HARTFORD DATA COLLABORATIVE
DATA REQUEST APPLICATION FOR INTEGRATED DATA
(Data License Request)

If you are a first-time requestor, before you start:

- Please read the **Terms and Conditions of Use of HDC Data (Appendix A)**
- Please read about the **HDC Data Request Process (listed below)**
- Please note that because of the evolving nature of this priority list, HDC will not be able to provide you with an exact date by when your data request will be fulfilled, but will provide you with an estimated timeframe
- We recommend you complete PART 1 of the application and then send it to HDC staff for review at gfernando@ctdata.org or keikel@ctdata.org. We will schedule a scoping meeting to discuss **PART 2** ("Data Requested").
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If you have any questions about the application process, please email HDC staff at the emails listed above.

HDC DATA REQUEST PROCESS

Your data license request will follow the procedures outlined by HDC's Data Oversight Committee.

1. **HDC staff review.** The request will go through an initial review by HDC staff.
2. **Data Provider and Data Oversight Committee review.** The next review will be conducted by data partners whose data are being requested and select Data Oversight Committee members. Based on this review, feedback will be sent to the requestor for items that require clarification or modification.
3. **Data Oversight Committee endorsement.** Once reviewed, it will either be approved, sent back for revisions, or rejected. The relevant committee members will approve, require revisions, or reject the request.
4. **Request placed in HDC queue of data license requests.** If approved, the request will be filled out based on an HDC priority list.
5. **Execute Data Use License:** When approved and placed on the priority list, Data Use License will be sent to the requestor for review and signature.
6. **Discuss technical details of request.** When it is time to begin your data pull, HDC will reach out to you to discuss the details of the request.
7. **Dataset reviewed to ensure deidentification/anonymization.** Once the data are prepared, HDC staff will review the output to ensure deidentification.
8. **Data transferred via secure method.** Once approved, data will be transferred to the Data License Requestor ('you') using an approved secure transfer method you selected on your application

PART 1: PROJECT/STUDY INFORMATION

Please note whether you are requesting a Hartford Data Collaborative Data License for

x Research purposes[1]
☐ Data purposes

Items to attach with the application:
☐ CV or resume of investigators and co-investigators (if applicable)
x Copy of IRB (Institutional Review Board) Approval (if a research request)

SECTION A. REQUESTOR/INVESTIGATOR INFORMATION

Principal Requestor/*Investigator (**Main point of contact)*	
Name:	**C. Wesley Younts**
Date:	5/22/24
Title:	Director, Center for Social Research Associate Professor, Department of Sociology and Criminal Justice
Degrees:	PhD, Sociology
Affiliation:	X **Data Analyst** X **Researcher** X **Evaluator** ☐ **Policy Maker** ☐ **Other** _____
Institution:	Center for Social Research University of Hartford 200 Bloomfield Avenue West Hartford, CT 06117-1599
Email Address:	younts@hartford.edu
Phone:	860-768-5974
Name:	**Marcia Hughes**
Date:	5/22/24
Title:	Research and Evaluation Analyst
Degrees:	PhD, Human Development and Family Studies, Licensed Master Social Worker
Affiliation:	X **Data Analyst** X **Researcher** X **Evaluator** ☐ **Policy Maker** ☐ **Other** _____

[1] The HDC distinguishes between data license requests for research purposes and data purposes. Research is defined by the Federal Policy for the Protection of Human Subjects (Common Rule §46.102(b)) as "a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge." If you need assistance in determining whether your project is a "research" or "data" request, please contact HDC staff.

Institution:	Center for Social Research University of Hartford 200 Bloomfield Avenue West Hartford, CT 06117-1599
Email Address:	mhughes@hartford.edu
Phone:	860-768-5968

Co-Investigators/Contributors: *List all co-investigator/contributors below, including those from other agencies and/or institutions. Co-investigators include any individuals who will have access to the data OR meaningfully contribute to the project (i.e funders). Please list all applicable contributors.* ***Add or delete rows as needed.***

Name	***Degree(s)/ Qualifications***	***Project Role*** (Co-investigator/contributor/funder etc.)	***Agency/Dept.***	***Phone:***	***Email:***
Paul Dworkin			CCMC		

Please indicate whether the investigator or any of the co-investigators involved in this project has previously made a data request to the HDC

☐ Yes X No

If yes, please write the title of the project:

SECTION B. PROJECT OVERVIEW

Project Summary	
Project/study Title:	Evaluation of North Hartford Ascend
Project Summary: *(Please summarize your project in no more than 250 words. Precisely and succinctly identify the goals of the project)*	**Abstract** This project is an evaluation of North Hartford Ascend (Ascend), which is a comprehensive cradle-to-career initiative that is attempting to integrate and coordinate programs serving families and children in the Clay Arsenal, Northeast, and Upper Albany neighborhoods. The goal is to make existing supports universally accessible in order to improve developmental outcomes so children are healthier in their earliest years and are ready to learn when they enter kindergarten; enhance academic outcomes by increasing standardized test scores and graduation rates while reducing absenteeism; and strengthen long-term well-being and quality of life so children can successfully transition to college or a career. The purpose of this data request is to obtain individual-level data from programs on the characteristics of participants, measures of program access and participation, and measures of key

	proximal outcomes of program participation and link it with educational records provided by the State Department of Education. The data will be used to inform development and improvement of the referral and linkage process and evaluate the usefulness of connections to Ascend programs and services in promoting better outcomes for children and youth.
Funding Source	Is there a current or a planned funding source for this project? X Yes ☐ No If yes, please indicate the funding source: U.S. Department of Education Promise Neighborhoods Grant Program
Timeline *(Please indicate anticipated or planned dates)*	**Anticipated project start date:** **01/01/2022** **Anticipated project completion date:** **12/31/2027** Is the project completion date tied to a funder deadline? X Yes ☐ No Is the project completion date tied to the school graduation date? ☐ Yes X No
Does this project involve linking an external data set? *(i.e. data not held by the HDC that will be linked to HDC data by HDC)*	☐ Yes x No If yes, please describe program list in 1-2 sentences Note: All linking of external data sets (i.e., de-identified student record data shared by the Connecticut State Department of Education; SDE) are part of a separate Data Sharing Agreement between SDE, CSR and HDC. Linking will occur separately within HDC and CSR, who will *not* share education data with each other as part of this Data License Request. The details of the process and purposes for this separate data sharing are described in the project description and Appendices.

