." The PHI will accelerate its engagement of BTW and RA to help address the problem of high absences.

1.2. Extent to which geographically defined area has been described.

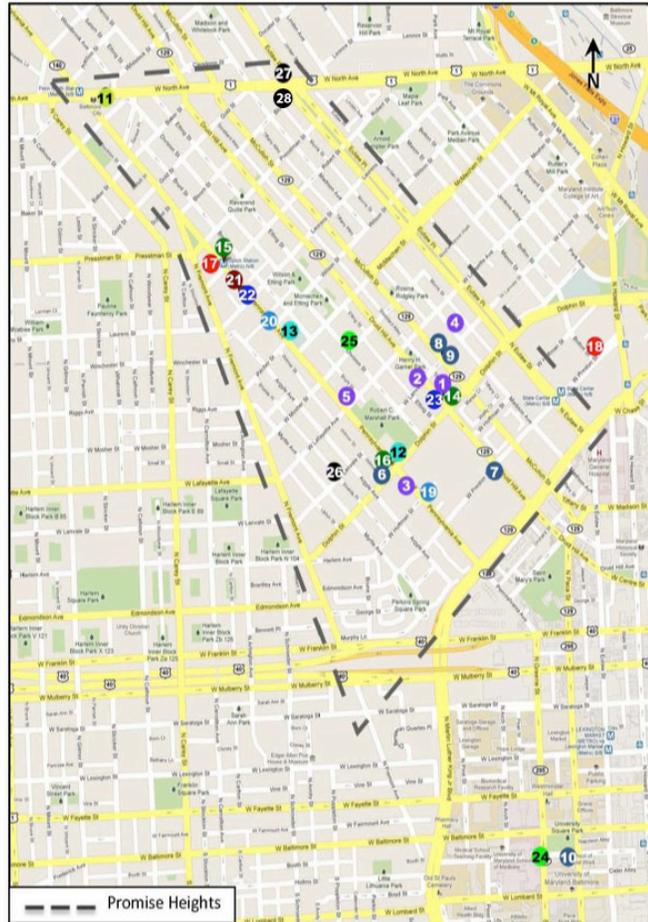
The PH community includes town houses, lawyers' and physicians' offices, fraternal lodges and social clubs, public schools, shops and stores, and a city newspaper, the *Afro-American*. As one of Baltimore's largest and most heavily

populated African American neighborhoods, PH stretches one mile along Pennsylvania Avenue from its intersection at Martin Luther King Boulevard to the northern boundary at North Avenue and eastward to Eutaw Place (See Figure 2.) Since the 18th Century, PH has included African American churches; businesses and job placement centers; and places for leisure-time activities. Baltimore's African American churches serve as places of workshop, but also as places of empowerment and incubators for organizing and planning. The oldest and largest African American churches are an active part of the PHI and include Bethel AME (1780s); Union Baptist (1852); Sharp Street Memorial (moved to PH in 1896); Douglass Memorial Community Church (1925); Providence Baptist (1928); and Pennsylvania Avenue AME Zion (1977).

The implementation of the National Housing Act in Baltimore designated large swaths of land for public housing. This resulted in 29 buildings spread over five blocks including McCulloh Homes, one of the largest public housing projects in Baltimore. Intended to address the problem of crowded homes and poor conditions throughout PH, it resulted in rapid in-out mobility for residents. Single parents and the elderly continued to pour into the area and the housing stock was decimated. To rejuvenate the community, residents joined together and the city Department of Housing and Community Development secured Federal approval in the early 1970s to designate 168 single street blocks as the City's largest Urban Renewal area. Fifty percent of the projected new construction was never completed.

Figure 2: Map of Promise Heights (Upton/Druid Heights)

Name	Type of Organization
1. Union Baptist Church	Religious
2. Bethel AME Church	Religious
3. Pennsylvania Ave AME Zion Church	Religious
4. Douglas Memorial Community Church	Religious
5. Providence Baptist Church	Religious
6. F.L. Templeton Preparatory Academy	Educational
7. The Historic Samuel Coleridge-Taylor Elementary	Educational
8. Booker T. Washington Middle School	Educational
9. Renaissance Academy	Educational
10. University of Maryland-Baltimore	Educational
11. Pennsylvania Ave Branch Library	Library Services
12. Robert Marshall Recreation Center	Recreational
13. Shake and Bake Family Fun Center	Recreational
14. Union Baptist Head Start	Early Childhood
15. YWCA: Upton Childcare Center	Early Childhood
16. The Judy Center for Early Childhood Education	Early Childhood
17. Upton/Avenue Market Metro	Transportation
18. State Center Metro	Transportation
19. Avenue Supermarket	Retail
20. Stop Shop Save	Retail
21. US Post Office	Government
22. Bank of America	Finance
23. Northern Investors	Finance
24. Total Health Care	Health Care
25. Larry Young Division Health Center	Health Care
26. University of Maryland Medical Center	Health Care
27. Garden of Hope	Community
28. DRU/Mondawmin (DRUM) Healthy Families	Community



2. QUALITY OF PROJECT DESIGN

2.1. The extent to which the continuum of solutions will be aligned with an ambitious, rigorous, and comprehensive strategy for improvement of schools in the neighborhood.

As a community anchor, UMB and its six professional schools (Medicine, Law, Dentistry, Social Work, Pharmacy and Nursing and the University of Maryland Medical

System are aware of the area's needs. For over 200 years UMB health sciences schools have provided medical care to community residents. The SSW is nationally recognized for its expertise on child welfare services and community engagement. For those reasons, when a group of ministers requested UMB to deepen its commitment to the community by working with the schools and health disparities, the University accepted the challenge.

The pipeline of solutions within PHI started with work in 2008 after a visit to the Harlem Children's Zone by the CEO, Baltimore City Public School; Baltimore City Deputy Mayor; Dean, School of Social Work; United Way of Central Maryland, and representatives from community-based organizations. After the visit, the group decided to work together to significantly improve the educational and developmental outcomes of children and youth in the PH community. Their work is based on the two premises. The first premise is that everyone needs to be part of the continuum of solutions; that is, no one and no institution can "just be a taker." This includes UMB, PH schools, and others who stand to benefit from progress. The second premise is that poor school performance is impacted by various factors that are rooted in poverty, stressful learning environments, and low educational capital in families. PH students and families are confronted with multiple needs and more than one agency or approach is needed to fulfill all of the families' needs. For children in low income families to succeed in school, a continuum of services that addresses food, social services, health and mental health need to be integrated into the plan. This proposal aligns to the Promise Neighborhood vision that all children will have access to great schools and strong systems of family

and community support that will prepare them to attain an excellent education and successfully transition to college and a career.

The group also developed a continuum of solutions for the PH neighborhood which were informed by three main foci:

- (1) *Educational Impact*—using data to identify and implement appropriate evidence-based practices so that 90% or more of PH students are reading on grade level by the end of third grade, enrolling in Algebra I by ninth grade, scoring above the 75th percentile on national assessments, and pursuing post-secondary opportunities, both educational and vocational;
- (2) *Strategic Coordination*—building a coalition of existing service providers and grass roots organizations to change the way organizations work together and to refocus their efforts around clear housing, educational, and occupational outcomes for families and children based upon data and community input; and
- (3) *Family Engagement*—using data to bring resources and opportunities directly to families living in PH so as to invest them in their children’s success and help shape a culture of high achievement and hopeful expectations for all youth.

Members of the group continued to meet and to begin to work with FLT to expand its services around early childhood development and to concurrently work with the Union Baptist Head Start Center to strengthen its programming. The loosely formed group also secured grant funds to continue to build the pipeline. (See Section 2.3 herein for information on funding sources.) However the group understands that to continue to build on this transformational work, the small group needs to broaden its reach by including additional community members and other community based non-

profits. It will bolster these efforts by creating a broad-based planning structure that emphasizes inclusion of all key partners (residents, parents, civic leaders, school personnel, government officials, elected leaders, etc.) and results-based planning focused on data and the identification of evidence-based strategies and programs.

The PH Community Partners Advisory Board (CPAB), the governing body for the PHI, is the creation of a multi-disciplinary, cross-agency partnership co-led by community and University leaders (see Table 3). The CPAB consists of 25 members, including at least two RA high school students chosen with input from Principal Perry as well as five community members who are parents or caregivers of children in early childhood or K-12 PH educational programs. The CPAB will meet monthly and serve as a general forum for mobilization, communication, and coordination. It will foster community information and education and provide leadership and feedback on data collection, analysis, and program development. The CPAB will serve as the final authority to select evidence-based solutions that are implementable and to create and continually tune the long-term organizational strategies and sustainability tools that are the prerequisites for success. It will debate recommendations before launching each chosen program activity, allowing major questions to be anticipated and addressed by key stakeholders and strengthening working relationships among those stakeholders.

Under the CPAB will be four committees: (1) Research & Data Management; (2) Educational Reform; (3) Health; and (4) Parent & Community Engagement. Each committee will also be informed by discussions and decisions made by the Principals' Council. Each chair and co-chair will lead the work during the planning phase and will meet once or twice per month. The chairs will be members of the CPAB. Community

members and students who participate on the CPAB will be paid a stipend to help with child care and transportation costs. In addition, meetings will be held in the community at times convenient for all members—mostly likely evenings—with dinner provided. Membership on all the committees will be a cross section of community members and university personnel. Committees will be provided with information about the timeframe and the expectation as to when to have their work completed. PH staff will work with each of the committees to provide administrative and logistical support. Committee membership and responsibilities are described in Table 3.

The quarterly *Community Congress* will ensure resident involvement and ownership of the planning process. Residents will be invited to attend Community Congresses held at one of the local churches to learn about the PH initiative, to share their vision on the goals (and for the community), the work accomplished thus far in collaboration with the community, and the schedule for the year. They will also be recruitment meetings to get community residents to join one of the committees. At subsequent meetings of the Congress, the PH Director will review the potential solutions which will be reviewed by the committees. In addition to the Community Congress, the PH website will have updates and information on the work of each committee and will have a forum for residents and other stakeholders to provide feedback to our progress. By combining high tech as well as traditional meetings, community members will have the chance to ask questions, express concerns, suggest changes, and learn about ways to engage more fully with the work.

The *Research and Data Management Committee* will be responsible for using research, data and evaluation on evidence based interventions to plan and implement

solutions within the five goals. They will lead the needs assessment, segmentation analysis, and data management. They will ensure the selected intervention works in urban communities,. They will be responsible for reporting their findings to the Community Congress and to obtain assistance from the participants toward interpreting the results. They will work with the national evaluator to ensure that data management and program design are consistent with plans for the national evaluation. (See Sections 3.1 and 3.2 for the research and data management plans.) They will meet bimonthly to develop recommendations for the all of the committees.

The *Education and Reform Committee* will be responsible for developing plans to create a continuum of solutions with the potential to improve the educational and developmental outcomes of children and youth in Promise Heights. They will be responsible for reviewing local educational policies and practices to ensure the continuum can be successfully implemented.

The Health Committee will work with the Baltimore City Health Department, B'more for Healthy Babies program, and other health program providers to examine the data and analysis of the health status of the community. This is part of the broader PHI community change work to improve the health status of our children and families. Programs to decrease chronic health conditions such as asthma, and diabetes will also help achieve educational goals and will be addressed by this committee. They will work with the Principal's Council to conduct school-wide health needs assessments and develops a plan of action to improve the health status of PH students.

One of the most critical committees, the *Parent and Community Engagement Committee* will convene meetings with community residents to discuss PH, and to

involve community members in all committees. This committee, like all others, will meet during various times of the day, evening and week-end and meals will be served. Day care will also be provided. Community members will be aggressively recruited via flyers, the school's auto caller, posters, internet access and community outreach workers.

Each of the four PH principals will participate on the Principal's Council which will be responsible for conducting joint programming between the schools and for advocating any changes needed to implement educational reform among local and state educational agencies. In addition, each of the four committees will work with the Principals' Council to ensure that our transformational work is related to the goals of the Baltimore City Public Schools as listed below:

- Goal 1: All students will enter and remain in school prepared to perform well and graduate prepared to enter post-secondary education, work, or advanced training
- Goal 2: All students will be taught by highly qualified, effective teachers
- Goal 3: All students will be taught in nurturing environments that are conducive to learning and foster meaningful relationships between adults and children
- Goal 4: All students will benefit from the implementation of effective management systems that maximize available resources
- Goal 5: All school-aged children will benefit from increased student, family, and community engagement that provides positive educational and career opportunities for students

Table 3. Promise Heights Community Partners Advisory Board (CPAB)—Structure, Membership and Responsibilities

PH Community Partners Advisory Board		
Membership		Committee Responsibilities
<ul style="list-style-type: none"> Residents of Upton/Druid Heights City of Baltimore Faith-based Institutions Community-based Institutions University of Maryland, Baltimore Baltimore City Public Schools Baltimore City Health Department United Way of Central Maryland Baltimore City Child Care Resource Center 		<ul style="list-style-type: none"> Helps establish goals and objectives Designates a lead agency Oversees work of PH Director Designates Committee and Chairs to work on specific issues Oversees work of Committees Helps identify financial and other resources to obtain funding Monitors progress on goals and objectives Serves as a community advocate for action strategies Report annually to various stakeholders
Committee Name	Committee Membership	Committee Responsibilities
Research & Data Management Committee	Residents Dean Richard P. Barth C. Daniel Mullins Marvin Mack	<ul style="list-style-type: none"> Design and conduct community needs assessment Review school climate needs assessment Conduct and analyze segmentation analysis Create a data management system across schools and programs Link data from various data systems into the Efforts to Outcomes Establish numerical indicators for each goal Analyze data and report findings to CPAB and other stakeholders Review evidence based program models and make recommendations to CPAB Manage data Develop research protocols and manage University and City IRB process Select comparison group Work with PN National Evaluator
Education Reform Committee	Residents Baltimore City Public School staff Community Resource Schools staff Early Head Start Staff Head Start Staff Judy Center Staff	<ul style="list-style-type: none"> Prepare an educational plan that utilizes strategies to improve outcomes of children in PH schools Coordinate/Link the Community College of Baltimore City, colleges and/or universities to connect career and higher education pipeline to PH schools Explore the potential for high school students to gain college credits Explores alternative pathways for students to early high school diplomas Explore apprenticeship opportunities with the business community Recommend policies, programs and practices to improve educational outcomes to CPAB Identify educational and social supports for PH college freshman Identifies ways CPAB can support initiatives Report recommendations to PH CPAB and other stakeholders
Health Committee	Residents Baltimore City Health Dept B'more for Healthy Babies Staff University of Maryland Medical Center Staff	<ul style="list-style-type: none"> Reviews data on PH health indicators Establishes number and percentage for PH health indicators Conducts school – based health needs assessment Reviews school health needs with Principal's Council Works with UMB and other health care providers to increase school-based health care Works with Principal's Council to design health services
Parent and Community Engagement	Residents Students Community Resource	<ul style="list-style-type: none"> Provides information on the PH initiative to community members Organizes volunteers and other stakeholders to participate in PH activities Assists schools to understand parents and community

Committee	Schools staff Parent University staff B'more for Healthy Babies Staff Judy Center Staff	<ul style="list-style-type: none"> • Sets home conditions supportive of children as students • Involve families with children in homework and other curriculum related activities and decisions • Assist in the coordination of resources and services from the community for families, students, and the school and provide services to the community.
Principal's Council (a Sub-committee informing all 4 Committees)	Debra Santos (FLT) Dr. Harold A. Barber (SCT) Debbie Thomas (BTW) Karl Perry (RA)	<ul style="list-style-type: none"> • Conducts joint planning between PH schools • Implements school climate needs assessment • Articulates school needs to various stakeholders • Provides individual and aggregate school data to Research & Data Management Committee • Implements evidence based interventions at schools • Shares best practices • Works with the Research & Data Management Committee to analyze and use school data • Provides information on student mobility rate to the Research & Data Management Committee • Reviews and approves all grant proposals that impacts their school • Supports Professional Development with all PH schools • Provides feedback to all the committees

2.2. The extent to which the applicant describes a proposal to plan to create a complete continuum of solutions, including early learning through grade 12, college- and career- readiness, and family and community supports, without time and resource gaps that will prepare all children in the neighborhood to attain an excellent education and successfully transition to college and a career.

The development of the continuum of solutions is already underway in Promise Heights (Figure 3). The proposed planning grant will provide the opportunity to evaluate the appropriateness and quality of the interventions that have been put in place, consider their expansion, and, with the assistance of the segmentation analysis, develop additional elements needed for a gapless continuum of support. These steps will help provide excellent educational opportunities and high achievement milestones for the young people of PH from birth to higher education.

The process for deciding whether to continue the current strategies and what strategies to add (especially in BTW and RA) will rely on a balance of the findings from

our segmentation analysis and input from all stakeholders. Further, individual school programming will depend a great deal on the interests and resources of the schools. The elementary schools are well integrated into the PHI—Dean Barth sits on the FLT Board of Directors and PI/Executive Director Mayden led the selection committee for a new principal at SCT, for example—and so the decisions about school programming will be significantly influenced by the work done during the proposed planning year. For example, PH staff worked with elementary school administration to apply for 21st Century Community Learning Center, Community Resource School, and Out of School Time funding for the 2012-2013 school year. Now that those grants have been secured, PH staff is collaborating with the principals on the implementation of those programs. The middle and high schools are just beginning their in-depth work with the PHI of assessing their needs and choosing programs to benefit their school communities. The 2012-2013 school year will prove to be an important year in their integration in PH. See Table 4 for the some of the initiatives now under way in PH, at various stages in the implementation process.