SECTION C. PURPOSE OF THE PROPOSED PROJECT

Purpose of the Proposed Project: *(Provide a summary of the purpose of your project in non-technical terms, including background information (as necessary), statement of problem, research/project question(s) and an explanation of why the study is needed)*

Background Information:	In January 2022, Connecticut Children's began building North Hartford Ascend (hereinafter "Ascend"), a cradle-to-career pipeline designed to ensure families and children living in the North Hartford Promise Zone (Clay Arsenal, Northeast, and Upper Albany neighborhoods) have the support they need to reach their full potential. This initiative is funded by a five-year grant from the U.S. Department of Education Office of Elementary & Secondary Education (Promise Neighborhoods (PN) - Office of Elementary and Secondary Education) awarded to Connecticut Children's. The PN program is authorized under the Elementary and Secondary Education Act of 1965, as amended (ESEA). The purpose of the PN program is to significantly improve the academic and developmental outcomes of children living in the most distressed communities of the United States, including ensuring school readiness, high school graduation, and access to a community-based continuum of high-quality services. The program serves neighborhoods with high concentrations of low-income individuals;

multiple signs of distress, which may include high rates of poverty, childhood obesity, academic failure, and juvenile delinquency, adjudication, or incarceration; and schools implementing comprehensive support and improvement activities or targeted support and improvement activities under section 1111(d) of the ESEA.

Consistent with the purpose of the PN program, Ascend includes partnerships between Connecticut Children's, Hartford Public Schools, the City of Hartford, and numerous community-based organizations serving the North Hartford Promise Zone. *The overarching objective of Ascend is to create a coordinated, integrated, and comprehensive network of programs, services and resources that will be universally accessible to children and families in the North Hartford Promise Zone to support them in reaching their full potential*. For Ascend, coordination refers to collaboratively establishing roles and processes for the non-redundant identification of family needs and the effective referral and linkage of families to services that meet their needs (e.g., through family navigators situated at community schools). Integration refers to the adoption of shared practices (e.g., implementing asset-based frameworks, assessing and promoting protective factors, deploying motivational interviewing techniques with clients) by programs within the system. Finally, comprehensive refers to building a system that provides supports for children and families from prenatal care all the way through early career, which is implemented through programs, services, and resources (hereinafter referred to as "programs") within each of the five domains described below.

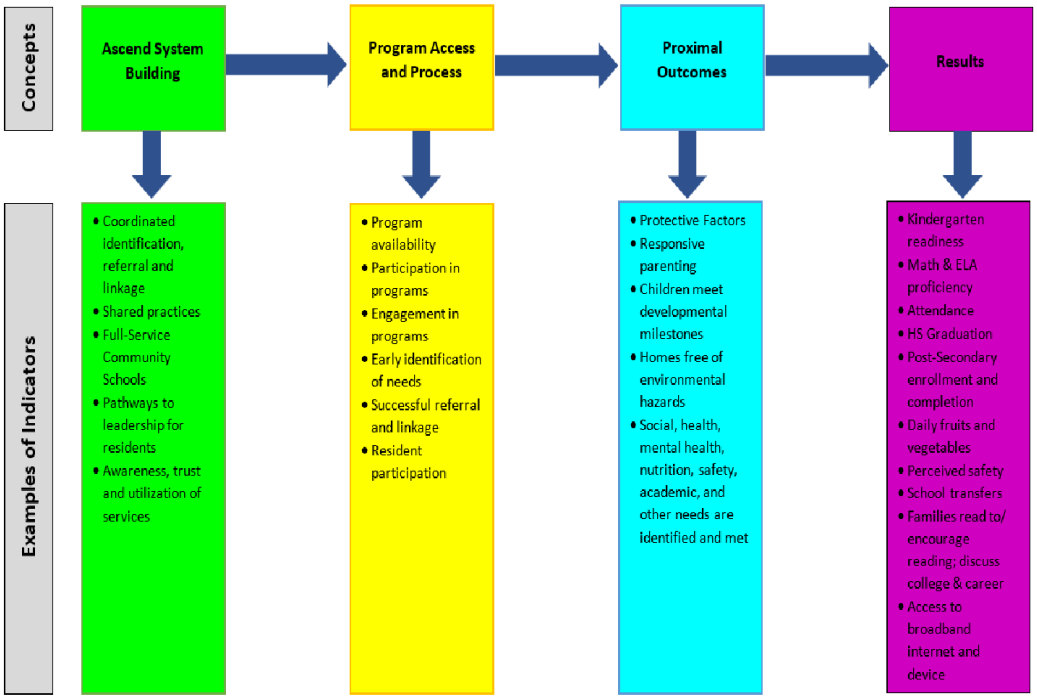
Problem Statement:

The Ascend Theory of Change, included in Appendix B, depicts the complexity of the identified opportunities (i.e., problems), the solutions driving the initiative, and the expected outcomes of successful implementation across the following five domains:

- Resident and Community Leadership & System Building;
- Early Care, Education & Learning; Primary & Secondary Education;
- Post-Secondary Education, Training and Career Development; and
- Health, Safety, & Well-Being.

Figure 1 summarizes the Ascend Theory of Change for the purposes of evaluation and identifies example indicators (see Appendix B for more details, color-coded to match Figure 1 below).

Figure 1. Ascend Model for Evaluation



The key premise informing the design of Ascend, unique among Promise Neighborhood grantees and similar initiatives, begins with acknowledging that there have been substantial federal, state, and philanthropic investments in North Hartford neighborhoods, and, therefore, a wide array of effective programs and services already exist to meet residents' needs. However, existing programs and services have historically operated in isolation from one another, and residents have emphasized the lack of a coordinated and integrated approach to eliciting residents'/families' needs and to referring and linking families to geographically- and culturally-appropriate programs and services, leading to inconsistent collaboration, distrust, and perceived inaccessibility (see Appendix B, “Opportunities” under Resident and Community Leadership & System Building for more details). As a result, and *despite the successes of individual programs*, operating in “silos” has led to gaps and redundancies in the system that increase competition among programs and has prevented noticeable improvements in key results related to academic achievement, well-being, and quality of life for the Promise Zone population (see Appendix B, “Opportunities” under the remaining four domains for more details).

Rather than adopt the traditional approach of developing new programs and services, the unique approach of Ascend is to "connect this disconnect" by developing a family navigation/care coordination system focused on the early identification, referral and linkage of families to existing programs that is accessible to all residents through full-service community schools, community-based organizations, City-operated facilities, and other public locations within the Promise Zone footprint (see Appendix B, “Solutions” under Resident and Community Leadership & System Building, highlighted in green, for more details describing these key system-level conditions that Ascend

seeks to directly alter through its system-building efforts and the "Population Outcomes" and "System Outcomes," also highlighted in green, describing the conditions that will indicate whether these system building efforts are successful, *in and of themselves*).[2]

The list of 70+ programs, services and resources that currently comprise Ascend have evolved substantially during the required planning phase of the grant (January 2022 to December 2023) and can be found here. To the extent that Ascend is successful at integrating and coordinating these diverse programs into a comprehensive pipeline that serves residents from cradle-to-career, we expect to see increases in **Program Access and Process** measures indicating "how much" programs do (e.g., number served, number of referrals made) and "how well" they do it (e.g., engagement, successful linkage) (see Appendix B, "Solutions," sections highlighted in yellow, for more details). **Program Access and Process** measures represent a key set of data elements requested from all programs for the evaluation of Ascend as a system.

As depicted in Figure 1, the evaluation of the system involves analyzing the extent to which participation in programs improves more immediate, **Proximal Outcomes**[3], which are then expected to collectively lead to improvements in the longer-range **Results**. The programs comprising Ascend offer a diverse array of services and supports to families and children within the Promise Zone, yet a core premise is that they all do so with a shared vision and universal goals to improve residents' education, health, safety, and well-being (i.e., common **Results**). For example, the Dolly Parton Imagination Library provides a book every month to families caring for children aged birth to 5 through their book-subscription program, creating a home library of up to 60 books for children by the start of kindergarten. Hartford Talks is a language development program that utilizes a "talk pedometer", developed by the LENA Research Foundation, to measure talk with children, to support early care and education providers, families, and home-visiting agencies in the effort to produce quality improvements in language development. While they operate very differently and toward their own specific goals, both programs ultimately work toward the universal goals of ensuring children enter kindergarten ready to learn and are proficient in English language arts. This concept of "targeted universalism" (i.e., established universal, community goals that are pursued by targeted processes based on individual circumstances and how groups are situated within structures, cultures and geographies) is a core element of the Ascend Model of Change that is foundational to creating Ascend as a *system* of supports (rather than simply individual programs) that increases equity by ensuring that families are given the supports they need in the ways that work for them.

To evaluate the system in terms of targeted universalism, we must first start with understanding the populations served by Ascend programs. Data from standardized assessments collected *at the beginning of services*, as well as participants' demographic characteristics and variation in the services offered by a program (e.g., in-home vs. in a

[2] Separate data that is *not* part of this Data License Request (e.g., social network analysis data) is being collected and analyzed to evaluate the successful implementation of these system-level strategies.
[3] Proximal outcomes may be referred to as "outputs" within the performance management framework adopted by government agencies.

healthcare setting), serve as key **Participant/Subgroup Characteristics** that are important for understanding how different sub-populations of families and children are impacted by Ascend services (i.e., targeted universalism) and for identifying gaps in the system (i.e., comprehensiveness, accessibility).

As a consequence of the targeted universalism approach, however, many of the **Proximal Outcomes** expected based on the Ascend Model of Change are specific to each program or to small groups of similar programs. Examples of *program-specific* **Proximal Outcomes** include that children meet developmental milestones, that homes are free of environmental hazards, and that social, health, mental health, nutrition, safety, academic, and other needs are identified and addressed (see Appendix B, sections highlighted in blue for more details). As such, standardized assessments (e.g., the Arizona Self-Sufficiency Matrix, the Ages and Stages Questionnaire) collected by programs and other indicators that participants' identified needs have been addressed through services often provide critical program-specific **Proximal Outcome** measures necessary for the evaluation *how* Ascend creates change in **Results** (discussed below), as long as programs document whether the need has been addressed in a standardized way (e.g., a follow-up assessment, a check-off indicating need was met). Thus, program-specific **Proximal Outcomes** measures, including data from assessments repeated during or after services are provided, represent another key set of data elements requested from programs for the evaluation of Ascend as a system.

One **Proximal Outcome** that cuts across many programs, as it is a core shared practice within Ascend, is a focus on assessing and strengthening families' *protective factors*. Conceptually, protective factors include enhancing parental resilience, supporting social connections, increasing knowledge of parenting and child development, providing concrete support in times of need, and supporting the social and emotional competence of children (see Appendix B, sections highlighted in blue for more details). Training and capacity building efforts offered by Connecticut Children's facilitate the diffusion of this practice across the network, although there are several different validated measures of protective factors currently adopted by programs within Ascend, and many elements of needs assessments may also serve as implicit measures of at least some protective factors. As a result, we have requested data collected by programs that either explicitly or implicitly measure protective factors to serve as both a **Proximal Outcome**, when collected *after* services are delivered, and as a factor for sub-group analysis based on needs when collected at the beginning of services (e.g., intake or enrollment), to evaluate targeted universalism.

Because **Proximal Outcomes** are often very specific to each program, agency or domain, and because there are inconsistencies in the ways that programs collect the various data elements requested, CSR is meeting with programs through annual Data Site Visits to understand what data they collect, how and why it is collected, and to determine which program-specific **Proximal Outcome** measure(s) to request without overburdening staff. In cases where programs have not yet provided sufficient detail for us to fully specify given data element(s) in this request, we have included a placeholder in the Data Tables below and have noted that it is "*in progress*" so that programs are aware that this data will be included in their data submissions as soon as the details are

worked out. CSR will work to resolve inconsistencies in how specific data elements are collected across programs through continued annual Data Site Visits and participation in each of the Ascend workgroups, and, where it makes sense to do so, will combine similar or overlapping data elements into broader categories and variables. For instance, some programs may collect a participant's race with only a few categories whereas others may collect race based on many categories. One way to reconcile these somewhat disparate indicators for the purposes of cross-program, system-level analysis is to collapse the more detailed or nuanced categories into broader categories. Through a similar process, data from elements collected by programs that overlap with one or more protective factor conceptual domains can be utilized as indicators of protective factors without requiring programs to immediately alter existing data collection protocols. In general, data cross-walks with programs and the development of concept-based categorical measures are effective ways to not only evaluate distinct components of a system, but can also be effective strategies for developing common understandings and demonstrate connections across previously isolated programs, and ultimately to diffuse shared practices within the system.