Figure 3: Promise Heights Pipeline of Existing Services

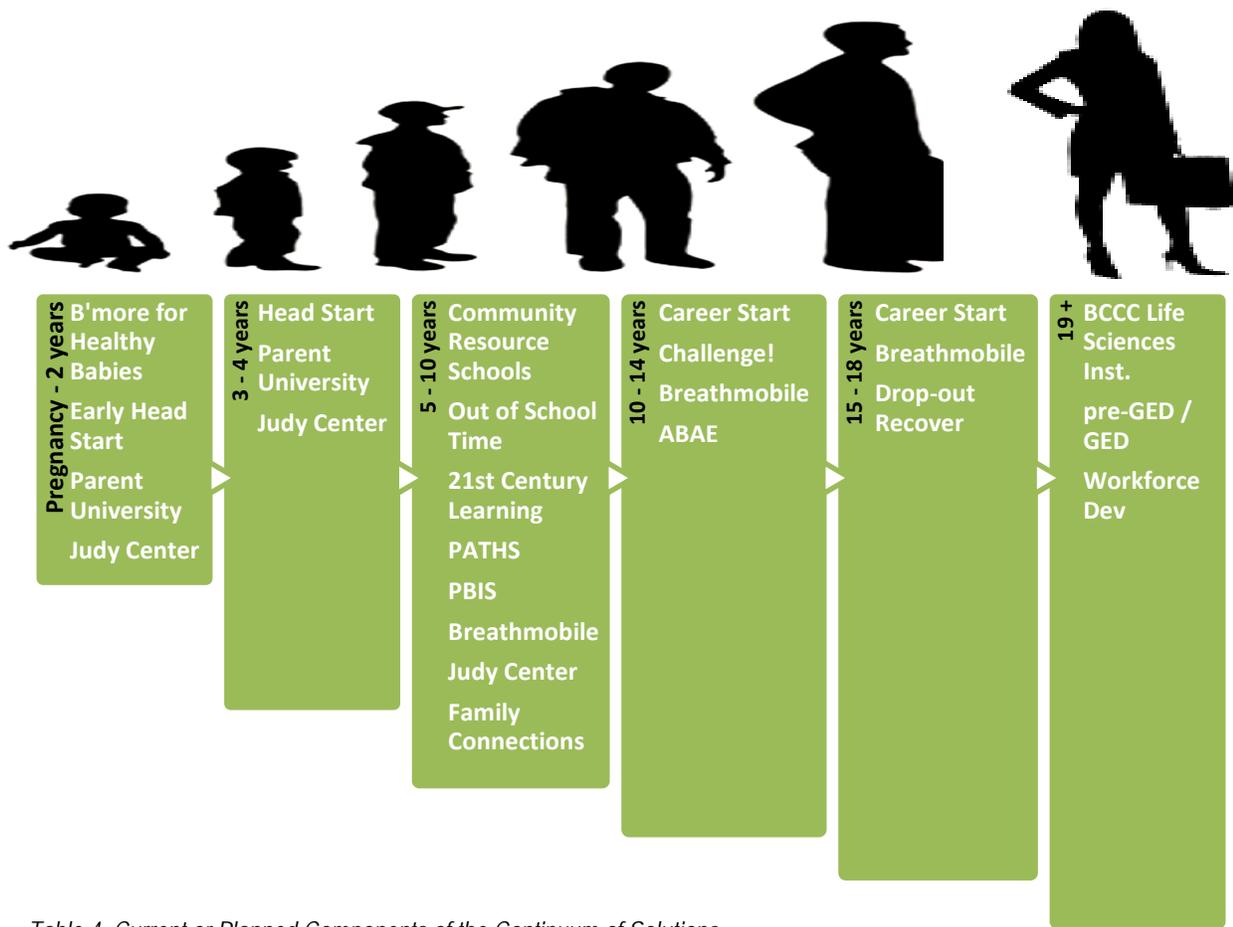


Table 4: Current or Planned Components of the Continuum of Solutions

Continuum of Current and Planned Solutions by Age Group								
Solutions	Maternal & 0-2			3-5	5-12		13-21	
	Stages	B'more for Healthy Babies	Parent University	Early Head Start (FLT)	Judy Center	PBIS I		Family Connections
				Head Start	Career Start [^]	PATH	PBIS	UMB BioPark Life Sciences Program
				Pre-K			Career Start [^]	Pre-GED & GED
Explore & Adopt								
Install								
Initial Implementation								
Full Operation & Feedback								
Innovation & Adaptation								
Sustainability								

[^]Exploration under way but not adopted at this time

The continuum of solutions will be both high-tech as well as high-touch to assure that information is available 24 hours a day/7days a week through the PHI virtual learning platform (high-tech solutions) and impact every child regardless of age (high-touch). As described in Section 4.2, the PHI virtual learning platform will contain modules that address informational and developmental needs of students across age groups, from motivation and skills development through career readiness.

Pregnancy and Early Childhood Development

(PN Goals: Families and community members support learning in PN Schools; Children enter kindergarten ready to succeed in school.)

Since 2010, PH has been implementing ***B'more for Healthy Babies (BHB)***, a program that fosters measurable and sustainable improvement in birth outcome and health status for both mothers and infants in the community. BHB provides one of the first opportunities for residents to have contact with PH programming. The program takes an active role in neighborhood education and outreach, ensuring that the project is linked to the community it serves. BHB targets the PH community and is housed at FLT, McCulloh Homes, and the Robert Marshall Recreation Center, which provides space for BHB's Moms' Clubs and Dads' Clubs. In response to reports of isolation and distrust, these clubs were requested by the mothers we met as a way to meet other mothers in McCulloh Homes with whom they could connect.

As a part of PN Planning Grant Priority 4 (Comprehensive Local Early Learning Network), the PHI placed much of its early focus on the birth to five programming. This is evidenced in the programming as described below.

Learning Parties are interactive hands-on-parent-child “parties” that promote and enhance the school readiness skills of young children, created by Ready at Five, were implemented in McCulloh Homes by graduate school interns. These activities allowed mothers to play with their children and observe other mothers and children playing in order to create a parenting community. The *Learning Parties* curriculum is built on research-based theory and includes demonstration, practice, positive feedback, and assignments that connect experiences at the *Learning Parties* to life at home.

Parent University (PU) was the result of four meetings with approximately 50 residents of McCulloh Homes at which they candidly discussed their needs. *PU* is a semi-annual 10-week program for mothers, fathers, and caregivers through center-based instruction aimed at supporting parent-child interaction and increasing parent knowledge of developmental and social emotional functioning of children ages 0-3. Interactions are supported through interventions based on evidence-based programs such as the Nurse Child Assessment Teaching Scale and 1-2-3 Magic (Bradley et al., 2003). The emphasis is on increasing responsive parenting through group interaction and home visits. The didactic portion of this program offers the latest evidence-based information on development, parenting, and supporting the social and emotional functioning of young children.

Early Head Start (EHS) for 32 two year olds was brought to PH for the 2011-2012 school year and housed in FLT. Plans are underway to have an additional EHS site at SCT for the 2012-2013 school year. Recent EHS follow-up studies show continued benefit regarding reading, home environment, and teaching activities (as well as lower parental depression) at the pre-K measurement (Love, et al., 2005). Promise

Heights staff is working with the Baltimore City Public Schools (BCPS) to make repairs to the building and grounds so that the FLT EHS can serve children as young as eight weeks of age.

Head Start (HS) is now available at two sites in PH—nearly 214 children are served at Union Baptist Church and an additional 17 children are served at FLT. This makes FLT the only school in Baltimore with an EHS, HS, and Pre-K to 5th grade in one location. FLT has recently agreed to support the professional development of HS teachers so they can implement the Core Knowledge® curriculum used at FLT. Professional development and parent training provided by the **Center on the Social and Emotional Foundations for Early Learning (CSEFEL)** will be an excellent complement to EHS and HS. CSEFEL has recently been added as a component of the large (214-child) Union Baptist Head Start in PH, as part of the work of the UMB Center for Infant Studies. CSEFEL focuses on promoting social emotional development and school readiness of young children ages 0-5. The extent of an expansion of CSEFEL and its integration with the early learning network will be examined during the planning process.

The PH community encompasses three child care centers, one family child care provider, and two Head Start programs with a combined enrollment of 490 children. During the planning year, we will expand all **Judy Center** Partnership services and quality improvements through the third grade in FLT. This will positively impact the success of students by expanding the strategic approach for improving school readiness skills and sustaining those abilities through the elementary school years. The strategies employed will include capacity building for program improvement through the

enhanced services of Baltimore City's Child Care Resource and Referral Center, leadership development of program directors, professional development in early literacy, early STEM (science, technology, engineering, and mathematics), targeted support services for families, and the creation of a professional learning community between the school and the early childhood partners to facilitate a successful alignment not only in terms of standards but also practices from birth to grade 5.

Elementary School

(PN Goals: Students are healthy; Students feel safe at school and in their community; Families and community members support learning in PN schools; Students have access to 21st Century learning tools; Students are proficient in core academic subjects.)

Research tells us that exposure to a wider range of transition practices is associated with more favorable academic and social outcomes and, ultimately, more school achievement. Schulting et al. (2005) also showed that a significant portion of the benefit to low-income children is realized through greater parent-initiated school involvement. Ziah et al. (2010) recently showed that inclusion of capacity for individual mental health consultation has a significant effect on school readiness

F. L. Templeton Preparatory Academy is the first school wherein the PHI focused its efforts. Three years later, FLT houses several PH flagship programs. B'more for Healthy Babies, Early Head Start, Head Start, and a Judy Center are all located in the FLT building. FLT is a community resource school as led by an MSW employed by the SSW. Over the past several years there have been approximately 20 MSW graduate students working with FLT students and families via individual and group work.

The Historic Samuel Coleridge-Taylor Elementary School is the second elementary school located in PH. The 2011-2012 school year was the first year the PHI worked with the new SCT administration. In that short time, PH and SCT staff have worked together to secure grants for a 21st Century Community Learning Center, a Judy Center, a Community Resource School, and TASC ExpandEd after-school programming. There is an MSW employed by the SSW working in the school on a daily basis assisting with parent engagement and absenteeism. Next year, that staff person will lead the new Community Resource School programming. In addition, there were five MSW graduate interns working with SCT students and families.

Family Connections and its kindred programs, ***Grandparent Family Connections*** and ***Trauma-Adapted Family Connections***, were developed at the UMB SSW to provide interventions for families with children ages 5-12 who are at significant risk for child neglect. Identified by the US DHHS Children's Bureau in 2002 as the single evidence-informed program to prevent child neglect, this West Baltimore-located program is now entering its 11th year of operation (DePanfilis & Dubowitz, 2005; DePanfilis, Dubowitz, & Kunz, 2008). These programs are likely to remain active in PH and have been shown to make a difference by reducing behavior problems of youth and by supporting parenting effectiveness. In addition, this work is likely to be enhanced by initiatives of the Baltimore City Department of Social Services (to place child welfare workers in the community who will intervene with families in which nonattendance is high—families that often come to the attention of that department).

At FLT, children in 1st to 3rd grade participate in **PATHS** (Promoting Alternative Thinking Strategies) (Greenberg, et al., 2010), which includes a curriculum, training, and

consultation for teachers of grades 1-3. Findings show that a well-implemented social emotional learning program like PATHS can have meaningful preventive effects on aggression, social competence, and academic engagement.

FLT and SCT will also continue to implement **Positive Behavioral Interventions and Supports** (PBIS) in all grades. Maryland is a national leader in the implementation of PBIS (Barrett, et al., 2008) and continues to invest in a strong system of support and provide behavior support coaches to make sure that interventions are robust and continue to be beneficial. FLT has now been selected by BCPS to be the first school to pilot Tier 2 of PBIS (in 2011-12) and will provide workshops and training to other schools struggling with PBIS implementation. In the fall, FLT teachers and staff will conduct training sessions for other schools in the area to expand and strengthen program implementation.

To reduce the significant untoward health and educational impact of asthma, the **Breathmobile**, a pediatric asthma and allergy clinic on wheels funded through the University of Maryland Children's Hospital, travels to three locations in the PH community: the Harvey Johnson Head Start Center, FLT, and SCT. The *Breathmobile* is responsible for significant improvement in children who used the program, including a decrease in lost school days, an increased use of preventative asthma medications, and fewer emergency room visits for asthma. The *Breathmobile* receives over [REDACTED] in support from Kohl's, HRSA, DHMH, CareFirst, and others.

The National Museum of Dentistry, located at UMB, provides a health educator who visits Title 1 elementary schools (including FLT and SCT) to teach good oral health

practices. Every first grader in BCPS receives dental kits (toothbrushes, toothpaste, and dental floss) to practice what they learned at home.

Middle School

(PN Goals: Students are healthy; Students feel safe at school and in their community; Families and community members support learning in PN schools; Students are proficient in core academic subjects; Students transition successfully from middle to high school.)

Middle School for the Arts at Booker T. Washington, the only middle school located within PH, operates under great strain with many challenges for students, staff, and families. The most recent school years have had high teacher attrition, multiple principals, student friction, and dismal testing results. Baltimore is a school-choice jurisdiction for middle and high school (students can apply to any public school in the city, regardless of zoning), and FLT staff have long been counseling neighborhood families to look elsewhere for their child's middle school education. BTW has recently hired a new principal who is excited and eager to work with PH staff in assisting her school better serve its students and families. In preliminary meetings with her, the PHI has agreed to set the following programs in motion for the 2012-13 school year.

The **CareerStart** program is an excellent starting point, as it has been demonstrated to increase attachment to school, school retention, and AYPs in urban areas of North Carolina (Orthner et al., 2010).

As it does in every school working with the PHI, the SSW will provide four MSW graduate interns to work under the direction of the BTW school social worker, Dr. Angelina Sills. Dr. Sills will provide a learning environment for the students and will

provide the students with the opportunity to conduct a range of interventions that promote social and emotional learning, including individual and group counseling, grief counseling, and home visits.

CHALLENGE!, an evidence-based obesity prevention and health promotion intervention developed in the UMB School of Medicine by Maureen Black and colleagues (Black et al., 2010), relies on college mentors to help youth (specifically urban African-American adolescent girls) prevent excessive weight gain during adolescence. CHALLENGE! has had a compelling impact on the health of middle school youth in Baltimore. The primary goal of the study is to evaluate the impact of a multi-level intervention on adolescent girls' body composition, diet and physical activity. The program consists of both an environmental intervention as well as a small group intervention. (Note *Challenge!* Is funded by the NIH and has very promising interim results but will not wrap up with final results until 2014.)

In addition, the UMB School of Pharmacy's ***A Bridge to Academic Excellence's*** mission provides tutoring and mentoring for middle school students at BTW (as well as some high school students at Renaissance Academy). Participating students have the opportunity to interact with practicing professionals through career and health fairs, internships, and mentoring. The program is designed to help improve the math, science, and/or English learning outcomes of middle and high school students through tutoring and mentoring. Since 2000, over 500 tutors have tutored over 500 students from over 118 middle and high schools in Baltimore City and surrounding counties. Weekly tutoring sessions start in September and continue weekly until early May in one-on-one and group tutoring sessions. Program also offers parent workshops, holiday

celebration, career fair and annual awards and recognition ceremony. The School of Pharmacy maintains a website of national and local scholarships and internship opportunities. The Rite Aid Foundation provides funds for this program.

In all, PH will be operating evidence-informed interventions from pregnancy through 5th grade. We also have the capacity to add additional interventions as we engage the middle and high schools in PH and expand into the area of health. Dean Barth's *Reducing the Risk* (2010) is one of the first pregnancy prevention programs funded for adaptation support by CDC and was recently cited in a review of evidence-based health promotion programs for schools and communities (as was PATHS). We recognize that there are many other targets for evidence-based interventions (e.g., obesity, asthma, secondary injury prevention, general injury prevention) that can boost health and improve academic performance by reducing absences. These options will be considered during our planning year. As experienced prevention scientists we have the capacity to help the PH CPAB thoroughly evaluate and implement candidate programs.

For BTW students who matriculate on to the Vivien T. Thomas Medical Arts Academy (a BCPS public charter high school), the opportunity now exists to attend a 4+2+2 program that passes through a recently built state-of-the-science facility developed in the University of Maryland BioPark, one mile from PH. Housed at the BioPark, the Baltimore City Community College Life Sciences Institute is uniquely preparing students for high-demand careers in the biomedical field and to help Maryland become a global leader in STEM-based economic growth and job creation. Students can then transfer to a four-year institution (including the nearby public universities of UMB, Coppin, Morgan State, or UMBC) for completion of their B.S. degree.

High School

(PN Goals: Students are healthy; Students feel safe at school and in their community; Families and community members support learning in PN schools; Students are proficient in core academic subjects; Youth graduate from high school.)

Renaissance Academy High School is the only high school located in the PH neighborhood. It is a college prep public school focused on civics, and health.

Parent Involvement in Schools. The Needs Assessment will determine our intervention strategy or candidate programs for Renaissance Academy (RA) in PH. We do know, from our general understanding of the PBIS and attendance evidence, that students with parents who are involved in that school tend to have fewer behavioral problems and better academic performance, and are more likely to complete high school than students whose parents are not involved in the schools. We will review a range of methods for engaging parents further. We will also build on Maryland's civic engagement requirement, as Maryland was the first state to require 75 hours of service learning as a requirement for graduation). Opportunities for youth at RA to provide mentoring to younger students in PH will certainly be explored.

Dropout Prevention. Making sure that students remain in high school is pivotal, but only a few dropout prevention programs have been effective in addressing three important outcomes: staying in school, making progress, and completing school. If funded, the PH initiative will work with schools to create a risk reduction system with tiered interventions. Such a program will assess risk using data on behavior, course failure, and reading and math levels; coordinate efforts through meetings of school support personnel such as guidance counselors, social workers, and psychologists; and

task outreach staff to conduct home visits. Assessing the effectiveness of the BTW and Renaissance Academy pregnancy prevention program is critical, because pregnancy remains a major reason for leaving school. We will also examine the use of the BCPS *Drop Out Recovery Program*, which conducts home visits to locate every child who has dropped out and invites them to return to school. Every child visited is provided with behavioral and academic supports to assist them in returning to school. Each student who has missed over 30 days receives assistance from tutors and other support staff.

Neighborhood Projects

(PN Goal: Students feel safe at school and in their community; Students live in stable communities; Families and community members support learning in PN schools.)

Choice Neighborhood Planning resources are another community asset. Baltimore has led the nation in the creation of desirable mixed-income housing through the Hope VI program. Jubilee Baltimore and partners received a Choice Neighborhood planning grant for a section of the PH community that will seek strategies for (1) improved housing for project residents; (2) improved educational access and outcomes; (3) adequate neighborhood retail; (4) reduced crime and vacancy in the area; and (5) career exploration and workforce development. The PH Executive Director is a member of the Choice Neighborhoods Planning Committee and of the Education Committee. Both organizations have agreed to work together to develop a comprehensive neighborhood revitalization strategy that brings physical and economic development to complement education and development for children and families.

Adult Learning, GED, and Workforce Development

Although it is easier to keep youth in school than to get them to return, we will consider, as part of our needs assessment, offering Adult Learning and GED transition services for young adults who have dropped out but want a diploma. We currently have two community partners running pre-GED and GED programming to which we can refer PH residents. Both are taught by Baltimore City Community College (BCCC) staff; students who successfully complete the GED program will receive free tuition at BCCC while working towards an AA degree.

Associated Black Charities is a community partner offering homeownership, financial literacy, career exploration, and workforce development information through workshops and one-on-one counseling to PH residents. LiUNA (construction labor union) has recently established a local chapter in Upton and has already trained over 200 residents in basic construction skills.

2.3 Extent to which solutions leverage existing neighborhood assets and coordinate with other efforts, including programs supported by Federal, State, local, and private funds.

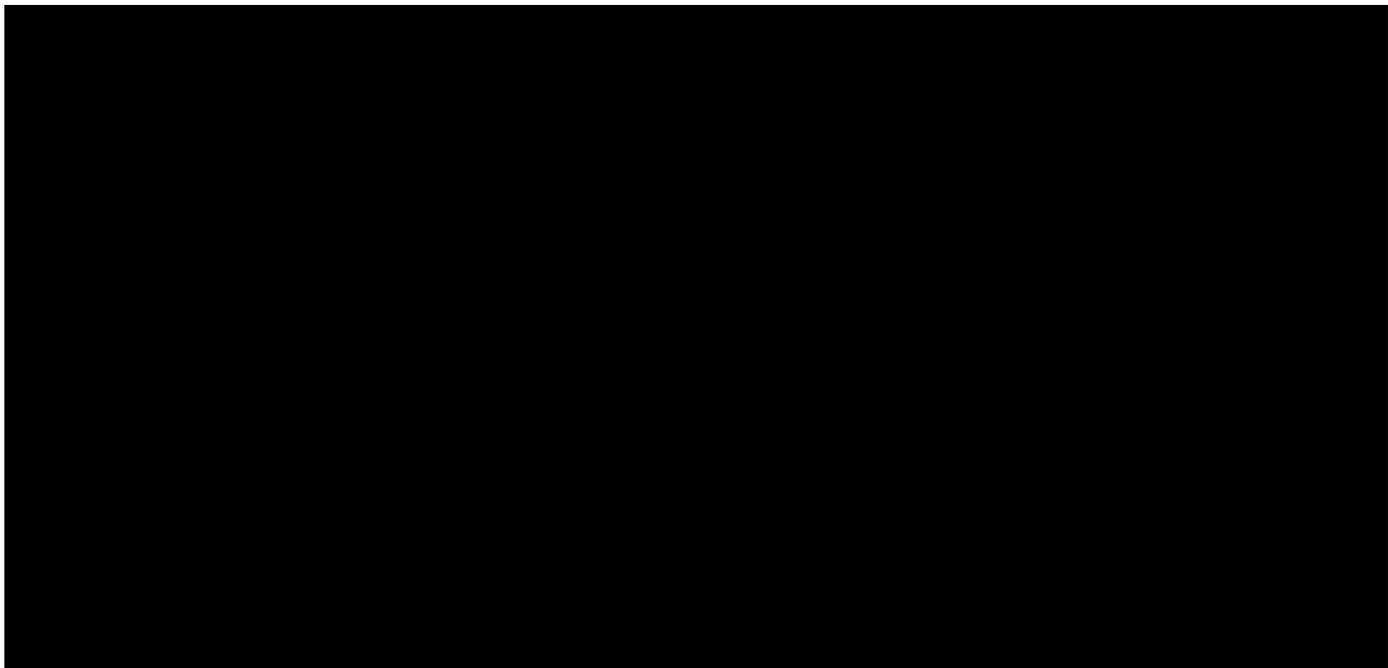
For the past four years, UMB has worked in collaboration with community residents, non-profit organizations, faith-based institutions, governmental agencies, businesses, and philanthropic communities to leverage financial support for PH. These efforts have resulted in funding for a variety of programs and services that are part of the current continuum of solutions and are community assets (See Figure 4.)

The previously described *B'more for Healthy Babies* (BHB) program has committed to funding of [REDACTED] (obtained from CareFirst) over three years to UMB

to develop and deliver an array of services to meet maternal health and social needs and to strengthen parents' roles and experiences in supporting their child's development and learning. BHB's impact on healthy outcomes, improved maternal and child health, and family self-sufficiency is being assessed with survey and administrative data collected by the Clinical & Translational Research Informatics Center (CTRIC) in the UMB Medicine's Department of Epidemiology & Preventive Medicine and captured in *Efforts to Outcomes*. (Both organizations are involved in our planning efforts.)

The previously-described Judy Center Early Care Center at FLT is designed to eliminate the achievement gap, especially at Title I schools, and serves children ages 0 to 6. The Center does not have to provide all the services; however, it must have a strong referral process in place. Annual State of MD funding for the Judy Center is [REDACTED] for each FLT and SCT.

Figure 4. PHI Funding Sources (left) and Targets (right)



Parent University's aim is to improve parenting skills by providing expectant parents and parents of children aged 0-3 with educational group and home-based programming. Course material focuses on health, safety, effective parenting practices, parental expectations, information on child maltreatment, stimulating children, attachment and bonding, and early reading skills. Funding support in the amount of [REDACTED] from the Patrick and Aimee Butler Family Foundation located in Minnesota and two local foundations—the Baltimore Women's Giving Circle and the Battye Charitable Trust—underwrote the first two years of Parent University.

One of PH's newest partners, the Baltimore City Department of Recreation & Parks, received [REDACTED] from the Family League of Baltimore City for after-school and summer enrichment activities for youth who attend FLT. Programming includes African Dance, African Drumming, mural design, theater, yoga, and tennis.

The Community Resource School (CRS) grant at FLT, administered by the UMB SSW, provides comprehensive services to children and families through effective community partnerships, parent engagement, and support services. In addition to academic instruction, CRS offers expanded learning opportunities for parents and students as well as social and recreation opportunities. Funding in the amount of [REDACTED] from the Family League and BCPS supports the social worker and other program costs. Eight social work interns supplement the funded program and provide such services as community outreach, nonattendance follow-up, group work, food closet coordination, PTO recruiting, and family-based trauma interventions.

3. QUALITY OF PROJECT SERVICES

3.1. The extent to which the applicant describes how the needs assessment and segmentation analysis, including identifying and describing indicators, will be used during the planning phase to determine each solution within the continuum.

Needs Assessment and Identification of Problems, Solutions, and Indicators

PHI collaborators understand and appreciate the need expressed by the US Department of Education to transform Promise Neighborhoods to significantly improve the educational and developmental outcomes of children and youth in the nation's most distressed communities. We also understand the skepticism of some members of the PH community when it comes to gathering data for a government program and, therefore, intend to actively engage and partner with PH residents in all aspects of the evaluation component. PH represents a community that has some of the highest indicators of distress; what PH statistics do not reflect is the legacy and inspiration for greatness within the PH community. The development and subsequent implementation of the PHI within the US Department of Education's Promise Neighborhoods Program will assist in returning the PH community to its historic capacity for developing great minds, as described in the Introduction of this proposal. In collaboration with PH residents, researchers from the UMB will conduct a community-informed comprehensive needs assessment to tailor the PH Promise Neighborhood Program so that it is co-developed to be culturally appropriate and scientifically rigorous in its evaluation. PHI's strategy will follow the US Department of Education's Blueprint for Reform of Primary and Secondary Education (U.S. Department of Education, 2010).

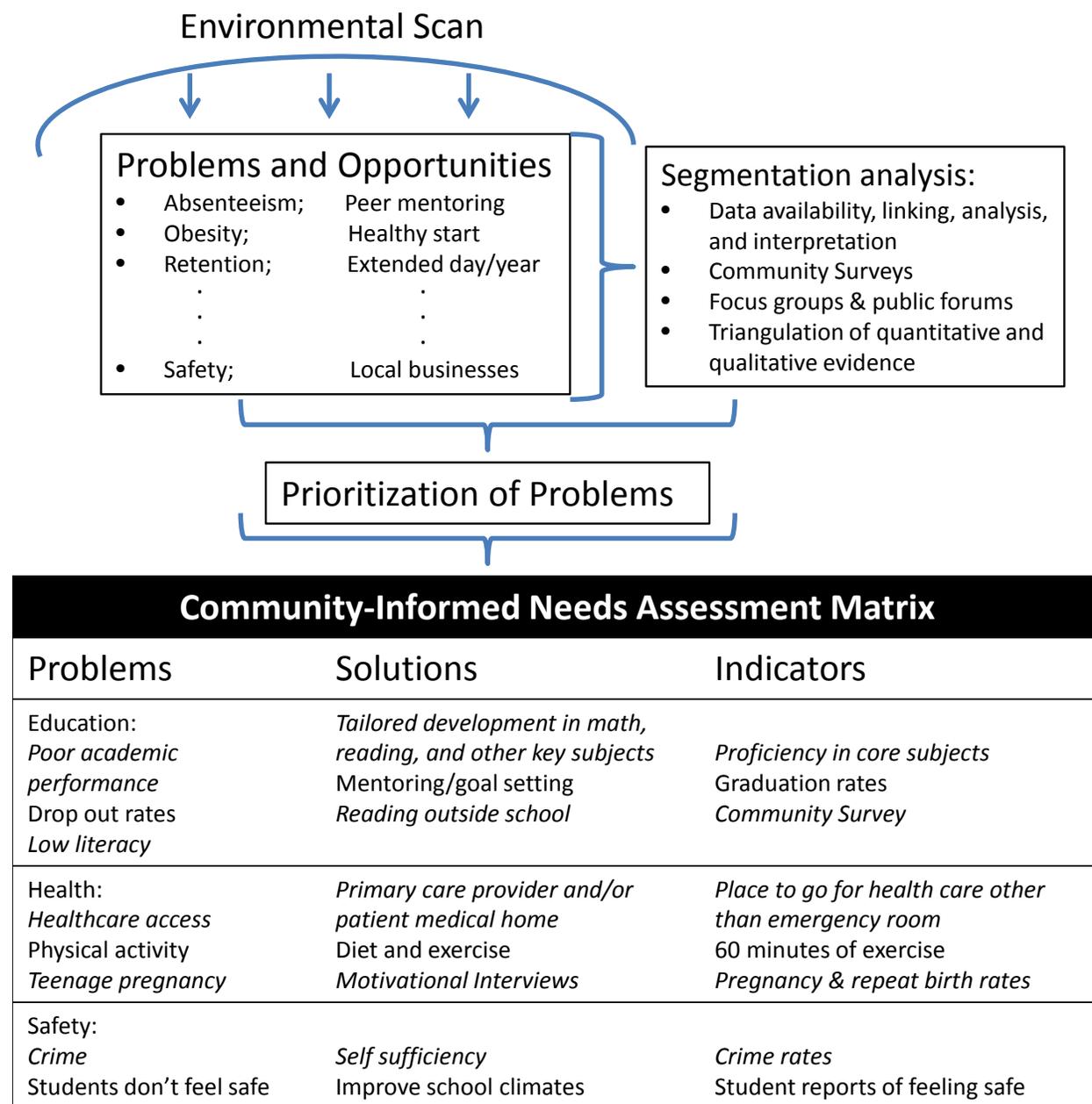
This blueprint focuses on four areas: (1) Improving teacher and principal effectiveness; (2) Providing information to families to help them evaluate and improve their children's schools; (3) Implementing college- and career-ready standards; and (4) Improving student learning and achievement in America's lowest-performing schools by providing intensive support and effective interventions.

The PHI evaluation component is being led by C. Daniel Mullins, PhD, whose research focuses on program evaluation of community-based and person-centered outcomes. Under contract with the Congressionally-funded PCORI, **Dr. Mullins developed methods to engage hard-to-reach stakeholders** in designing outcomes research. He has worked with community partners in Baltimore to develop, analyze and disseminate research findings and their “lessons learned” (Ezeugwu, Laird, Mullins, Saluja, & Winston, 2011) (Mullins, Shaya, Blatt, & Saunders, 2012). This **successful strategy of bidirectional learning among the community partners and UMB** implies that community members will be actively engaged in the development, implementation, and dissemination of the Promise Neighborhoods Program evaluation within the PHI. Drawing upon his expertise as an economist, Dr. Mullins will incorporate an analysis plan to address the cost-effectiveness, value and sustainability of PHI.

The PHI needs assessment and segmentation evaluation will include data collection as outlined in the request for proposals for the Promise Neighborhoods Program (i.e. described in the Federal Register by the educational indicators listed in Table 1 and the family and community support indicators listed in Table 2 of the request for proposals). We also will collect data for unique family and community support indicators that align with the goals and objectives of the program and are derived with

input from the PH community. Earlier this year, Dr. Mullins published a 10-step process for engaging patients in patient-centered care in the Journal of the American Medical Association (JAMA), one of the nation's leading medical journals (Mullins, Abdulhalim, & Lavallee, 2012). **This framework will be translated for engagement of PHI stakeholders, such as students, their parents, and community stakeholders.** As demonstrated in Figure 5, Step 1 involves soliciting problems and opportunities that are unique to PHI and align with the Promise Neighborhood Program objectives. This will involve an **environmental scan and community input by all stakeholders.** The broad-based environmental scan will be supplemented by a more focused segmentation analysis, which is described in more details in the next subsection. Step 2 involves prioritization of problems by the Promise Heights Community Partners Advisory Board (CPAB) based upon input from the environmental scan and segmentation analysis. Step 3 involves framing the problems and specific issues so that they are culturally relevant to the PHI community. Step 4 is the identification of Indicators that will be used to measure the success of addressing the problems. Step 5 involves the creation of a conceptual framework for conducting the analysis. Step 6 is developing the final data analysis plan and planning for the implementation phase. Step 7 is data collection, which will continue during the implementation phase. Step 8 is review and interpretation of data results. Step 9 involves translation of results so that they are interpretable and meaningful to the PHI community. Step 10 is the dissemination of results throughout the PHI community. We will utilize an engaging and PHI community-relevant data collection process that incorporates web technology. (See section 4.2 for a more detailed description of the PHI virtual learning platform.)

Figure 5. Community-Informed Process of Developing and Implementing Needs Assessment, Including Segmentation Analysis and Indicators of Success.



As described above and shown in Figure 5, the final set of indicators and their measurements will be developed collaboratively during the Program planning phase to meet the needs of both the US Department of Education and PHI residents. Table 5 shows a subset of indicators, measurements, and baseline data. The baseline data

document serious concerns expressed by students regarding safety and statistics that indicate significant need across the PH neighborhoods and schools.