Finally, consistent with the Promise Neighborhoods Grant Program, the universally adopted, system-wide **Results** that Ascend ultimately seeks to achieve (see Appendix B, "Individual Outcomes" highlighted in purple) are to:

- improve developmental outcomes so children are healthier in their earliest years and are ready to learn when they enter kindergarten;
- enhance academic outcomes by increasing standardized test scores and graduation rates while reducing absenteeism; and
- strengthen long-term well-being and quality of life so children can successfully transition to college or a career.

For the most part, these outcomes are represented by the 10 Government Performance and Results Act (GPRA) indicators that the Department of Education requires grantees to track and report throughout the funding period, including increasing the number and percentage of students within the population who:

GPRA 1. Enter kindergarten ready to succeed in school.
GPRA 2. Demonstrate proficiency in Math and English Language Arts.
GPRA 3. Successfully transition from middle to high school (i.e., high attendance rate, low chronic absenteeism).
GPRA 4. Graduate from high school.
GPRA 5. Obtain post-secondary degrees, certifications or credentials.
GPRA 6. Are healthy (e.g., consume recommended amounts of fruits and vegetables daily).
GPRA 7. Feel safe at school and in the community.
GPRA 8. Live in stable communities (i.e., low levels of transfers in and out of schools).
GPRA 9. Are supported by families and communities in their learning.
GPRA 10. Have access to 21st century learning tools (e.g., broadband internet access and a connected device).

	As described in Appendix C, data for GPRA 1-5 and GPRA 8 will be obtained directly from the Connecticut State Department of Education (hereinafter SDE) through a separate data sharing agreement and will *not* be shared between HDC and CSR. Data for GPRA 6, 7, 9 and 10 will be obtained from HPS School Climate Survey and/or Data Haven's Community Well-Being Survey through separate data sharing agreements. Importantly, this survey data is anonymous and will not linked to any individual-level program data.
How does this project benefit the Hartford community?	The purpose of this Data License Request is to facilitate the **effective evaluation and continuous quality improvement of Ascend**, which seeks to improve the integration and coordination of existing programs, as well as address identified gaps and capacity issues in the system, in order to improve academic, developmental, well-being and quality of life outcomes for children and families in the North Hartford Promise Zone. As demonstrated in the grant application, the three neighborhoods comprising the Promise Zone are some most distressed and marginalized communities in the state, with high concentrations of poverty, childhood health risks (e.g., asthma, obesity), and justice-involvement among youth, and with low rates of academic success. In response, Hartford Public Schools has elevated the five public schools located with the Promise Zone as full-service community schools by engaging a lead community-based partner organization that coordinates and provides comprehensive support and improvement services that are available to all community members. The evaluation and continuous quality improvement of Ascend will benefit the Hartford community, and specifically residents of the Promise Zone, by increasing the accountability of Ascend for achieving the prescribed results (e.g., improving GPRA indicators), informing the development of the system, allowing strategic adaptation and course-correction, and increasing transparency and therefore the community's trust in programs and services. Moreover, sub-group analysis will allow the evaluation of the principal of targeted universalism and the identification of service gaps and/or redundancies to improve the reach and efficiency of the system, and ultimately its effectiveness for the benefit of the community. By making the results of the evaluation publicly available, community members and advocacy groups will have leverage to support grant applications and justification for seeking policy change.
Research questions	Reflecting the unique approach of Ascend as a system building (rather than program building) initiative, this Data License Request is designed to facilitate the evaluation of Ascend as a system, *not for the evaluation of the individual programs*. Instead, we assume that the programs comprising Ascend offer quality services and supports to the families and children they serve. However, because the model also assumes that programs offer targeted pathways that meet the unique needs and build on the specific assets of the families they serve (i.e., targeted universalism), program-specific **Proximal Outcomes** (e.g., decreased asthma symptoms, houses free of environmental hazards) serve as key mediating variables in the model that must be measured to (a) evaluate the impact of system-building efforts *through the programs comprising the system* and (b) improve our understanding of *how* Ascend likely creates changes in longer-term **Results** (e.g., kindergarten readiness, attendance). As such, for the majority of programs included in this Data License Request, we include data elements that measure:

- **Participant/subgroup characteristics**, such as demographic characteristics of participants, different services within the same program, and program assessments (including indicators of protective factors) that are collected *at the beginning of services*, and these data will be used to evaluate targeted universalism and identify gaps in the system.
- **Program Access and Processes** indicating "how much" programs are doing (e.g., participation frequency and/or duration) and "how well" are they doing it (e.g., the extent to which referrals and linkages to Ascend services are being made), and these data will be used to evaluate access and coordination within the system.
- **Proximal Outcomes**, including program-specific outcomes, indicators that identified needs have been addressed, and program assessments (including indicators of protective factors) that are collected *at the conclusion of services*, and these data will be used to evaluate the extent to which participants are "better off." [4]

Results measures used to evaluate the extent to which the system is making an impact (e.g., on GPRA indicators) will be obtained through a separate data sharing agreement executed by CSR, HDC, and SDE, as described in Appendix C.

Based on the requested data elements and the linking of data obtained from programs with outcome data provided by SDE (for Ascend participants and comparison groups), CSR's evaluation of Ascend will attempt to address the following questions.