Table 5: Examples of Needs Assessments Indicators and Measures

Goal	Indicator	Measurement	Current Baseline
Students are healthy	# & % of children who participate in at least 60 minutes of moderate to vigorous physical activity	Data as reported by Recreation Center Director	On an average day, 125-150 children (age 5-18) participate in physical education programming at the community recreation center.
	# & % of children who consume five or more servings of fruits and vegetables daily	Community Survey	Not yet measured but data from 4 th graders in the “Let’s Move” program from UMB School of Medicine indicate that only 8% consume five or more servings of fruits and vegetables daily.
Students feel safe at school and in their community	# & % of students who feel safe at school and traveling to and from school, as measured by a school climate needs assessment	Baltimore City Schools 2010 Climate School Survey Additional School Climate Data will be Collected using the <i>ESSP</i> and <i>SSP</i> for safety data among peers, neighborhood, family, and schools	BTW: 2010 data showed student average of 41.1% satisfied with school safety, 36.1% with physical school environment. 66% response rate. FLT: 2010 data showed student average of 56.6% satisfied with school safety, 61.3% with physical school environment. 84% response rate. SCT: 2010 data showed student average of 65.6% satisfied with school safety, 72.6% with school physical environment. 100% response rate.
Students live in stable communities	Student mobility rate	2010-2011 Maryland State Report Card	FLT: 28.3%; SCT: 40.3%; BTW: 52.3%; RA: 34.7%.
Families and community members support learning in Promise Neighborhood schools	For children birth to kindergarten entry, # and % of parents/family members who report that they read to their children three or more times a week	Community Survey NSCH sponsored by the Maternal and Child Health Bureau of the Health Resources and Services (2007)	83.6% of Maryland parents surveyed reported that they read to their children aged 0-5 at least 3x a week. We expect that this is an overestimate of the reading involvement in PH. We will use the NSCH items as part of our community survey to get precise PH estimates.
	For children in K-8 th grade, # and % of parents/family members who report encouraging their child to read books outside of school	Community Survey	Not yet measured
	For children in 9-12 th grades, # and % of parents/family members who report talking with their child about the importance of college and career	Community Survey	Not yet measured but will get these data for middle school and high school in PH as part of CareerStart implementation.

Students have access to 21st-century learning tools	# & % of students who have school and home access (and % of the day they have access) to broadband internet (as defined in this notice) and a connected computing device	Community Survey FLT 2011-2012 data Renaissance Academy data	100% of 3 rd to 5 th graders in FLT will have school access to notebook computer and wireless or broadband. All Renaissance Academy students have school access.
Children enter kindergarten ready to succeed in school	# and % of children birth to kindergarten entry who have a place where they usually go, other than an emergency room, when they are sick or in need of advice about their health	Community Survey NSCH sponsored by the Maternal & Child Health Bureau of Health Resources & Services (2007)	Not yet measured at local level In Maryland, 58.6% of homes meet the AAP definition of being enrolled in a medical home (2007).
	# and % of 3-year-olds and children in kindergarten who demonstrate, at the beginning of the program or school year, age-appropriate functioning across multiple domains of early learning as determined using developmentally appropriate early learning measures	FLT 2010-2011 school year SCT 2010-2011 school year	FLT: 94% MMSR score in 2010 SCT: 71% MMSR score in 2010
	# & % of children, from birth to kindergarten entry, participating in center-based or formal home-based early learning settings or programs, which may include Early Head Start, Head Start, child care, or preschool	Baltimore Child Care Resource Center	214 at Union Baptist Head Start 64 in 5 pre-k classrooms 7 in family day care
Students are proficient in core academic subjects	# & % of students at or above grade level according to state mathematics and reading or language arts assessments in at least the grades required by the ESEA (3 rd -8 th and once in high school)	2011 Maryland State Report Card	FLT: 70.3% AYP Reading; 69.1 % AYP Math *. SCT: 60.0 % AYP Reading; 55.7% AYP Math*. BTW: 38.9 AYP Reading; 27.0% AYP Math*. [information breakdown also available by grade and subject] (*AYP not met for both)
Students transition successfully from middle to high school	Attendance rate of students in 6 th , 7 th , 8 th , and 9 th grade	2011-2012 MD State Report Card	BTW: 90.0% RA: 82.6%
Youth graduate from high school	Graduation rate (as defined in this notice)	2009-2010 MD State Report Card	Renaissance Academy 2010: 68.1%
High school graduates obtain a postsecondary degree, certification, or credential	# & % of PH students who graduate with a regular HS diploma and obtain postsecondary degrees, vocational certificates, or other industry-recognized certifications or credentials without remediation.	Community Survey	Not yet measured

Segmentation Analysis

The US Department of Education funds several projects within the Promise Neighborhoods Program. It is important to have common metrics across projects so that “best practices” for successful interventions can be replicated and implemented to improve educational and developmental outcomes of children and youth across the nation. At the same time, each community, including PH, must develop indicators that speak to local concerns within the broader context. Community-informed indicators of need and the associated process of engaging community members in setting priorities and indicators will help with community buy-in of the PHI. Thus, our segmentation analysis will include pre-defined national indicators as well as “grassroots” indicators to determine the children with the highest needs. The segmentation analysis and subsequent related needs assessment strategy (as shown in Figure 5) will ensure that children who have the greatest need receive the appropriate services from both the governmental and community perspectives.

This process will start in the first month (with data already gathered) and will proceed to look at the key indicators developmentally from children ages 0-3 who have regular pediatric care to high school graduation and obtaining post-secondary degrees. Some indicators, such as attendance, are best analyzed by age/grade, gender, and school in order to assure that interventions are targeted to these with the greatest need.

In other cases, indicators are reflective of the population, rather than individual students, and therefore must be viewed across the entire PH community. It is recognized that we will not have student or school-specific data on all indicators and, therefore, may need to estimate some indicators across the entire neighborhood even

when student-level data would be preferred. In such cases, we will plan for development of new data collection that will allow more granular analysis.

For indicators where PH represents moderate or weak performance (e.g., the low school readiness indicated by the MMSR data at SCT) and for which there are known evidence-informed interventions, we will targeted strategies based on known solutions and track progress using the indicators listed in Table 5 and Figure 5. For indicators where PH represents moderate or weak performance and for which there are not known evidence-informed interventions, we will engage the community in developing creative and relevant solutions from PHI participants. Part of the “imagination and possibility thinking” that will be systemic throughout the PHI is a sense that “the audience gets it right.” Similar to game shows on television where the results of an audience response system frequently selects the correct answer more often than incorrect answers, we believe that within the coactive wisdom of PHI members that we will know what is the right action steps and indicators to promote educational and development advancement. We also expect that the solutions that evolve from the PH community will emphasize a holistic approach with each stakeholder contributing ideas that synergistically develop community-informed remedies to advanced development and well-being of PHI students.

Data Sources

Three main data sources evaluate PHI’s impact on cradle-through-college-to-career support services and outcomes. These three data sources are (1) the Linking Information to eNhance Knowledge (LINKS) data collaborative; (2) school-gathered testing data including the MMSR assessments and the Maryland School Assessment

(MSAs) and school climate assessment (National School Climate Center, 2012); and (3) prospectively collected data from students, parents, principals and other stakeholders for both quantitative and qualitative assessment of PHI's strategy to develop solutions within the continuum.

LINKS, a data archive supported by the Annie E. Casey Foundation, the UMB SSW, and the Governor's Office on Children, is designed to capture and link data from a range of children's services programs onto a single child's longitudinal file. LINKS contains more than 3 million child and family level records generated during service receipt. LINKS continues to evolve and builds on similar efforts by the proposal's Co-PI, Dean Barth. LINKS can be used to contribute to the segmentation analysis as well as for tracking child and family-level outcomes over time. We will conduct some analyses under existing agreements for data sharing for TANF, Food Stamps, Child Support, Juvenile Services, and Child Welfare. We are now negotiating the integration of education and mental health data into LINKS. We will import data from LINKS and developmental measures into Social Solution's Efforts to Outcomes (ETO™) database, which will provide informative charts and a project dashboard to rapidly guide implementation. These efforts will result in the creation of a relational database to allow for analysis of individuals within settings, across time, which can be analyzed by statistical packages such as SAS or STATA. Some data (e.g., school attendance and disciplinary actions) will be used on a bi-monthly basis to help generate problem-solving strategies at a child and family level. Results will also be portrayed in ETO™ for sharing with the PH CPAB and Committees on a quarterly basis.

School-gather testing data will provide evidence of advancement and educational development at the school level. School climate is inherently a holistic concept that considers not only performance but the broader experiences of students. The PHI data collection process will address indicators of school climate such as whether students view their classes as meaningful learning activities, whether they feel respected by their peers and teachers, whether they view their teachers as working together and working with students and families with an honest commitment to preparing them for advanced educational and career opportunities, and whether students feel safe before, during, and after school.

In addition to data from LINKS, school-gathered measures of test performance and school climate, we will develop a student-centered data collection process that motivates students to be engaged in PHI activities. Through an innovative web-based PHI virtual learning platform that has been pilot-tested in an east Baltimore public housing residence (See section 4.2 for a more detailed description of the PHI virtual learning platform), we will provide bidirectional learning activities. The platform will simultaneously serve as a data collection instrument and a data and information dissemination vehicle. All information that is contained or obtained via the web platform will be reviewed and approved by the Research & Data Management Committee to assure appropriateness. Not all students and residents involved in PHI will have access to the internet. Furthermore, some students and stakeholders prefer to provide input and data in person or in a group environment. Therefore, we will supplement data collection instruments with community engagement meetings in a “town hall meeting”

style and less formal meetings such as focus groups, community dinners, and PHI celebrations of successful progress on indicators.

3.2. The extent to which the applicant describes how it will determine that solutions are based on the best available evidence including, where available, strong or moderate evidence, and ensure that solutions drive results and lead to changes on indicators.

Ensuring that evidence-based interventions and solutions are selected and implemented successfully to address the needs of the local community is critical for impacting indicators across the educational and developmental continuum. Although an abundance of clearinghouses now rate a wide array of educational, social, and health interventions with regard to the rigor of the studies that support them, many programs remain unrated or only rated as “promising.” Equally important, many intervention areas have no programs that have been favored with rigorous research yielding positive findings. Finally, some interventions have been developed for conditions far different than those in the PH community. For this reason, we will conduct an environmental scan in addition to the segmentation analysis as part of our needs assessment (See Figure 5 in Section 3.1.) The environmental scan, combined with the expertise of UMB investigators and the wealth of informed and motivated stakeholders within the PH community will maximize the likelihood that solutions are based upon the best available evidence and are culturally appropriate and meaningful to PHI students.

The PH team has considerable experience with this implementation process in PH and in many other settings and recognizes that the segmentation process, discussed in Section 3 herein, must be complemented by a broad understanding of

evidence-based practices and their implementation. The work in PH will continue to employ best implementation practices to ensure that solutions are well-matched to the needs, have good evidence of promise of an impact in PH, and undergo an implementation that has fidelity and results in change. UMB is a national leader in evidence-based practice development as well as in the implementation of innovations. The Institute for Innovation and Implementation and the Atlantic Coast Child Welfare Implementation Center in the UMB SSW are two entities working in the city of Baltimore and multiple other states to direct the implementation process. That process involves: needs assessment (exploration and adoption), initial installation, full operation, innovation, adaptation (based on analysis of implementation data), and sustainability (Fixsen, 2005). Thus, the UMB group has had experience with this implementation work for nearly 10 years and continues to be deeply involved in implementation of evidence-based programs in Maryland and other states. Programs have been developed largely from scratch—to meet client needs when there are no evidence-supported models—in 14 other states. In this role, we have helped to identify needs, find support for the interventions, secure the commitment of the intervention developer and coordinate with the provider, ensure follow-up support, and coordinate fidelity checking and outcome monitoring to ensure that anticipated program benefits are achieved.

The implementation process begins with the exploration and adoption phase. A potential match is assessed among community needs, evidence-based practice, program needs, and community resources, and a decision is made to proceed (or not). Standard evidence-based practice websites will be consulted including “The What Works Clearinghouse” (<http://ies.ed.gov/ncee/wwc/>), Top Tier Evidence

(<http://toptierevidence.org/wordpress/>), California Evidence-Based Clearinghouse for Child Welfare (<http://www.cebc4cw.org/>), and the National Registry of Evidence-Based Programs and Practices (<http://nrepp.samhsa.gov/>). Although these resources are significant, information available in them is neither comprehensive nor readily interpretable. Interventions that have not been rated or reviewed by the clearinghouses will be considered to fill needs in PH and to capture new and important interventions that are worthy of replication in PH.

Dean Barth has been a leader in evidence-based practices in the social work field and has been a member of the Research Advisory Board of the California Evidence-Based Clearinghouse for Child Welfare for 8 years. From that vantage point, he recognizes the importance of thorough review and analysis of studies to ensure that interventions have been carefully evaluated. Engaging the PH CPAB in this process can also make sure that interventions are relevant and have high implementation promise for PH. As such, the Research and Data Management Subcommittee will help with the vetting and selection of interventions and will meet and select interventions in a joint meeting of the Subcommittee and the PH CPAB at the culmination of the segmentation process. The selection process will not only consider the evidence on what has been learned in prior demonstration research but will review information about all stages of implementation to be sure that “solutions drive results”—essentially, that these programs are a good fit with the community needs and opportunities for intervention, have a well-articulated process of continuous quality improvement, and can achieve measurable results.

The second implementation phase, program installation, must be anticipated in the selection of “solutions” to ensure that they have impact. PH will ensure that structural supports necessary to initiate the program can be put in place. These include the needed funding streams, start-up resources (sometimes not covered by funding streams), referral mechanisms, personnel, training, accessible setting(s), reporting frameworks, and outcome expectations.

Fidelity monitoring that includes direct observation or coding of video- or audiotapes is a strategy that has been regularly used by implementation practitioners and that we have used in PH. During this phase, procedures involved with treatment may require modification or innovation, the penultimate stage. Treatment implementation procedures may change based on community circumstances (e.g., if the implementation group has different reading levels, age range, or cultural traditions than the original study group). Such changes will be made with consultation with the program developer or other guidance or consultation.

Finally, we will complete rigorous evaluations of each program to assure that the results of these innovations were favorable, outperformed comparable groups, and were efficient. These kinds of results increase the likelihood of achieving sustainability, which is the last phase. In this phase, site leaders and staff, together with the community, adjust to systemic changes (e.g., staffing, finances, politics) to ensure long-term survival and continued effectiveness of programs. Following needs assessment and program selection, our planning process will use implementation science, which is about translating successful interventions from research studies into widespread community use, to increase the likelihood of program success beyond PH. PH has already taken

aim at thorough integration of evidence-based interventions into the continuum of solutions and the leadership of PH has the capacity to expand, test, and refine this effort. Barth, and Woolley have been program developers and/or evaluators, and our work has been closely aligned with other treatment developers for nearly 10 years.

4. QUALITY OF THE MANAGEMENT PLAN

4.1. Working with the neighborhood and its residents; the schools described in Absolute Priority 1; the LEA in which those schools are located, Federal, State, and local government leaders; and other service providers.

UMB has a positive and productive history of working in partnership with residents, schools, public and private service providers. For the past 16 years, the UMB SSW's Social Work and Community Outreach Service (SWCOS) has maintained effective programs in BCPS with its Expanded School Mental Health and Community Schools Program. On an annual basis, through this program, SWCOS serves 300 students by providing a range of treatment and prevention activities that have resulted in improved attendance, promotions, and reduced suspensions. In 2010, SWCOS created and taught a financial literacy program to 350 BCPS students throughout three middle schools including BTW.

For the past three years, UMB SSW has worked in FLT and in the past year in SCT. We have just begun to provide services in BTW and RA. The SSW has provided a range of services including health, mental health, school readiness, social services, and parent engagement. Since the inception of our work at FLT, we have conducted the work as partners with the school, students, parents, teachers, administrators, and the

surrounding community. Our goal was to add value where possible, consistent with our capacity to deliver community-based and clinical services to achieve community goals.

Our work with residents of PH also includes efforts to more fully engage parents of students at the two elementary schools in the neighborhood. Parent engagement is challenging: even with the best intentions, parents are frequently asked to choose between working and attending school functions. We will continue to use a variety of techniques to help parents support, monitor, and advocate for their children’s education; use a parent involvement model that is culturally responsive and provides multiple entry points for meeting parents at their level; and provide multiple opportunities to engage and strengthen the school. Table 6 shows the components of the parent involvement model that we have used successfully at FLT and at SCT, BTW, and RA.

Table 6: Key Components of Parent Involvement Model

Parenting	Assist families with parenting skills, setting home conditions supportive of children as students, assist schools to understand families
Communication	Conduct effective communication from home to school and from school to home about programs and children’s progress
Volunteering	Organize volunteers to support the school and the students
Learning at Home	Involve families with their children in homework and other curriculum related activities and decisions
Decision Making	Include families as participants in school decisions and develop parent leaders and representatives

What Have We Learned?

From the beginning, the PHI sought to ensure chosen programs would have the support and buy-in necessary from a diverse group of partners, including the BCPS Commissioners, BCPS Chief Operating Executive, principals, teachers, students, families, and community stakeholders. We set out to establish support and cooperation for the initiative by first approaching the top school officials, school board members, leaders from community-based organizations, faith-based institutions, and parents. We

conducted meetings at McCulloh Homes to learn about resident needs and desires, attended school board and parent meetings, and made existing services such as the *Breathmobile*, professional development opportunities, and UMB facilities available to residents and staff at community agencies. This work proved invaluable when we approached our partners about the potential to expand the vision and secure additional resources for residents. We assisted community partners in obtaining grant funds and philanthropic gifts which created solid relationships and a greater trust between the University and community partners. UMB is now viewed as a creative catalyst for change, bringing resources that can genuinely engage a wide variety of community organizations and institutions.