1) For the population participating in Ascend programs:
    a. **Program Access and Process (How much?)**
        i. What is the frequency and type of participation (e.g., dosage)?
        ii. What are the demographic, socioeconomic, and family characteristics of participants in NHAP programs/services? Are there subgroups that participate more or less than expected based on their representation in the population?
        iii. What are the most common needs (alone and in combination) of students and families engaged in NHAP programs/services? What are the different configurations of services they participate in?
        iv. Does the frequency and/or type of participation vary across domains and/or sub-populations?
    b. **Program Access and Process (How well?)**
        i. With what frequency are they referred to other services within Ascend?
        ii. What percentage of referrals result in linkage to that service?
        iii. For children with particular constellations of needs (e.g., captured through the Arizona Matrix form), how many and

[4] Where possible and meaningful (e.g., for programs within a specific domain), CSR may develop categories based on program-specific proximal outcomes that standardize them for analysis across programs (e.g., disconnected, at-risk, on-track).

what percentage have been linked with and/or complete services?

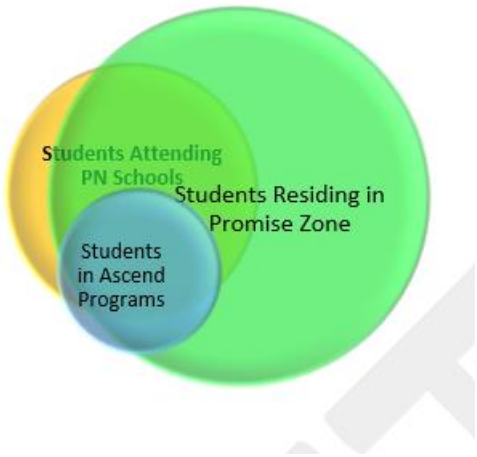
iv. Are there identifiable gaps in access to services for specific sub-populations (for example based on needs, demographic, socioeconomic, or family characteristics)?

c. **Proximal Outcomes (Better off?)**
   i. Do they improve in terms of **Proximal Outcomes** over time (i.e., after receiving services)?
   ii. Are there meaningful subgroups (e.g., racial, needs, configuration of services) that improve more or faster than others?

d. **Results (What impact?)**
   i. Do they experience better **Results** than those not receiving services (i.e., the three comparison groups)?
   ii. Do they improve in terms of **Results** over time (i.e., after receiving services)?
   iii. Do their **Results** improve more or faster than those not receiving services? Do they improve more or faster than those not living in or attending school in the Promise Zone?
   iv. Is participation in programs/services within particular domains related to differences in relevant **Results**?
   v. Are there key programs or services, either alone or in combination, that are associated with improvement in relevant **Results**?

2) For the population residing with the Promise Zone and/or attending the target schools (but not necessarily receiving services) who might benefit, directly or indirectly, from the development of Ascend, we will also evaluate the broader impact of Ascend by investigating:
   a. Are they better off in terms of **Results** measures than a matched sample of students not living in or attending school in the Promise Zone?
   b. Do they improve in terms of **Results** measures over time?
      i. Are there meaningful subgroups (e.g., racial, neighborhood, school) that improve more or faster than others?
   c. Do they improve in terms of **Results** measures over time more or faster than a matched sample of students not living in or attending school in the Promise Zone?

SECTION D. Project Design

Project Methodology: *Describe your methodology, including a clear definition of the sample population, project design and your plan for analysis. Please clearly specify the statistical techniques that are planned for data analysis1)*	
Sample or population of interest:	Because Ascend is available to all residents of the three Promise Zone neighborhoods and all students attending the five target schools, there are three partially overlapping groups (depicted by the overlapping circles below) that constitute the overall population of interest in this evaluation: • All students attending the five Promise Neighborhood target schools – SAND, Wish, MLK, Milner, and Weaver (yellow circle). • All students with residential addresses in the Promise Zone (i.e., Clay Arsenal, Upper Albany, Northeast) based on geocoding of the following Census tracts: 500900, 501200, 501300, 501400, 501500, 501700, 501800, 503700, 503500, 524400 (the green circle); and • All students participating in Ascend services for whom documentation of Consent to Disclose Educational Data has been provided, which comprises the Treatment Group (represented by the blue circle). 
Comparison group: *(if applicable)*	There are at least three relevant comparison groups that will be compared to students participating in Ascend programs (the Treatment Group represented by the blue circle above) in terms of their **Results** measures: 1. School Group: Students attending the five Promise Neighborhood target schools who do not participate in Ascend programs (the portion of the yellow circle that does not overlap with the blue circle); 2. Resident Group: Students residing in the Promise Zone (the portion of the green circle that does not overlap with the blue circle); 3. Matched Group: Students attending Hartford Public Schools who neither reside within the Promise Zone nor attend one of the 5 target schools who are matched to those participating in services using Propensity Score Matching (described below).

	As described above and in Appendix C, a data sharing agreement executed between CSR, HDC, and SDE will provide CSR access to data for all three potential comparison groups. Given the large number of students attending HPS schools (approximately 16,775) who neither attend the 5 target schools (approximately 1,700) nor reside in the 3 Promise Zone neighborhoods (approximately 5,300) and therefore are not likely to receive services through Ascend, we anticipate approximately 10,000 HPS students to be in the pool of potential matches[5]. To identify matches, we will use logistic regression to estimate the likelihood of whether the case is included in the treatment group (i.e., receives Ascend services) or the control group using the following covariates as predictor variables (obtained from SDE): census tract, grade, age, school attended, race, ethnicity, gender, primary language, ELL, Military Family, Special Ed, IEP/504, housing instability, foster care, homeless, eligibility for free/reduced price lunch, and Pre-K experience. Because the focus is on creating balanced comparison groups rather than determining effects of independent variables, collinearity is not a consideration, and given the large number of potential matches, we will attempt to obtain 2-3 "exact matches" in the Matched Group for each student in the Treatment Group. The main challenge we anticipate is that it may take some time before the Treatment Group (i.e., those receiving Ascend services for whom consent has been obtained) is sufficiently large (at least 200 cases) for unbiased and efficient estimation. After propensity scores are estimated, balanced treatment and control groups will be created and compared using the statistical techniques described below.
Design:	Given that participation in Ascend programming is voluntary and cannot be randomly assigned, CSR's analysis will draw on quasi-experimental research methods (i.e., cross-sectional comparisons, pre- and post-test comparisons, difference in differences methods, propensity score matching with comparison of post-test outcomes), and will not involve any strong or comprehensive causal analysis (e.g., structural equation modeling). Rather, we will test segments of the theoretical model to explore available evidence to answer the research questions derived from the Ascend Theory of Change. Despite the comprehensive nature of the Ascend Theory of Change, the research design will not allow for estimation/testing of the complete model because, as with most evaluation and applied research, we will only have access to the mediating variables – the **Program Access and Process** measures (e.g., participation in programs) and **Proximal Outcome** measures (e.g., protective factors, program-specific outcomes) – for those who receive Ascend services and consent to data

[5]Because of "school choice" in Hartford, all students in HPS schools have a non-zero probability of attending one of the five target schools and therefore of being included in the treatment group. Furthermore, given the large number of covariates included in the propensity score analysis, it is likely that selection into the treatment group will be independent of outcome variables *conditional on the covariates*, satisfying the assumption of strongly ignorable treatment assignment. Sensitivity analysis will be explored to test the effects of this assumption (e.g., Austin, Peter C. 2011. "An Introduction to Propensity Score Methods for Reducing the Effects of Confounding in Observational Studies." *Multivariate Behavioral Research,* 46(3):399-424); Rosenbaum and Rubin (1983) "The Central Role of the Propensity Score in Observational Studies for Causal Effects." *Biometrika*, Apr., 1983, Vol. 70, No. 1 (Apr., 1983), pp. 41-55).

	sharing. This prevents analysis of differences between the Treatment Group and those in the comparison group(s) on these two sets of mediating variables. Given the data obtained from SDE, however, CSR will be able to conduct statistical comparisons between the Treatment Group and the three comparison groups defined above in terms of their **Results** measures. These comparisons are important for gauging whether participation in Ascend programs is likely to have effects on these important outcomes, although the effects may be difficult to detect for outcomes that are particularly distal (e.g., graduation) or likely to be affected by many other unmeasured covariates (e.g., Math SBAC scores). However, due to the quasi-experimental design, the data will not allow for strong tests of causality between Ascend participation and any **Results** measures. To rule out potential confounds in these analyses, in addition to the propensity score matching described above for the comparison of Ascend participants with other similar students from the district, we will examine differences in covariate profiles for those who consent and all students in the two most similar comparison populations – those who reside in the Promise Zone and those who attend one of the 5 target schools – to explore potential confounds between choice to consent and the effects of participation. Given sufficient cases, we may estimate and control for any likely sample selection bias due to voluntary consent or other reasons related to program participation.[6]
Data analysis plan: *(specify statistical techniques)*	Based on this quasi-experimental design, CSR's evaluation of Ascend will attempt to answer the questions described above by using the statistical techniques appropriate to each type of data and given sufficient sample sizes.[7] To answer questions about the Treatment Group: • *Descriptive analysis of **Program Access and Process** measures*: We will use descriptive analysis techniques (e.g., frequencies, means, proportions) to answer questions about "How much" and "How well" and Pearson's chi-square and independent samples t-tests for examining differences across domains and sub-populations, depending on whether the dependent variables are discrete or continuous. • *Longitudinal analysis of **Proximal Outcome** measures*: We will use longitudinal analysis techniques to answer questions about whether participants within the Treatment Group are "better off" after receiving services, including dependent samples t-tests for continuous dependent variables and McNemar and Cochran tests for discrete dependent variables. ○ For examining differences in these longitudinal effects across sub-groups within the Treatment Group (where possible given the available sample size), we may use Repeated measures ANOVA for continuous and Generalized Linear Models for discrete dependent variables.

[6] Berk, R. A. (1983). An introduction to sample selection bias in sociological data. *American Sociological Review, 48*(3), 386–398.

[7] While the data collected as part of the evaluation of Ascend is measured at multiple levels of analysis, because we will be analyzing it in segments (rather than in one large analysis), hierarchical linear modeling statistical techniques are not planned.

	• *Longitudinal analysis of **Results** measures*: We will use longitudinal analysis techniques (e.g., pre-test, post-test) to answer questions about whether Ascend has made an impact on participants after receiving services, including dependent samples t-tests for continuous dependent variables (e.g., average daily attendance) and McNemar and Cochran tests for discrete dependent variables (e.g., chronic absenteeism).
	  ○ For examining differences in these longitudinal effects across sub-groups within the Treatment Group (where possible given the available sample size), we will use Repeated measures ANOVA for continuous and Generalized Linear Models for discrete dependent variables.
	  ○ We will use similar techniques to analyze results over time within the School Group and the Resident Group for **Results** measures.
	
	To answer questions comparing the Treatment Group to the three comparison groups, which only include analyses of **Results** measures:
	• *Cross-sectional analysis of **Results** measures*: To answer questions about whether participating in Ascend services has made an impact on participants compared to those not receiving services, we will use independent samples t-tests and ANOVA for continuous dependent variables (e.g., average daily attendance) and Pearson's chi-squared test for discrete dependent variables to compare the Treatment Group to the three comparison groups.
	• *Longitudinal analysis of **Results** measures*: To answer questions about whether **Results** measures improve more or faster for the Treatment Group than for the comparison groups we will use Repeated Measures ANOVA for continuous dependent variables and Generalized Linear Models for discrete variables.

Dissemination plan: (*Please describe the mode and the audience of your project results)*	Results will be:
	● Disseminated Internally for program planning/evaluation:
	  ○ Annual Process and Outcome Evaluation of Ascend presented to Connecticut Children's made publicly available on North Hartford Ascend website (NorthHartfordAscend.org).
	  ○ Presentations of selected results to the Ascend Continuous Quality Improvement team (in development) that examines child and family profiles, program participation rates, process and outcome indicators at the programmatic and school levels, showing trends using a Results-Based Accountability framework. Focus is on developing, implementing and pilot testing relatively small-scale strategies to improve access to and impact of Ascend programs.
	● Disseminated externally:
	  ○ Bi-annual required reporting to the U.S. Department of Education (APR and Ad Hoc)
	  ○ Reports as requested by project funders, including Connecticut Children's
	● Disseminated publicly:

	○ Select results displayed on the web-based dashboard under development by Hartford Data Collaborative ○ Presentations of select/targeted results at community forums such as the monthly Ascend Community Conversations ○ Presentations to stakeholder groups through Ascend workgroups (e.g., Family Navigation Workgroup, Resident and Community Advisory Group) ● Disseminated through publication in professional journals and/or presentations at professional and/or academic conferences ○ Presentations at the Annual Promise Neighborhood and Full-Service Community Schools conference ○ Presentations at the monthly Promise Neighborhood Communities of Practice (e.g., Data and Performance Measures CoP; Racial Equity & Belonging CoP) ○ Presentations at Academic Conferences and submission of manuscripts to academic journals as applicable

PART 2: DATA REQUESTED

For first time requestors, we recommend that you complete the following section AFTER a scoping meeting with HDC staff. Once you have completed PART 1 above, please email a draft to gfernando@ctdata.org and keikel@ctdata.org to initiate the next step in the process.