In an authentic spirit of bidirectional learning, PHI understand that when students “get in in their mind that things are right, then maybe they will be right.” Building a positive school and home life allows students and stakeholders to use their imagination to envision the potential and possibilities of success for PH children and youth. The management plan and data collection processes are designed to take that belief and imagination and create effective, evidence-based approaches and evaluation using data that respond to the needs of national data collection efforts and PH residents. All stakeholders will be encouraged to participate in the data collection process.

4.2. Collecting, analyzing, and using data for decision-making, learning, continuous improvement, and accountability.

PHI’s #1 goal for data collection is to develop evidence to guide student learning, development, empowerment, and decision making – not just for PHI students but for every student in the United States who faces educational barriers and challenges.

Stated differently, we will use state-of-the-art data collection, evaluation, and dissemination techniques and 21st century information technology to turn educational possibilities into reality and to communicate lessons learned for the advancement of tomorrow's learners and leaders. In an authentic spirit of community engagement, we will combine students' "Imagination" with evidence-based intervention strategies to ***develop and achieve student-centered goals for every PHI student.*** Our goal is ambitious yet can and will be achieved through a transparent, honest, innovative and engaging process for data collection and evaluation that: (1) utilizes high-tech and high-touch approaches; (2) includes information gathered from a range of sources and analyzed using advanced quantitative (e.g. multivariable regression analysis) and quantitative techniques and triangulation of data and analytic approaches; (3) is communicated to PHI participants and stakeholders (e.g. US Department of Education, parents, school principals, business owners in the PH community, and peer Promise Neighborhoods) in a timely manner; and (4) uses continuous quality improvement to re-integrate findings into improvements in programming as well as decision-making processes. Every person in every role in PH will have the opportunity and responsibility (i.e. accountability) to significantly contribute to data generation and interpretation to translate those bits and bytes into evidence-based performance results and Imagination for expansion. A critical requirement for accuracy of data reporting is that the process **addresses literacy and comprehension by engaging PHI community members** in phrasing and framing of questions. This is **not just about the selection of words but also about how stakeholders view and value the data collection process.**

Ethical Conduct of Research

The University of Maryland prides itself on conducting ethical research in collaboration with community partners. All PHI research protocols will be reviewed by the Institutional Review Board Data and the evolving practices for “ethical community engagement,” which go beyond what is required to protect human subjects.

Data Collection

Our data collection and triangulation process will take advantage of existing data that is routinely collected by local, state, and national government agencies as well as other existing observational databases. We also will utilize existing and new prospective data collection instruments such as the ongoing Promise Neighborhoods Research Consortium’s battery of survey items and other sources such as Child Trends, evidence-based tools developed by UMB, and the PHI virtual learning platform developed by the Center for Mind & Esteem Development. The prospective data collection procedures permit data capture through three powerful platforms that are available via computers or cell phones as well as paper-based formats. Whenever feasible, the process will reflect longitudinal data capture to track trends over time. Each school will be a “hot spot” for online learning – both in the literal and figurative sense. Each school will be linked to the PHI virtual learning platform to allow evaluation at the school level as well as shared information and evidence across PHI.

Learning from Multiple Data Sources

School information is gathered on a regular basis from each of the schools via the Principals’ Council. This information will be integrated into the ETO™ framework so that it can be presented and discussed with the PH CPAB, community residents, the

PTO, and the school administration. This process helps to ensure that positive behavioral controls, attendance monitoring and response, and other initiatives are in place and working effectively. We will look at a wider array of data including information from demonstration interventions like *B'more for Healthy Babies*, *KITS*, and *Parent University*. This information will also be readily available to school staff.

An annual report that indicates the base rates of involvement of children in PH in TANF, SNAP, Child Welfare Services, and Juvenile Services will be generated from the LINKS data and **integrated into ETO™ framework**. That will be paired with information about children in special education, and the number of children in multiple specialty systems of care will then be identified. An annual report on school climate will combine information from the mandated BCPS school climate measures as well as micro (student level) and macro (school and community level) data from the Elementary and School Success Profiles (ESSP & SSP). A report from the survey data and supplementary focus groups will be available at the end of the 10th month of the first year, and will guide the final decision making about the highest priorities for PH investment of effort and for changes in procedures. Results will also be broken down by relevant sub-group as requested by the Promise Heights CPAB Research and Data Management Committee.

The PHI virtual learning platform will allow bidirectional learning between PHI students, stakeholders, and researchers. The platform is developed by the Center for Mind & Esteem Development (a subcontractor on the proposal) and is inspired by the Center's prior related work for the Housing Authority of Baltimore City. The PHI virtual learning platform provides **free information resources for youth education and**

online training for teachers and other stakeholders who interact with PHI students.

The platform is design to keep students and stakeholders engaged, informed and motivated to invest in continuous learning. The platform **also provides data collection capacity** to gather information from students and other stakeholders. PHI's virtual learning platform is designed to build a pipeline via the Web that connects students, residents, stakeholders and the community to educational and developmental resources and services. Making the platform easy to navigate and easy to share information with friends is a key component. Most importantly, the platform allows data collection from stakeholders with whom we already have relationships and provides a portal to the hard-to-reach population. Examples of platform modules that influence student learning and progression include:

- Time management
- Presentation and communication skills
- Anger management and Stress management
- Self-empowerment: Mind, body, spirit
- Successful interviewing techniques and tips
- Be smart, be safe

Data Analysis

The PHI Data Management Subcommittee (led by Professor Mullins and including PHI member participation) will be responsible for oversight of the integrity and security of data, the appropriateness and scientific rigor of data analysis, and the interpretation and communication of results. Dr. Mullins has supervised large dataset analyses for campus-wide initiatives that address disparities and will employ the same

approach to oversight of data warehousing and analysis. The process will also reflect input from students and stakeholders to assure that data analysis and results reflect community input and experiences. This “face validity” check reinforces the commitment to transparency and trust that is critical for academic-community partnerships.

Data analysis will include descriptive statistics and trends of major indicators as identified during the needs assessment and segmentation analysis. Subgroup analysis will permit segmentation of indicators by student age, school, or other factor to monitor progress at a more micro-level analysis. Multivariable analyses will determine how multiple characteristics simultaneously impact student progression, learning and satisfaction. These multivariable analysis results will describe the complex interactions that influence indicators and trends over time; the findings will inform an evidence-based approach to developing future holistic approaches to youth education and development. Data analysis will not only track student performance and satisfaction but will also involve analysis of data from teachers and other stakeholders in the PH community.

Decision Making

Data analysis allows decision making for continuous quality improvements as well as student-centered decision making by students and those who influence student learning (e.g. teachers, parents, mentors). By conducting rigorous data analysis and spending the time to explain the results to stakeholders, PHI promotes a community-informed continuous learning environment that promotes analysis of data that is meaningful to all stakeholders. This reinforces ownership with shared goals in the PHI. This process can be predicted to improve fidelity of implementation, quality of

performance, and, ultimately, increased achievement. Decision making also involves priority setting and informs strategies; using high-quality data and advanced methodologies for analysis provides accurate evidence to make informed decisions. PHI's virtual learning makes it easy for stakeholder to communicate, connect, offer suggestions, and gain information for decision-making processes.

Residents and community leaders are encouraged to join PHI's network in order to take part in PHI decision-making processes. Our goal is to have ambassadors and navigators to represent and inform stakeholders group. This will allow them to easy access to important information, participate in initiatives, make suggestions, and a platform to communicate and voice their concerns.

Continuous Quality Improvement

The PHI strives to foster a continuous quality improvement and learning culture that reflects trust among partners and researchers within the PHI. The base of this work has been built and strengthened through an ongoing university-community partnership dating back to the successful Community Outreach Partnership Center (COPC) grant in the mid-1990s. This has been greatly facilitated by the rigorous standards of the BCPS to measure educational attainment. Policymakers have recognized that the responsibility for educational outcomes must extend beyond individual children and schools to include community sectors. Strategies are needed to enable complex community organizations. Continuous quality improvement (CQI) involves ongoing fine-tuning and adjustment of the processes associated with providing high-quality services (Shortell, Bennett, & Byck, 1998). CQI calls for organizations to self-identify, address, and overcome barriers to change that can be expected to improve outcomes. Where it

has been used, the CQI approach has improved the quality of care for children (Ferris, et al., 2001).

We will use ETO™, fundamentally based on a CQI design, which is familiar to us as we have been ETO users for our community work for the last five years. With even greater access because it is web-based and can be routinely updated, this approach is likely to have more influence than a standard CQI report card. We recognize that ETO™ *web-i* is just one tool for communicating results and initiating new planning—it is, nonetheless, a familiar mechanism that deserves consideration among PH constituents.

The CQI model will use a framework based on a cycle of “plan-initiate change-study-communicate.” In the planning phase, a baseline objective audit and self-assessment take place (with report-card style feedback) and a plan for improvement is developed. In the “initiate change” phase, the plan is implemented. During the “study change” phase, a re-assessment (both an objective audit and a self-assessment) occurs again to record improvements and to acknowledge barriers and enablers of implementation of changes. The communication stage involves, first, feedback to providers and then to the larger group of advisory bodies and constituents. The feedback provided in the study phase needs to be swift, accurate, user-friendly, and should address recommendations for action items. Communications about achieved processes and outcomes are the basis for additional planning. The PH CQI process allows for this. Because CQI is cyclical, the process begins again to plan for additional improvements. In the proposed demonstration project, this method will be applied to multiple sectors, including primary care, schools, and early childhood education. The PH CPAB will be responsible for oversight of this process and Executive Director

Mayden and the PH Programs Coordinator will see that these CQI steps are effectively implemented.

Accountability

Accountability complements the CQI process most effectively when the conditions under which data will be used are clearly communicated in advance to all concerned. In PH we will endeavor to be clear about which information is actionable for accountability (and identify appropriate rewards for success and improvement plans and penalties that accompany failure). Our teachers do know that the pre-K assessments are for continuous improvement and will not be used to evaluate teachers. In contrast, for teachers in K-12 in PH schools the teacher's contribution to the achievement of students in their classrooms is factored into their annual evaluations as per *Race To The Top* (RTT) and a recent collective bargaining agreement with BCPS.

The goals of public accountability reporting are realized sooner when it arises from the spirit of continuous quality improvement and when providers are engaged as partners at every step of the measurement and reporting process. The shaded portions of Table 7 indicate service sub-groups who have worked with PH and performance tools that are in place. Unshaded areas indicate groups that we have begun to work with and tools that we will expect to use to measure related activities.

Obstacles of CQI implementation deserve consideration in developing a CQI approach. These include lack of time, lack of incentives, lack of resources, conflicting incentives for clinicians versus administrators, lack of cooperation among providers, and leadership instability (Gandhi et al., 2000). A member of the PH staff will be responsible for working with organizations to build an effective CQI model and to be sure that

information flows consistently and with appropriate rapidity across the project and all concerned constituents. This focused commitment of resources will help us to achieve our goals and help the CQI approach contribute back to the process so that its value grows.

Table 7: Evaluation Tools and Processes Involved with CQI

Service Group	Performance Tools	Who is Involved in Study and Feedback Processes?
B'more for Healthy Babies and Parent University	NCAST and NCATS Satisfaction with Parent University Measures of Prenatal Care	Resource Mothers Parent University Leaders and Supervisor
Pre-K Education (children)	MMSR and WSS and other Pre-K Measures Work Measurement System Heads Shoulders Knees and Toes (Measure of Self-Regulation)	Child care providers Child care administrators Early Childhood Network Oregon Social Learning Center Fidelity Measures (Coding of Videotapes of KITS Parent Groups and Playgroups)
K-5 Education (children) SCT and FLT	MSA reading and math tests Stanford reading and math tests Career Inventory BCPS School Climate Measure Administrative Data on Attendance, Suspensions, Violence Elementary School Success Profile	Teachers, administrators Community School Coordinators
Booker T. Washington Middle School	MSA reading and math tests Career Inventory School Success Profile for Climate Administrative Data on Attendance, Suspensions, Violence	Administrators Teachers Students
Renaissance High School	HAS English, math, and biology tests Career Inventory School Success Profile for Climate Administrative Data on Attendance, Suspensions, Violence	Administrators Teachers Students
Parents	PTA Survey Community Surveys Parenting change measures for Parent Interventions Group Pre-K Service Design Meetings at McCulloh Homes	Community School Social Workers

Challenges and Strategies for Addressing Community Participation

Undergirding the entire process of collaborations between the PH community, UMB, the Center for Mind & Esteem Development, and our partners is a need to engage a broad array of stakeholders across the continuum of people, indicators, and solutions. This requires building and maintaining trust, which is an iterative process, open and transparent communication, and “being there” for each other. This is accomplished through effective and strategic stakeholder engagement. One challenge is to assure that PHI fulfills the vision of authentic stakeholder engagement throughout the entire process, which does not happen with traditional research practices that engage people merely as human subjects. UMB researchers must be equipped to address informational and psychosocial needs of youth and the PH community. PH students and residents must be motivated and empowered to actively participate. This process assures cultural sensitivity and competence of the researchers and buy-in and accountability for all involved. UMB participants will continue to participate in cultural competence and PH residents will receive monthly newsletters and updates to actively engage them in PHI.

4.3. Creating formal and informal partnerships, including alignment of visions, theories of action, and theories of change described in its memorandum of understanding (MOU), and creating a new system for holding partners accountable for performance in accordance with the MOU.

The year-long planning process includes 16 partners who will collectively contribute ██████████ in cash and in-kind contributions to the PH Promise Neighborhood initiative and will also provide other non-monetized benefits. They represent a diverse

field of resources: community residents; faith-based institutions; community organizations; and public and private agencies for education, health, mental health, and social services; employment and training; and the philanthropic community.

The partners do have an existing vision: they have made programmatic commitments that align with the PH Promise Neighborhood initiative. (*Please see attached MOU for more details.*) To assist in the initiative's vision we agree to coordinate services, strategies, goals, data, and accountability, and to use technology to communicate seamlessly and connect in a way that drives performance. We will create a data sharing plan that allows all partners to utilize evidence-based services and to link the interventions to services provided to children and families. All partners will commit to work with the National Evaluator to ensure that all data is collected with fidelity and to respond to engage in productive dialogue between partners and the National Evaluator.

All partners who signed the MOU will have one representative on the Advisory Board. They will be joined by community members who use existing services and three elected officials—City Councilman, State Senator and City Delegate. The Mayor has named the Deputy Chief of Staff/Director of the Office of Human Services as her designee. All of the elected officials who represent the PH community are on the PH CPAB, including Congressman Elijah Cummings (who resides in the PH community).

Key Personnel

Bronwyn W. Mayden, MSW, Assistant Dean at the UMB SSW, has an extensive history in program planning, policy development, community organizing, health promotion, and marketing in the public and non-profit arenas. She has experience in establishing programs in the areas of adolescent health and maternal and child health

for the state of Maryland and City of Baltimore. Among other roles, Ms. Mayden has served as Executive Director of Campaign for our Children, Executive Director of the Governor's Council on Adolescent Pregnancy, Special Assistant for Medicaid of Maryland Department of Health and Mental Hygiene, and Deputy Director, Office of Human Development, Office of the Mayor, Baltimore. As Executive Director of PH and PI of this application, she will articulate the project's strategic direction and theory of change, facilitating managing of the partnership between agencies, coordinating planning activities undertaken by the PH CPAB, collaborating with the evaluation team, overseeing development of the Strategic Plan, and aligning the Promise Neighborhood planning grant activities with the Choice Neighborhoods and Race To The Top programs.

Richard P. Barth, Ph.D., MSW, Dean and Professor at the University of Maryland SSW, is an active program developer and scholar in the areas of children's services and evidence-based practice. He is on the Board of Directors of the United Way of Central Maryland and the Board of Directors of Furman L. Templeton Preparatory Academy. Dr. Barth has also written extensively about school social work, evidence-based practice, child abuse prevention, parent training, and a range of evaluation methodologies. He is the author of *Reducing the Risk* and *Safer Choices*, two curricula designed to reduce unprotected sexual intercourse that have been selected by the CDC as effective programs. He has received many academic honors and serves as the President of the American Academy of Social Work & Social Welfare. He will serve as Co-Investigator and will co-lead the PH Community Partners Advisory Board.

Rachel K. Donegan, JD, the PH Program Coordinator, worked as an attorney before commencing her MSW studies. While obtaining her MSW, Ms. Donegan worked in Promise Heights as the supervisor of Baltimore City YouthWorks staff doing outreach for B'more for Healthy Babies. Ms. Donegan went on to complete her advanced year field placement with Promise Heights, writing funded proposals and assisting in the development of subsequent programming. She will continue to work as the Development/Sustainability Coordinator to maximize funding opportunities, help prepare accountability reports, and assist in PH communications.

Reverend Alvin C. Hathaway, Sr., D.Min, PhD, is Senior Pastor of Union Baptist Church, and Chairperson, Community Churches for Community Change. Reverend Hathaway is a community organizer and leading Baltimore activist. He is author of several publications on children's mental health, school health services and adolescent resilience. He is also the Chairperson of the Harvey Johnson Head Start Center which serves 214 children from 3 -5 years of age. Reverend Hathaway serves as the Co-Chair of the PH Community Partners Advisory Board with Dean Richard Barth.

Marvin Mack is a native of West Baltimore and author of the book, "Affirm: I am Powerful Enough." Marvin started the Center For Mind and Esteem Development in 1996 for two reasons. First, because it was revealed to him that his life's purpose is to uplift the consciousness of the world. Second, Marvin wanted to bring the concepts of Personal and Professional Development to people who could not afford it, or otherwise would not be exposed to it. The Center is a training institute committed to human development and individual achievement. Its goal is to teach self-empowerment

principles to all people so that they can reach their fullest potential, fulfill their life's purpose, and achieve their personal and professional goals. One of their earliest clients was the Housing Authority of Baltimore City, which remains a major client today.

C. Daniel Mullins, PhD, is an expert in evaluating the impact, efficiency and cost-effectiveness of community-based programs. His numerous grants total more than \$8 million as principal investigator, including awards **to develop and enhance methods to assess the relative value and cost-effectiveness** of alternative intervention strategies for **improving outcomes in the community setting**. Dr. Mullins' research aims to improve the well-being of all Americans, with a particular focus on African Americans and reducing racial disparities. He was the Shared Resources Core Director for the NIH-sponsored University of Maryland Center for Health Disparities Research, Training, and Outreach. In that role, he was responsible for assisting junior faculty with interests in disparities research to **develop and implement database studies** to better **understand** the sources of racial and ethnic disparities, **develop strategies to reduce/eliminate** these disparities, and **perform evaluations** to document the impact on outcomes and the **"disparities gap."** The spectrum of community-based programs that Dr. Mullins has evaluated is quite broad, ranging from motivational interviews to reduce repeat births among teenagers (Barnet, Rapp, DeVoe, & Mullins, 2010) and using a Breathmobile to deliver care to underserved children (Bollinger, Morpew, & Mullins, 2010) in Baltimore to improving tuberculosis management in Uganda, Africa (Manabe, et al., 2012). In 2011, he was awarded one of the first eight contracts by the new Congressionally-funded PCORI to develop and enhance methods for engaging hard-to-reach individuals in research. Dr. Mullins will

utilize his skills in program evaluation and community/stakeholder engagement to assure that the project design, data collection, and analysis are rigorous and comprehensive and also relevant and culturally appropriate.

Terry V. Shaw, PhD., MSW, MPH, Assistant Professor at the UMB SSW, is committed to maximizing the use of current administrative data systems to provide accurate and timely data for decision-makers. Dr. Shaw has expertise working with complex administrative data systems to answer pressing service, outcome, evaluation, and policy related questions. He worked with state administrative data systems in South Carolina (where he helped to create a multi-agency linked data warehouse including public data systems), in California (where he developed outcome reports from California's SACWIS system), and in Maryland (where he currently works with DHR/SSA on reporting from the state's CHESSIE System). Dr. Shaw has a long history of successfully working with agencies to generate actionable information while maintaining data accuracy, integrity and security. Dr. Shaw will coordinate the longitudinal data management and analysis and serve as liaison to ETO™.

Michael E Woolley, PhD., MSW, Associate Professor at the UMB SSW, has a current primary research effort in examining the effects of CareerStart and how to improve the CareerStart model based on data in a randomized control trial of CareerStart in North Carolina. That research has demonstrated positive effects in that CareerStart promotes high engagement in school and academic achievement for students. Dr. Woolley recently worked with the Chicago Public Schools (CPS) in manualizing and training staff in CPS turnaround schools in a school climate model. He was also a member of a project team that trained math teachers in Alabama to deliver

and evaluate reformed instructional practices in the context of the social environmental factors that impact school outcomes. Further, Dr. Woolley has a body of research in how the social environment, especially interactions with adults, promotes school success for middle school students. Dr. Woolley will serve as coordinator of our school climate measurement and intervention planning.

4.4. Integrating funding streams from multiple public and private sources, including its proposal to leverage and integrate high-quality programs in the neighborhood into the continuum of solutions.

As a Race to the Top grant recipient, Maryland's grant will be used to revise the PreK-12 curriculum, assessments, and accountability system based on the Common Core Standards to assure that all graduates are college- and career-ready. It will also build a statewide IT infrastructure that links all data elements with analytic and instructional tools to monitor and promote student achievement. Finally, it will redesign the model for preparation, development, retention, and evaluation of teachers and principals. MSDE has a staff member on the PH CPAB and will fully participate in the education subcommittee to assure that our work aligns with RTTT.

Maryland's RTT-ELC program, should it be funded, will be jointly administered by the MSDE. Maryland will take a comprehensive approach to developing integrated, high-quality early learning systems, which in turn will help ensure that more children, especially high-need children, enter school ready and able to succeed. Maryland will commit to increasing the number and percentage of low-income and disadvantaged children in each age group of infants, toddlers, and preschoolers who are enrolled in high-quality early learning programs, will design and implement an integrated system of

high-quality early learning programs and services; and will ensure that any use of assessments conforms with the recommendations of the National Research Council. Maryland has been a national leader in early childhood education and we believe will remain committed to work in PH regardless of the outcome of the RTT-ELC competition.

For more than a decade, the Family League (Baltimore's Local Management Board for Early Childhood) has worked with Baltimore City, the State of Maryland, and a range of community partners to increase the quality and quantity of out-of-school-time opportunities for Baltimore City children and youth. As mentioned, the Baltimore City Department of Recreation and Parks, working with PH partners, recently received funding to align the school curriculum with after-school tutoring and enrichment programming. This expansion of services will occur at the Robert C. Marshall Recreation Center, which is attached by footbridge to FLT.

Good physical and mental health are prerequisites to full engagement in learning. Providing uninsured or underinsured children living in low-income situations with access to quality, comprehensive medical care is the aim of the federally supported State Children's Health Insurance Program (S-CHIP). In addition to providing access to medical care, S-CHIP programs conduct outreach to families, educating them about the availability of coverage as well as the importance of routine medical and oral care for the children, including the need to have children immunized. Additionally, the federal Maternal and Child Health (MCH) Block Grant provides millions of dollars to support the public health infrastructure for mothers and children. Maryland uses MCH funds to enhance child development by increasing parent education, coordinating home visiting program, and coordinating services that fill gaps not covered by S-CHIP. Other federally

supported programs that contribute to healthy development of children include WIC, the Food Stamp program provided through BCDSS, and the Child and Adult Care Food Program. All are designed to help make nutritious, well-balanced meals available for families regardless of income. The Annie E Casey Foundation has recently begun to support the UMB SSW to further develop LINKS and two new initiatives related to taking evidence based practices to scale and sustaining them. Promise Heights will collaborate with each.

Postlude

To achieve educational advancement and developmental success for every student in the PH neighborhood takes imagination—imagination not just from PHI students and residents but a belief in possibility thinking and a belief by every resident of Baltimore that PH is capable of returning to its historic greatness. Transforming PH requires imagination and a plan to make Promise Heights a Promise Neighborhood.

Imagine

Imagine no possessions
I wonder if you can
No need for greed or hunger
A brotherhood of man
Imagine all the people sharing all the world
You may say I'm a dreamer
But I'm not the only one
I hope some day you'll join us
And the world will live as one

--John Lennon (1971)

REFERENCES

- Ames, A., Evans, M., Fox, L., Milam, A., Petteway, R., & Rutledge, R. (2011). *2011 Neighborhood Health Profile: Upton/Druid Heights*. Baltimore: Baltimore City Health Department.
- Barnet, B., Rapp, T., DeVoe, M., & Mullins, C. (2010). Cost-effectiveness of a Motivational Intervention to Reduce Rapid Repeated Childbearing in High-Risk Adolescent Mothers: A Rebirth of Economic and Policy Considerations. *Archives of Pediatrics & Adolescent Medicine*, *164*(4), 370-6.
- Barrett, S. B., Bradshaw, C. P., & Lewis-Palmer, T. (2008). Maryland Statewide PBIS Initiative Systems, Evaluation, and Next Steps. [Article]. *Journal of Positive Behavior Interventions*, *10*(2), 105-114. doi: 10.1177/1098300707312541.
- Barth, R.P. (2010). *Reducing the risk*. (5th Edition). Santa Cruz, CA: ETR Associates.
- Black, M. M., Arteaga, S. S., Sanders, J., Hager, E. R., Anliker, J. A., Gittelsohn, J., & Wang, Y (2010). College mentors: A View from the inside of an intervention to promote health behaviors and prevent obesity among low-income, urban, African American adolescents. *Journal of Health Promotion Practice*, *11*, 1-7. doi: 10.1177/1524839910385899.
- Bollinger, M., Morpew, T., & Mullins, C. (2010). The Breathmobile Program: A Good Investment for Underserved Children with Asthma. *Annals of Allergy, Asthma & Immunology*, *105*(4), 274-281.
- Bradley, S. J., Jadaa, D. A., Brody, J., Landy, S., Tallett, S. E., Watson, W., . . . Stephens, D. (2003). Brief psychoeducational parenting program: An evaluation and 1-year follow-up. [Article]. *Journal of the American Academy of Child and*

Adolescent Psychiatry, 42(10), 1171-1178.

DePanfilis, D., & Dubowitz, H. (2005). Family connections: A program for preventing child neglect. [Proceedings Paper]. *Child Maltreatment*, 10(2), 108-123. doi: 10.1177/1077559505275252.

DePanfilis, D., Dubowitz, H., & Kunz, J. (2008). Assessing the cost-effectiveness of Family Connections. [Article]. *Child Abuse & Neglect*, 32(3), 335-351. doi: 10.1016/j.chiabu.2007.06.005.

Ezeugwu, C., Laird, A., Mullins, C., Saluja, D., & Winston, R. (2011). Lessons Learned from Community-Based Minority Health Care Serving System Participation in an NIH Clinical Trial. *Journal of the National Medical Association*, 103(9 and 10), 839-44.

Ferris TG, Dougherty D, Blumenthal D, Perrin JM. (2001). A report card on quality improvement for children's health care. *Pediatrics* 107(1), 143-155.

Fixsen, D. L., Naoom, S. F., Blase, K. A., Friedman, R. M. & Wallace, F. (2005). *Implementation Research: A Synthesis of the Literature*. Tampa, FL: University of South Florida, Louis de la Parte Florida.

Gandhi TK, Puopolo AL, Dasse P, Haas JS, Burstin HR, Cook EF, Brennan T.A. (2000). Obstacles to collaborative quality improvement. *International Journal of Quality Health Care*, 12(2), 115-123.

Greenberg, M. T., Bierman, K. L., Coie, J. D., Dodge, K. A., Lochman, J. E., McMahon, R. J., . . . Conduct Problems Prevention Res, G. (2010). The effects of a multiyear universal social-emotional learning program: The role of student and school characteristics. [Article]. *Journal of Consulting and Clinical Psychology*,

78(2), 156-168. doi: 10.1037/a0018607.

Love, J. M., Kisker, E. E., Ross, C., Raikes, H., Constantine, J., Boller, K., . . . Vogel, C. (2005). The effectiveness of early head start for 3-year-old children and their parents: Lessons for policy and programs. [Article]. *Developmental Psychology*, 41(6), 885-901. doi: 10.1037/0012-1649.41.6.885.

Manabe, Y., Hermans, S., Lamorde, M., Castelnovo, B., Mullins, C., & Kuznik, A. (2012). Rifampicin for continuation phase tuberculosis treatment in Uganda: A cost-effectiveness analysis. *PLoS ONE*, (forthcoming).

Maryland State Department of Education. (2012, July). *Baltimore City*. Retrieved from 2012 Maryland Report Card: <http://www.mdreportcard.org>.

Mullins, C., Abdulhalim, A., & Lavalley, D. (2012). Continuous Patient Engagement in Comparative Effectiveness Research. *Journal of the American Medical Association*, 307(15), 1587-8.

Mullins, C., Shaya, F., Blatt, L., & Saunders, E. (2012). A Qualitative Evaluation of a Citywide Community Health Partnership Program. *Journal of the National Medical Association*, 104(1 and 2), 53-60.

National School Climate Center. (2012, July). *School Climate*. Retrieved from National School Climate Center: <http://www.schoolclimate.org/climate/>.

Orthner, Dennis K, Akos, Patrick, Rose, Roderick, Jones-Sanpei, Hinckley, Mercado, Micaela, Woolley, Michael E (2010). CareerStart: A Middle School Student Engagement and Academic Achievement Program. *Children & Schools*, 32, 223-234.

Schulting, A. B., Malone, P. S., & Dodge, K. A. (2005). The effect of school-based

kindergarten transition policies and practices on child academic outcomes.

[Article]. *Developmental Psychology*, 41(6), 860-871. doi: 10.1037/0012-1649.41.6.860.

Shortell SM, Bennett CL, Byck GR. (1998). Assessing the impact of continuous quality improvement on clinical practice: what it will take to accelerate progress. *Milbank Quarterly*, 76(4), 593-624, 510.

U.S. Department of Education. (2010). *ESEA Blueprint for Reform*. Washington, D.C.: Office of Planning, Evaluation and Policy Development.

University of Maryland Medical Center. (2012, July). *Breathmobile*. Retrieved from University of Maryland Medical Center: <http://www.umm.edu/breathmobile/>.

Woolley, M. E., Rose, R. A. Jones-Sanpei, H., Orthner, D. K., (January, 2011). *Investigating High School Effects of a Middle Grades School Relevance & Engagement Intervention*. "Emerging Horizons for Social Work Research" The Fifteenth Annual Conference of the Society for Social Work and Research, Tampa, FL.

Woolley, M. E., Rose, R. A., Orthner, D. K., Akos, P. T., & Jones-Sanpei, H. (2011, under review). Advancing Academic Achievement through Career Relevance Middle Grades: A Longitudinal Evaluation of CareerStart. *American Education Research Journal*.

2012 Promise Neighborhoods Planning Grant Application

PROMISE HEIGHTS

A Promise Neighborhood in Baltimore, MD

Appendix C: Memorandum of Understanding



UNIVERSITY *of* MARYLAND
SCHOOL OF SOCIAL WORK



Preliminary Memorandum of Understanding

This Preliminary Memorandum of Understanding (MOU) details the University of Maryland's proposed partnership with five target schools, state and local governmental agencies, and 14 community- and faith-based partners to plan the implementation of Promise Heights (PH), a Promise Neighborhood in Baltimore City, Maryland. The specific entities with which the partnerships will be created are detailed in a subsequent section of this MOU. Promise Heights is located in the Upton/Druid Heights communities and it encompasses census tracks 1402, 1403, 1702 and 1703.

The term of this MOU shall be for the period of the planning grant (beginning on January 1, 2013 and ending on or before December 31, 2013).

The mission of Promise Heights is to create a comprehensive child, family, and community building model in West Baltimore communities of Upton and Druid Heights that provides children ages 0-23 with educational, social, physical, and economic opportunities which allow them to thrive and succeed in work and family life. To assist in that vision we agree intentionally, meaningfully, and strategically to coordinate services, strategies, goals, data, and accountability, and use technology to seamlessly communicate and connect in a way that drives performance. We will create a data sharing plan that allows all partners to utilize evidence based services and to link the interventions to services provided to children and families. All partners will commit to work with the National Evaluator to ensure that all data is collected with fidelity and to engage in productive dialogue between partners and the National Evaluator.

Our *theory of action* for this project is that developing a collaborative coalition of PH service providers will strategically change the way organizations work together to focus their efforts to achieve measurable education and health outcomes for children and youth in the community. We understand that success for children in the PH communities requires integration of family, educational, service programs and community systems to create quality responsive programming, documentation of what works and modifications to increase success, and collaborative supportive efforts between all entities interested in the success of children.

The PH community partners' *theory of change* asserts that change for children and families must involve mobilization of an extraordinarily broad and diverse range of resources: families; religious groups; media; community and neighborhood associations; PTAs; the business and philanthropic communities; and public and private agencies in the areas of education, health, social services and employment and training. Change involves transforming the inputs that all children receive to ensure that all children achieve, early and intermediate outcomes needed to ultimately realize higher education and employment success. Beyond mobilizing public and private resources, there must be sustained and coordinated planning, program and policy developments, service delivery, and monitoring.



The partners and UM are in agreement that the work of this project will be framed by the indicators that we have jointly identified for each of the following outcomes:

- Children enter kindergarten ready to learn
- Students are proficient in core academic subjects
- Students successfully transition from middle school grades to high school
- Youth graduate from high school
- High school graduates obtain a postsecondary degree, certification, or credential
- Students are healthy
- Students feel safe at school and in their community
- Students live in stable communities
- Families and community members support learning in PH schools
- Students have access to 21st century learning tools

The advisory board will work together to create a seamless pipeline of integrated services, break down service delivery silos, create plans to enhance service delivery to meet community needs, identify neighborhood needs and service delivery gaps, and fill these holes with effective programs.

The PH Advisory Board subject to the MOU commits participants to full, regular exchange of information and discussion of relevant program and policy issues. The Board includes community residents, community partner agencies, and public officials representing: Office of the Mayor, Baltimore City Public Schools, F.L. Templeton Preparatory Academy, Samuel Coleridge-Taylor Elementary School, Booker T. Washington Middle School, Renaissance Academy, Maryland State Department of Education, Family League of Baltimore City, Druid Heights Community Development Corporation, Upton Planning Committee, Community Churches for Community Development, Associated Black Charities, University of Maryland Medical Center, and the University of Maryland, Baltimore.