SECTION E. DATA PRODUCTS

Data Products Requested:	
What is your preferred data product?	☐ Coded dataset[8] X De-identified dataset[9] ☐ Anonymized dataset[10] ☐ Custom data report (*please describe below)* *Describe your custom data report here:* Data received by CSR will only have a unique Promise Neighborhood ID to identify cases within the program data files and to match them with cases from the SDE education data files. However, only HDC will have the "linkage file" connecting that PN ID to direct identifiers that could be used to identify particular individuals in the datasets. As per SDE, US Dept. of Education, and Connecticut Children's IRB policies, CSR will not attempt to re-identify the data based on deductive methods (e.g., probabilistic linking to other identifiable data). See "other comments" below.
How do you prefer the data to be transferred? *(HDC provides a secure transfer portal for all data transfers)*	X Transfer using HDC SFTP (Secure File Transfer Protocol) X Also discuss with HDC staff about other options (if applicable)
Other comments related to requested data:	In general, CSR will follow the data security and confidentiality requirements explicated in the Data Sharing Agreement executed with SDE, as well as all requirements of the Connecticut Children's Institutional Review Board and the U.S. Department of Education in the handling, storage, analysis, and reporting of *all* individual-level data used in the evaluation of Ascend, including data obtained from Ascend programs. Most notably, this includes: 1. Not requesting, receiving, or storing data with direct identifiers and not attempting to re-identify any individual-level data. 2. Storing all potentially re-identifiable data on the University's secure network servers, utilizing strong password protections for all folders to restrict access to

[8] **Coded Data:** a link will exist between a unique code and individual subjects' identifiers such as name, date of birth, email address or telephone number. Generally, the data is collected with a "Study ID," and a linkage file is maintained where the Study ID is associated with the subject's identifiers.

[9] **De-identified data**: Any direct or indirect identifiers linking the data to the individuals are removed. Risk of deductive disclosure may exist.

[10] **Anonymized Data:** Aggregate level data; any direct or indirect identifiers or unique identifiers linking the data to the individual subject's identity are removed and there is no potential for deductive disclosure.

	only approved staff with a legitimate need for access (e.g., for managing data files, analyzing data, auditing purposes). 3. When reporting results, CSR will suppress results when based on cell sizes less than 5 cases (cell sizes less than 20 cases for assessment data), except for reporting to SDE. See Data Security and Confidentiality Policies for Ascend Evaluation for details.

SECTION D: DATASET OVERVIEW

- **Data Set:** One or more tables from the same agency/data provider with the same selection criteria
- **Selection Criteria:** Indicate the specific population of interest (full population or sub-group, etc.)
- **Time Period:** Requestors must list the period for the dataset/s that are being requested
- **Data Elements:** Requestors must list each desired column name individually and the justification for requesting the data field. This information must also be reflected in the Project Purpose section above.

Dataset 1, Family Navigation: Early Childhood, Primary and Secondary Ed.; Post-secondary Ed and Career Development, Health, Safety, & Well-being	
Agency Name:	*The Village for Families and Children*, Ascend Family Navigators Program
Selection Criteria:	*Children (and their families), prenatal to post-secondary age who reside and/or attend school in the 3 North Hartford neighborhoods*
Time period	*Sept 30, 2024 (for data collected January 1, 2023 through June 30th 2024); Then biannually, July 31st for first half of the year, January 31st for second half of the year*
Data Elements: *(please add or delete rows as needed)*	

Table 1
(For each request data table, please enter column name your request and the justification)

Data Field/Column Name	Justification
Age	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Race	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Ethnicity	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Neighborhood	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*

	Education (Primary Caregiver)	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Employment (Primary Caregiver)	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Single Parent (Primary Caregiver)	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Household Members	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Housing: (1) Homeless through (5) Safe, adequate, unsubsidized housing	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Employment: (1) No job through (5) Permanent employment, adequate income and benefits	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Income: (1) No income through (5) Sufficient, well-managed income, discretionary income, able to save	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Food: (1) No food or means to prepare it, relies on sources of free or low-cost food through (5) Purchases any food the household desires	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Child Care: (1) Non available or not eligible through (5) Quality childcare of choice	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Children's Education: (1) Not enrolled through (5) Enrolled and attending	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Adult Education: (1) Literacy problems, no HS diploma or GED through 5)	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps

	Completed edu / training to become employable	Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Health Care Coverage: (1) No medical coverage with immediate need through 5) All family members covered w/ affordable, adequate health insurance	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Life Skills: (1) Unable to meet basic needs, hygiene, food, activities of daily living through (5) Able to provide beyond basic needs of daily living	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Family/Social Relations: (1) Lack of necessary support; DV, child abuse or neglect is present through (5) Has healthy / expanding support network, stable household, open communication	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Mobility: (1) No access to or operable transportation through (5) Available, affordable transportation, care is insured	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Community Involvement: (1) Not applicable due to crisis, 'survival' mode through (5) Actively involved in community	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Parenting Skills: (1) Safety concerns through (5) Well developed	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Legal: (1) Outstanding tickets or warrants through (5) No active criminal justice involvement in more than 12 mo and/or no felony criminal history	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Mental Health: (1) Danger to self or others; severe difficulty in day-to-day life through (5) Symptoms are absent or rare, good or superior functioning	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"