The PH lead agency will be the University of Maryland, Baltimore located less than one mile from PH. The six schools of the University (Medical, Dental, Nursing, Law, Pharmacy, and Social Work) will continue to provide a range of services to the community. The lead agency will build on these services to provide administrative support to the initiative; build collaborative data and evaluation systems; convene meetings of project partners; use knowledge of evidence supported practices to inform the provision of proven effective service solution; and garner support from city, state, local, and federal entities to bring resources to the Promise Heights initiative.



Partner Commitments -

Office of Lt. Governor Anthony Brown

For the fourth straight year, Education Week Magazine ranked Maryland the number one public school system in the United States. Strong public schools, world-class teachers and principals, and a workforce with the skills they need to compete in the 21st Century are essential. The State of Maryland is funding public schools for the second straight year in a row at a record level of [REDACTED]. As a winner in the Race to The Top (RTTT), the state will prioritize innovative reform efforts to help boost student achievement, reduce the achievement gaps, recruit and retain world class teachers and students and turn around struggling schools.

Programmatic Commitment: The Office of the Lt. Governor Brown will work with the Promise Heights Initiative to actively participate in the planning process. He will bring the appropriate resources to coordinate state services to support Promise Neighborhood goals.

Financial Commitment: The Office will commit 5% of a staff person to help with the coordination activities of state resources. The in-kind salary of amount of [REDACTED].

City of Baltimore – Office of the Mayor

Improving the lives of Baltimore’s children, youth, and families is a central priority of Mayor Stephanie Rawlings-Blake’s administration. Mayor Rawlings-Blake’s vision for youth is that every Baltimore City youth will be ready to learn when they enter school and ready to earn when they leave school. For fiscal year 2012, the budget for Baltimore’s children includes [REDACTED] in operating funds and [REDACTED] for the capital budget. The budget is primarily administered by agencies belonging to the Mayor’s Youth Cabinet, whose members have oversight of programming, services, and funding for children.

Programmatic Commitment: As a partner in the Promise Neighborhood application, Mayor Rawlings-Blake will assign the Director of the Mayor’s Office of Human Services to participate on the PN Advisory Committee.

Role: Provide political leadership to build ongoing and sustained support; coordinate city services to support Promise Neighborhood goals; assist with efforts to secure funds and organizational commitments to support neighborhood revitalization efforts in Promise Neighborhoods; participate in efforts to create effective tracking, data sharing, and evaluation system; convene other Promise Neighborhood applications to create a learning collaborative; and lead efforts on policy reform.

Financial Commitment: [REDACTED] in-kind salary of the Director of the Mayor’s Office of Human Services.



Maryland State Department of Education

The Maryland State Department of Education (MSDE) develops and implements standards and policy for education programs from pre-kindergarten through high school. The Division of Early Childhood Development (DECD) at MSDE developed and uses the Maryland Model for School Readiness (MMSR) assessment tool to identify children's readiness for school across Maryland and they are completing the development of the state's Quality Rating and Improvement System (QRIS). DECD is leading statewide efforts to improve early education in Maryland so that all young children are well prepared for school. DECD also is responsible for professional development of the early childhood workforce and the continued improvement and accountability for early care and education.

Programmatic Commitment: The Division of Early Childhood Development developed the Strategic Plan of the Division of Early Childhood Development 2010-2012 for Maryland. The plan demonstrates past commitment and investment in supporting early learning and Development Programs; promotes early learning and development outcomes for children; develops and adopts a common, statewide set of tiered program standards; and provides resources to families to assist them in becoming their child's first teacher.

Role: Will actively participate in the planning process and to participate on the Advisory Board, Education subcommittee, and the Comprehensive Local Early Learning Network.

Financial Commitment: [REDACTED] In-kind salary of staff to participate in Promise Heights Planning meetings.

Baltimore City Public Schools (City Schools)

Their vision is that "every student will graduate ready to achieve excellence in higher education or the global workforce." Their mission is "excellence in education for every child at every level. "

Theory of Change: City Schools believes a comprehensive set of supports for students and families enhance the achievement of students. Inputs, and early and intermediate outcomes, relate to accomplishing its long-term desired results. Crucial inputs include: Family Student Funding, Expanding Great Options, School Support Networks, and Family and Community Engagement.

Theory of Action: City Schools understands that : (1) if resources are in schools, school communities will make improved decisions based on school needs and student achievement will increase; (2) if City schools improve the quality and choice of school options that enrollment, student and parent satisfaction, and student achievement will improve; and (3) if schools integrate accurate and timely data into its decision making and accountability framework then schools will be able to make better decisions to increase student success, and central office guidance, support and accountability will be more effective.



Programmatic Commitment: City Schools have implemented many activities that align with those of Promise Heights including: flexibility in funding at the school level; leveraging partnerships and family engagement in the community; improved structures and supports to promote rigor in instruction, engagement of students, and interventions that respond to student needs; increased support and accountability for effective teaching.

Role: Assign staff person from the Office of Partnerships, Communications and Community Engagement to PH who will provide education –related strategic guidance to the Director and Advisory Board for PH, assure coordination and alignment of the school improvement and school reform, facilitate aggregate data collection from the PH partner schools (subject to all applicable privacy laws including but not limited to the Family Educational Rights and Privacy Act), and participate in PH Advisory Board meetings.

Financial Commitment: School Social Worker for the Judy Center expansion at the Historic Samuel Coleridge-Taylor Elementary School is anticipated at [REDACTED] (pending approval of the Baltimore City Board of School Commissioners) and [REDACTED] in-kind salary of staff person from the Office of Partnerships, Communications and Community Engagement.

Partner Schools

F. L. Templeton Preparatory Academy (FLT)

Programmatic Commitment: The F. L. Templeton Preparatory Academy is a public charter Pre-K – 5th grade school serving 500+ children in the PH community. FLT will continue to support the PN initiative to: continue to provide office space for the B’more for Healthy Babies program; continue to partner with UM School of Social Work to house the Community Resource School program; continue to provide field placements for Master of Social Work interns from School of Social Work; continue to provide teaching opportunities for School of Medicine residents on health and nutrition; continue to provide space for the Breath mobile, and continue to house the Judy Center Satellite.

Role: As part of the expansion of services, the FLT will: partner with established Early Head Start and Head Start Programs to operate programs in space provided at FLT; Work with Robert Marshall Recreation Center to develop and implement an effective after-school and summer programming to support student academic achievement and expose students to enrichment activities; recruit parents to participate in PN programs and services; participate as an active member in the Principal’s Roundtable and the PH Community Partners meetings; and participate in efforts to create effective tracking, data sharing, and evaluation system and the National Evaluator.

Financial Commitment: [REDACTED] in-kind estimate of office space for programs, phones, and IT services.



The Historic Samuel Coleridge-Taylor Elementary School (SCT)

Programmatic Commitment: The SCT is a public elementary school Pre-K – 5 grade school serving approximately 400 children in the PH community. SCT currently works with UMB on the kindergarten readiness program, partners with UM School of Social Work to house the Community Resource School program; continues to provide field placements for Master of Social Work interns from School of Social Work; provides teaching opportunities for School of Medicine residents on health and nutrition; continues to provide space for the Breath mobile; provides space for the Judy Center, and provides office space for UMB staff.

Role: SCT will work with UMB to offer additional programs and services including: MSW interns to provide mental health and parent engagement activities, as well as participate on the attendance monitoring team, and additional health services from the Schools of Medicine and Nursing. In addition, SCT will implement an effective after-school and summer programming to support student academic achievement and expose students to enrichment activities utilizing funding from the 21st Century Community Learning Centers; recruit parents to participate in PN programs and services; participates as an active member in the Principal’s Roundtable and the PH Community Partners meetings; and participates in efforts to create effective tracking, data sharing, and evaluation system and the National Evaluator.

Financial Commitment: ██████ in-kind estimate of office space for programs, phones, and IT services.

Booker T. Washington Middle School (BTW)

Programmatic Commitment: The Middle School for the Arts at Booker T. Washington Middle School is a public school serving students in the 6th – 8th grade by providing students with a comprehensive education in and through the arts while engaging them in a rigorous and relevant academic program that will create a capacity for all students to be life-long learners and active participants in a global community. As part of the PH initiative, UMB will provide numerous programs and services to the students, faculty, and staff of the BTW middle school. These programs include: A Bridge to Academic Excellence weekly tutoring for 150 BTW students in math and sciences by UMB graduate students; four MSW interns to work with students and their families to provide mental health counseling and referral to services including group and individual counseling; sports physicals by the School of Medicine’s Department of Family & Community Medicine; and physical activity and nutrition workshops with the School of Medicine’s Department of Pediatrics, Growth and Nutrition Division.

Role: BTW will encourage its students to participate in the programs and services provided by the University of Maryland Baltimore. Principal Thomas will participate on the Principal’s Roundtable to freely exchange information with the other principals in the area for program and service needs of BTW students.



Financial Commitment: [REDACTED] in-kind estimate for office space for programs, phones and IT services.

Renaissance Academy High School (RA)

Renaissance Academy was founded in 2005 where “Excellence is the Expectation” and has three essential features: preparing all scholars for college; making all scholars civically responsible, and ensuring all scholars are physically fit and develop healthy lifestyles. As part of the PH initiative, UMB will provide several programs to Renaissance scholars. These programs include: A Bridge to Academic Excellence weekly tutoring for RA students in math and sciences by UMB graduate students; sports physicals by the School of Medicine’s Department of Family & Community Medicine; and CareerStart workshops.

Role: RA will encourage its scholars to participate in the programs and services provided by the University of Maryland, Baltimore. Principal Perry will participate on the Principal’s Roundtable and the PH Advisory Committee meetings.

Financial Commitment: [REDACTED] in-kind estimate for office space for programs, phones and IT services.

Family League of Baltimore City

The Family League of Baltimore City, Inc. is a non-profit, quasi-governmental organization mandated by the City and State to provide resource coordination and development, and to inform, prioritize and implement strategies that will improve the well-being of Baltimore’s children, youth and families. The Family League believes that by providing leadership, creating public/private partnerships, leveraging funding and using data to drive decisions, we will improve outcomes in our neighborhoods and communities.

Programmatic Commitment: The Family League brings together a range of partners to fund a number of programs that currently operate in Promise Heights including: B’more for Healthy Babies, Community Resource Schools, Out of School Time, and the After-School Snack and Supper Programs.

Role: Will participate on the Advisory Board as well as provide expert assistance, evaluation, and implementation assistance regarding the Education, Health and Parent Engagement Committees.

Financial Commitment: [REDACTED] for the B’more for Healthy Babies initiative; [REDACTED] for the Community Resource Schools program; [REDACTED] for Out-of-School Time and [REDACTED] in-kind salary of staff person to participate on the PH Advisory Committee.

Druid Heights Community Development Corporation (DHCDC)

The Druid Heights Community Development Corporation (DHCDC), a non-profit organization, was established in 1974. DHCDC is governed by an 18-member Board of Directors that include political, corporate, and community representation. Its mission is to promote and encourage areas of community



development and empowerment through numerous initiatives. The overall goal is to accelerate the revitalization of the neighborhood with self-empowerment, employment and economic opportunities all while creating a stable and safe community environment.

Programmatic Commitment: As a partner in the PN application, DHCDC will offer programs such as: adult basic education, GED classes and computer classes; youth development initiatives such as Boy Scouts, after school programming, summer camp and Peace Patrol; and economic development activities for Pennsylvania Avenue Main Street merchants. In addition, DHCDC is sponsoring agency for the Frederick Douglass High School Community School that is attended by most of the Promise Heights senior high school students. These students will have access to the complete continuum of solutions as designed in the planning grant.

Role: Co-lead efforts to produce results for students and families to live in stable communities; participate on the Advisory Board; assist in the development of the economic development plans; provide graduation data on the Frederick Douglass High School students who reside Promise Heights.

Financial Commitment: [REDACTED] in-kind salary of staff person participating on Promise Heights Advisory Committee committees.

Upton Planning Committee, Inc.

The Upton Planning Committee, Inc. (UPC) is an umbrella neighborhood association for the Upton community. It was formed in 1968 during Urban Renewal to represent development within the Upton community. The organization is governed by the presidents of 7 neighborhood associations, a commercial advocate organization and faith-based collaborative sub-committee. Day to day operations is managed by an Executive Director. Many of the activities are governed by the 2005 Upton Master Plan but also include initiatives focused on health, education, recreation/athletics, housing development and commercial development.

Programmatic Commitment: As a partner in the PN application, UPC will lead the work on community engagement subcommittee and will serve on the Advisory Committee. Our intent will be to leverage the resources provided by the PN network of providers.

Financial Commitment: [REDACTED] in-kind salary for the Executive Director to serve on the Advisory Committee and to chair the Community Engagement subcommittee.

Community Churches for Community Development

Since 1784, African American churches provided workshop, service, and empowerment activities to residents in the Promise Heights and larger Baltimore area. The five major Faith Based Organizations (Union Baptist Church, Pennsylvania Avenue AME Zion Church, Douglass Memorial Community Church, Bethel AME Church, and Providence Baptist Church) have committed themselves to work collaborate and with Promise Heights partners to engage and empower residents to transform the community.



Programmatic Commitment: As a partner in the PN application, the churches will continue to provide spiritual uplift to community members and partners; educational services (Head Start); help to community members get out of crisis by providing funding for shelter, food, and other critical needs; and youth development programs such as day and residential camps, mentoring, chess club, technology clubs, tutoring.

Role: Will participate on the Advisory Board; publicize Promise Heights' events to congregations; distribute information on community service providers; participate on Promise Heights committees including: health, education and community engagement.

Financial Commitment: Office space for two staff persons; [REDACTED] in kind for salary for staff participating on Promise Heights committees.

Associated Black Charities

Associated Black Charities has been dedicated to creating strong, healthy, and economically viable communities in order to create a better life for citizens in the State of Maryland. ABC is focused on strategies and policies that close the wealth and health gaps for African Americans thereby strengthening the economic fabric for the entire state.

As a result, in closing the wealth gap, ABC is focused on increasing the number of gainfully employed citizens; increasing the civic engagement of professionals; increasing the number of professionals of color in leadership in the nonprofit sector; increasing the knowledge and skills of people in managing their financial health; increasing the number of college students who "complete" college; and increasing the number of residents who maintain homeownership and increasing the number of African American businesses who have more than ten employees. In closing the health gap, ABC is focused on increasing the knowledge and advocates who support both the social and health impediments related to the reduction of childhood obesity, adult obesity and the reduction of other health related outcomes stemming from limited financial conditions.

ABC accomplishes its mission through grant making, public policy research and advocacy, strategic collaboration and serving as a catalytic leader. Over the recent years, ABC has come to understand and integrate a social equity framework as it relates to these health and wealth gaps.

Programmatic Commitment: As a partner in the PN application, ABC will offer programs, education and linkages related to home ownership and foreclosure prevention; workforce development and career advancement; higher education readiness, access, and completion; asset building and financial literacy; and childhood and adult obesity prevention.



Role: Co-lead efforts to create financial sustainability and build support among the philanthropic community for the plan; assist in the creation of the workforce development plans; participate on the Advisory Board.

Financial Commitment: In the initial year, contributions of time from ABC staff will be equivalent to no less than [REDACTED].

University of Maryland Medical Center (UMMC)

The University of Maryland Medical Center is an innovative teaching hospital in Baltimore that provides a full range of health services to people throughout Maryland and the Mid-Atlantic region. It is a national and regional referral center for trauma, cancer care, cardiac care, neurocare, women's and children's health and organ transplants. Established in 1823, the Medical Center is one of the nation's first teaching hospitals.

The University of Maryland Children's Hospital (UMCH), which is part of the University of Maryland Medical Center, cares for critically ill children and those with chronic conditions, such as asthma, diabetes and cardiac problems. UMCH combines state-of-the-art medicine with family-centered care and is a recognized leader in developing and providing innovative treatments for childhood illnesses. In addition to in-patient care, UMCH provides primary and specialty care services to the community through community-based clinics in Baltimore and surrounding counties.

Programmatic Commitment: As a partner in the PN application, UMMC will continue to provide accessible, patient-centered health care and health education to children and families in Promise Heights through programs including:

- PATH (Pediatrics at the Harbor) providing comprehensive primary care for children
- Pediatric Asthma Clinic, the first on the East Coast to receive a certificate of distinction from the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) for excellence in asthma care.
- A dedicated Pediatric Emergency Department
- Behavioral and developmental pediatrics providing special services for children with school problems and toddlers and pre-schoolers with behavioral or developmental issues
- Breathmobile, a mobile asthma clinic that provides free asthma specialty care at several sites in the Promise Heights community, including Furman Templeton Elementary School.
- Pediatric endocrine care for patients with endocrine disorders, including growth problems and diabetes control



Role: UMMC will provide staff to serve on the Promise Heights Steering Committee to act as a liaison between Promise Heights and the Medical Center. UMMC will partner with the Promise Heights Community in planning and implementing health initiatives identified by the community as a part of the planning process.

Financial Commitment: UMMC will provide a minimum of [REDACTED] in-kind salary of staff person(s).

University of Maryland, Baltimore (UMB)

Programmatic Commitment: UMB will continue to offer the following programs and services: B'more for Healthy Babies, Parent University, KITS, Community Resource School, Breathmobile, Obesity Prevention and Nutrition services; asthma prevention; mental health counseling; tutoring and Professional Development opportunities for students, parents in the Promise Heights community.

Role: Lead applicant; project oversight and management, including supervisory responsibility for all staff; lead planning process; lead and coordinate efforts to conduct needs assessment, segmentation analysis, and create longitudinal data management system in accordance with all confidentiality laws (HIPPA, FERPA, etc.); work with national evaluator; lead efforts to create financial sustainability and build community support for the plan ; program services during the planning and implementation stage; and commitment work with U.S. Department of Education and national evaluator on data collection and evaluation, including access to data sources, so data collection and program design align with the national evaluation.

Financial Commitment: UMB will continue to provide in-kind of [REDACTED] for salary and other programmatic services. Programmatic services supported by grants or other revenues will be continued contingent upon continuation of funding to support the services.

Choice Neighborhood – Jubilee Baltimore

Jubilee Baltimore (the for the Choice Planning grantee) has developed more than 700 units of housing and has managed and coordinated two large planning and implementation efforts in the past decade, the *Midtown Community Plan* and the *Development Plan for Greenmount West*. They managed a planning process for four city neighborhoods which involved data collection, recruited community volunteers and produced an award winning plan. As part of the planning grant, Jubilee will be responsible for:



- Site assessment and feasibility analysis: Technical planning work of market, circulation, infrastructure, and financing issues as the basis for preliminary concepts and the final housing and neighborhood plan.
- Housing Market Analysis: Analyze the market potential for a broad range of new and renovated dwellings units on the site
- Retail: Review the retain needs of the community
- Transportation and circulation: Explore neighborhood connectivity to jobs and shopping and recommend feasible improvement projects
- Workforce Development: Create an “asset map” of existing workforce development initiatives in the city to ascertain if residents are being served.
- Education: Develop a plan for improving educational outcomes for Eutaw Marshburn Elementary School and Booker T. Washington Middle School.

Programmatic Commitment: Jubilee Baltimore agrees to work collaboratively with the Promise Heights initiative to coordinate planning and align resources to the greatest extent possible. This may include: joint membership on committees and joint planning on educational outcomes to develop a comprehensive neighborhood revitalization strategy.

[SIGNATURE PAGES TO FOLLOW]



UNIVERSITY of MARYLAND



Anthony Brown
Lt. Gov., Maryland

Date: 7-17-12

Wanda Best

Executive Director, Upton Planning Committee, Inc.

Date: _____

Stephanie Rawlings-Blake
Mayor, City of Baltimore

Date: _____

Diane Bell-McKoy, MSW

President and CEO of Associated Black Charities

Date: _____

Rolf H. Grafwallner, Ph.D.

Assistant State Superintendent of Early Childhood
Development, MSDE

Date: _____

Karl Perry

Principal, Renaissance Academy

Date: _____

Andres Alonso, JD, Ed.M., Ed.D.

CEO, Baltimore City Public School System

Date: _____

Jay Perman, MD

President, University of Maryland Baltimore

Date: _____

Harold A. Barber, Ed.D.

Principal, The Historical Samuel Coleridge-Taylor
Elementary School

Date: _____

Debra A. Santos

Principal, F. L. Templeton Preparatory Academy

Date: _____

Debi Thomas

Principal, Booker T. Washington Middle School for
the Arts

Date: _____

Kevin Keegan

President and CEO, Family League of Baltimore City

Date: _____



UNIVERSITY of MARYLAND

Anthony Brown

Lt. Gov., Maryland

Date: _____



Wanda Best

Executive Director, Upton Planning Committee, Inc.

Date: _____

Stephanie Rawlings-Blake

Mayor, City of Baltimore

Date: _____

Diane Bell-McKoy, MSW

President and CEO of Associated Black Charities

Date: _____

Rolf H. Grafwallner, Ph.D.

Assistant State Superintendant of Early Childhood
Development, MSDE

Date: _____

Karl Perry

Principal, Renaissance Academy

Date: _____

Andres Alonso, JD, Ed.M., Ed.D.

CEO, Baltimore City Public School System

Date: _____

Jay Perman, MD

President, University of Maryland Baltimore

Date: _____

Harold A. Barber, Ed.D.

Principal, The Historical Samuel Coleridge-Taylor
Elementary School

Date: _____

Debra A. Santos

Principal, F. L. Templeton Preparatory Academy

Date: _____

Debi Thomas

Principal, Booker T. Washington Middle School for
the Arts

Date: _____

Kevin Keegan

President and CEO, Family League of Baltimore City

Date: _____

Signatories:

Baltimore City Office of the Mayor

By: 
Name: The Honorable Stephanie Rawlings-Blake
Title: Mayor

Baltimore City Office of the Mayor

By: 
Name: Olivia D. Farrow
Title: Director, Mayor's Office of Human Services



UNIVERSITY of MARYLAND

Anthony Brown
Lt. Gov., Maryland
Date: _____



Stephanie Rawlings-Blake
Mayor, City of Baltimore
Date: 7/20/12

Rolf H. Grafwallner, Ph.D.
Assistant State Superintendent of Early Childhood
Development, MSDE
Date: _____

Andres Alonso, JD, Ed.M., Ed.D.
CEO, Baltimore City Public School System
Date: _____

Harold A. Barber, Ed.D.
Principal, The Historical Samuel Coleridge-Taylor
Elementary School
Date: _____

Debi Thomas
Principal, Booker T. Washington Middle School for
the Arts
Date: _____

Wanda Best
Executive Director, Upton Planning Committee, Inc.
Date: _____

Diane Bell-McKoy, MSW
President and CEO of Associated Black Charities
Date: _____

Karl Perry
Principal, Renaissance Academy
Date: _____

Jay Perman, MD
President, University of Maryland Baltimore
Date: _____

Debra A. Santos
Principal, F. L. Templeton Preparatory Academy
Date: _____

Kevin Keegan
President and CEO, Family League of Baltimore City
Date: _____



UNIVERSITY of MARYLAND

Anthony Brown

Lt. Gov., Maryland

Date: _____

Stephanie Rawlings-Blake

Mayor, City of Baltimore

Date: _____

Rolf H. Grafwallner, Ph.D.

Assistant State Superintendent of Early Childhood
Development, MSDE

Date: _____

Andres Alonso, JD, Ed.M., Ed.D.

CEO, Baltimore City Public School System

Date: _____

Harold A. Barber, Ed.D.

Principal, The Historical Samuel Coleridge-Taylor
Elementary School

Date: _____

Debi Thomas

Principal, Booker T. Washington Middle School for
the Arts

Date: _____

Wanda Best

Executive Director, Upton Planning Committee, Inc.

Date: _____

[REDACTED]

Diane Bell-McKoy, MSW

President and CEO of Associated Black Charities

Date: July 19, 2012

Karl Perry

Principal, Renaissance Academy

Date: _____

Jay Perman, MD

President, University of Maryland Baltimore

Date: _____

Debra A. Santos

Principal, F. L. Templeton Preparatory Academy

Date: _____

Kevin Keegan

President and CEO, Family League of Baltimore City

Date: _____



UNIVERSITY of MARYLAND

Anthony Brown
Lt. Gov., Maryland
Date: _____

Wanda Best
Executive Director, Upton Planning Committee, Inc.
Date: _____

Stephanie Rawlings-Blake
Mayor, City of Baltimore
Date: _____

Diane Bell-McKoy, MSW
President and CEO of Associated Black Charities
Date: _____

[REDACTED]

Rolf H. Grafwallner, Ph.D.
Assistant State Superintendent of Early Childhood
Development, MSDE
Date: 7/29/12

Karl Perry
Principal, Renaissance Academy
Date: _____

Andres Alonso, JD, Ed.M., Ed.D.
CEO, Baltimore City Public School System
Date: _____

Jay Perman, MD
President, University of Maryland Baltimore
Date: _____

Harold A. Barber, Ed.D.
Principal, The Historical Samuel Coleridge-Taylor
Elementary School
Date: _____

Debra A. Santos
Principal, F. L. Templeton Preparatory Academy
Date: _____

Debi Thomas
Principal, Booker T. Washington Middle School for
the Arts
Date: _____

Kevin Keegan
President and CEO, Family League of Baltimore City
Date: _____



UNIVERSITY of MARYLAND

Anthony Brown

Lt. Gov., Maryland

Date: _____

Wanda Best

Executive Director, Upton Planning Committee, Inc.

Date: _____

Stephanie Rawlings-Blake

Mayor, City of Baltimore

Date: _____

Diane Bell-McKoy, MSW

President and CEO of Associated Black Charities

Date: _____

Rolf H. Grafwallner, Ph.D.

Assistant State Superintendant of Early Childhood
Development, MSDE

Date: _____


Karl Perry

Principal, Renaissance Academy

Date: 7/19/2012

Andres Alonso, JD, Ed.M., Ed.D.

CEO, Baltimore City Public School System

Date: _____

Jay Perman, MD

President, University of Maryland Baltimore

Date: _____

Harold A. Barber, Ed.D.

Principal, The Historical Samuel Coleridge-Taylor
Elementary School

Date: _____

Debra A. Santos

Principal, F. L. Templeton Preparatory Academy

Date: _____

Debi Thomas

Principal, Booker T. Washington Middle School for
the Arts

Date: _____

Kevin Keegan

President and CEO, Family League of Baltimore City

Date: _____



UNIVERSITY of MARYLAND

Anthony Brown

Lt. Gov., Maryland

Date: _____

Wanda Best

Executive Director, Upton Planning Committee, Inc.

Date: _____

Stephanie Rawlings-Blake

Mayor, City of Baltimore

Date: _____

Diane Bell-McKoy, MSW

President and CEO of Associated Black Charities

Date: _____

Rolf H. Grafwallner, Ph.D.

Assistant State Superintendent of Early Childhood
Development, MSDE

Date: _____

Karl Perry

Principal, Renaissance Academy

Date: _____

Andrés Alonso, JD, Ed.M., Ed.D.

CEO, Baltimore City Public School System

Date: _____

Jay Perman, MD

President, University of Maryland Baltimore

Date: _____

Harold A. Barber, Ed.D.

Principal, The Historical Samuel Coleridge-Taylor
Elementary School

Date: _____

Debra A. Santos

Principal, F. L. Templeton Preparatory Academy

Date: _____

Debi Thomas

Principal, Booker T. Washington Middle School for
the Arts

Date: _____

Kevin Keegan

President and CEO, Family League of Baltimore City

Date: _____



UNIVERSITY of MARYLAND

Anthony Brown

Lt. Gov., Maryland

Date: _____

Wanda Best

Executive Director, Upton Planning Committee, Inc.

Date: _____

Stephanie Rawlings-Blake

Mayor, City of Baltimore

Date: _____

Diane Bell-McKoy, MSW

President and CEO of Associated Black Charities

Date: _____

Rolf H. Grafwallner, Ph.D.

Assistant State Superintendant of Early Childhood
Development, MSDE

Date: _____

Karl Perry

Principal, Renaissance Academy

Date: _____

Andres Alonso, JD, Ed.M., Ed.D.

CEO, Baltimore City Public School System

Date: _____

Jay Perman, MD

President, University of Maryland Baltimore

Date: 7/20/12

Harold A. Barber, Ed.D.

Principal, The Historical Samuel Coleridge-Taylor
Elementary School

Date: _____

Debra A. Santos

Principal, F. L. Templeton Preparatory Academy

Date: _____

Debi Thomas

Principal, Booker T. Washington Middle School for
the Arts

Date: _____

Kevin Keegan

President and CEO, Family League of Baltimore City

Date: _____



UNIVERSITY of MARYLAND

Anthony Brown

Lt. Gov., Maryland

Date: _____

Wanda Best

Executive Director, Upton Planning Committee, Inc.

Date: _____

Stephanie Rawlings-Blake

Mayor, City of Baltimore

Date: _____

Diane Bell-McKoy, MSW

President and CEO of Associated Black Charities

Date: _____

Rolf H. Grafwallner, Ph.D.

Assistant State Superintendant of Early Childhood Development, MSDE

Date: _____

Karl Perry

Principal, Renaissance Academy

Date: _____

Andres Alonso, JD, Ed.M., Ed.D.

CEO, Baltimore City Public School System

Date: _____

Jay Perman, MD

President, University of Maryland Baltimore

Date: _____

Harold A. Barber, Ed.D.

Principal, The Historical Samuel Coleridge-Taylor Elementary School

Date: 7/19/2012

Debra A. Santos

Principal, F. L. Templeton Preparatory Academy

Date: 7/18/12

Debi Thomas

Principal, Booker T. Washington Middle School for the Arts

Date: _____

Kevin Keegan

President and CEO, Family League of Baltimore City

Date: _____



UNIVERSITY of MARYLAND

Anthony Brown

Lt. Gov., Maryland

Date: _____

Wanda Best

Executive Director, Upton Planning Committee, Inc.

Date: _____

Stephanie Rawlings-Blake

Mayor, City of Baltimore

Date: _____

Diane Bell-McKoy, MSW

President and CEO of Associated Black Charities

Date: _____

Rolf H. Grafwallner, Ph.D.

Assistant State Superintendant of Early Childhood Development, MSDE

Date: _____

Karl Perry

Principal, Renaissance Academy

Date: _____

Andres Alonso, JD, Ed.M., Ed.D.

CEO, Baltimore City Public School System

Date: _____

Jay Perman, MD

President, University of Maryland Baltimore

Date: _____

Harold A. Barber, Ed.D.

Principal, The Historical Samuel Coleridge-Taylor Elementary School

Date: _____

Debra A. Santos

Principal, F. L. Templeton Preparatory Academy

Date: _____

Debi Thomas

Principal, Booker T. Washington Middle School for the Arts

Date: July 18, 2012

Kevin Keegan

President and CEO, Family League of Baltimore City

Date: _____



UNIVERSITY of MARYLAND

Anthony Brown
Lt. Gov., Maryland
Date: _____

Wanda Best
Executive Director, Upton Planning Committee, Inc.
Date: _____

Stephanie Rawlings-Blake
Mayor, City of Baltimore
Date: _____

Diane Bell-McKoy, MSW
President and CEO of Associated Black Charities
Date: _____

Rolf H. Grafwallner, Ph.D.
Assistant State Superintendant of Early Childhood
Development, MSDE
Date: _____

Karl Perry
Principal, Renaissance Academy
Date: _____

Andres Alonso, JD, Ed.M., Ed.D.
CEO, Baltimore City Public School System
Date: _____

Jay Perman, MD
President, University of Maryland Baltimore
Date: _____

Harold A. Barber, Ed.D.
Principal, The Historical Samuel Coleridge-Taylor
Elementary School
Date: _____

Debra A. Santos
Principal, F. L. Templeton Preparatory Academy
Date: _____

Debi Thomas
Principal, Booker T. Washington Middle School for
the Arts
Date: _____


Kevin Keegan
President and CEO, Family League of Baltimore City
Date: 2/20/12



UNIVERSITY of MARYLAND



Kelly Little
Executive Director, Druid Heights Community
Development Corporation
Date: 7/25/12

Rev. Dr. Alvin C. Hathaway, Sr.
Senior Pastor, Union Baptist Church
Community Churches for Community Development
Date: _____

Herbert C. Buchanan
Chief Operating Officer, UMMC
Date: _____

Charlie Duff
President, Jubilee Baltimore
CHOICE Neighborhood
Date: _____



UNIVERSITY of MARYLAND

Kelly Little
Executive Director, Druid Heights Community
Development Corporation

Date: _____



REV. DR. ARVIN C. HATHAWAY, Sr.
Senior Pastor, Union Baptist Church
Community Churches for Community Development

Date: 7/20/12

Herbert C. Buchanan
Chief Operating Officer, UMMC

Date: _____

Charlie Duff
President, Jubilee Baltimore
CHOICE Neighborhood

Date: _____



UNIVERSITY of MARYLAND

Kelly Little

Executive Director, Druid Heights Community
Development Corporation

Date: _____

Rev. Dr. Alvin C. Hathaway, Sr.

Senior Pastor, Union Baptist Church
Community Churches for Community Development

Date: _____



Herbert C. Buchanan

Chief Operating Officer, UMMC

Date: 7/19/12

Charlie Duff

President, Jubilee Baltimore
CHOICE Neighborhood

Date: _____



Charlie Duff
President, Jubilee Baltimore
CHOICE Neighborhood
Date: 6/30/2012



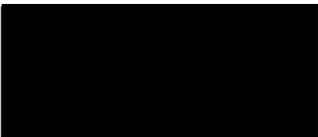
UNIVERSITY of MARYLAND

Kelly Little
Executive Director, Druid Heights Community
Development Corporation
Date: _____

Rev. Dr. Alvin C. Hathaway, Sr.
Senior Pastor, Union Baptist Church
Community Churches for Community Development
Date: _____

Herbert C. Buchanan
Chief Operating Officer, UMMC
Date: _____

Charlie Duff
President, Jubilee Baltimore
CHOICE Neighborhood
Date: _____



Director of Material Management
Baltimore City Public Schools
Date: 7/24/12

APPROVED AS TO FORM AND LEGAL SUFFICIENCY
THIS 24 DAY OF July, 2012



Office of Legal Counsel
Baltimore City Public Schools