	Substance Abuse: (1) Severe abuse / dependence through (5) No drug use / alcohol abuse in las 6 months	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Safety: (1) Home or residence is not safe through (5) Environment appears safe and stable	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Disabilities: (1) In crisis, acute / chronic symptoms affecting housing, employment, social interactions through (5) Thriving, no identified disability	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Other (1) In crisis through (5) Empowered	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Enrollment	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Participation	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Retention	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Number of referrals	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Type of referrals	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Follow-up on referrals (linkage)	*Program Access and Process measure* – for evaluating "how much" or "how well"

Dataset 2, Care Coordination and similar Service Navigation services*: Health, Safety, and Wellbeing		
Agency Name:	*Connecticut Children's*, Center for Care Coordination	
Selection Criteria:	*Families, pregnant mothers, young children (0-5 years), elementary-age, youth and young adults reside and/or who attend school in the 3 North Hartford neighborhoods*	
Time period	*Sept 30, 2024 (for data collected January 1 through June 30th 2024); Then biannually, July 31st for first half of the year, January 31st for second half of the year*	
Data Elements: *(please add or delete rows as needed)*		
Table 2 *(For each request data table, please enter column name your request and the justification)*	*e.g., 1. Risk Factors (justification: to disaggregate data by risk factors)* ● *DCF involvement* ● *Pregnant or parenting*	
	Data Field/Column Name **EPIC: EHS** **Data is patient-specific (not family-specific), and mostly in notes (not dropdown)**	**Justification**
	Age	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Gender	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Gender Identity	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Race	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Ethnicity	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Neighborhood	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Marital Status	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Military parents (as applicable)	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*

	Incarcerated parents	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	# of Household Members	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Primary Language spoken at home	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Needs Assessment/Dropdown: Basic Needs, Education, Medical / Dental, Mental Health / Behavioral Health, Social, 2 Gen, Early Childhood, Transition (14+) years	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Strengths Based Questions: Psychosocial Assessment (only in text box)	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Enrollment	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Participation	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Retention	*Program Access and Process measure* – for evaluating "how much" or "how well"
	# Referrals	*Program Access and Process measure* – for evaluating "how much" or "how well"
	# Of linkages established	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Type of referrals	*Proximal Outcome measure* - for evaluating "better off"
	Follow-up	*Proximal Outcome measure* - for evaluating "better off"

Dataset 3, Care Coordination and similar Service Navigation services*: Health, Safety, and Wellbeing		
Agency Name:	*Intercommunity Healthcare,* Care Coordination	
Selection Criteria:	*Families, pregnant mothers, young children (0-5 years), elementary-age, youth and young adults reside and/or who attend school in the 3 North Hartford neighborhoods*	
Time period	*Sept 30, 2024 (for data collected January 1 through June 30th 2024); Then biannually, July 31st for first half of the year, January 31st for second half of the year*	
Data Elements: *(please add or delete rows as needed)*		
Table 3 *(For each request data table, please enter column name your request and the justification)*	*e.g., 1. Risk Factors (justification: to disaggregate data by risk factors)* ● *DCF involvement* ● *Pregnant or parenting*	
	Data Field/Column Name **Hard copy, data entry into EMR; Reporting: Dept appt report, UDS/HRSA; Grant reporting**	**Justification**
	Age; Intake, confirm at each appt	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Gender; Intake, confirm at each appt	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Sexual orientation; Intake, confirm at each appt	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Race; Intake, confirm at each appt	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Ethnicity; Intake, confirm at each appt	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Neighborhood	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Education; Intake	Before Services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps After Services: *Proximal Outcome measure* - for evaluating "better off"
	Employment; Intake	Before Services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps After Services: *Proximal Outcome measure* - for evaluating "better off"

	Stable housing; Intake	Before Services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps After Services: *Proximal Outcome measure* - for evaluating "better off"
	Single Parent; Intake	Before Services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps After Services: *Proximal Outcome measure* - for evaluating "better off"
	Marital status; Intake	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Military parents; Intake	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Household Members; Intake	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Place or country of birth; Intake	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Primary language spoken at home; Intake	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Insurance status; ; Intake, confirm at each appt	Before Services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps After Services: *Proximal Outcome measure* - for evaluating "better off"
	Enrollment	*Program Process Indicator*
	Participation	*Program Process Indicator*
	Retention	*Program Process Indicator*
	# Referrals	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Type of referrals	*Program Access and Process measure* – for evaluating "how much" or "how well"
	# referrals linked to services	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Program-Specific Proximal Outcome measure(s)	*In Progress*

Dataset 4, Care Coordination and similar Service Navigation services*: Health, Safety, and Wellbeing	
Agency Name:	*Wheeler Clinic,* Healthy Steps *Wheeler Clinic*, Parent Connection
Selection Criteria:	*Families, pregnant mothers, early childhood, elementary-age, youth and young adults who attend school and/or reside in the 3 North Hartford neighborhoods*
Time period	*Sept 30, 2024 (for data collected January 1 through June 30th 2024); Then biannually, July 31st for first half of the year, January 31st for second half of the year*
Data Elements: *(please add or delete rows as needed)*	
Table 4 *(For each request data table, please enter column name your request and the justification)*	*e.g., 1. Risk Factors (justification: to disaggregate data by risk factors)* ● *DCF involvement* ● *Pregnant or parenting*

Data Field/Column Name Next Gen, PRAPARE?, Excel, Quick Notes, WRG	**Justification**
Age, each visit, NextGen/Excel	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Gender, each visit, NextGen/Excel	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Race, each visit, NextGen/Excel	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Ethnicity, each visit, NextGenn	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Neighborhood	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Education, parent and child, Yearly, PRAPARE	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
Employment, Yearly, PRAPARE	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"

	Stable housing, Yearly or when it changes, PRAPARE	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Single Parent, Quicknote, Intake or as it changes, Yearly, PRAPARE (adult), NG (child)	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Marital status, Quicknote, Intake or as it changes, NG	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Military parents, Quicknote, Intake or as it changes, NG	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Incarcerated parents, Quicknote, Intake or as it changes	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Household Members, Yearly, PRAPARE	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Place or country of birth, Quicknote, 1st visit, NG	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Primary language spoken at home, each visit, NG, PRAPARE	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Immigration status, each visit, NG	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Insurance status, each visit, NG/ PRAPARE	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Depression and Anxiety Screening / PHQ9, each visit, hard copy or NG	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Developmental Screening/ PEDS, Each WCV, NG	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps

		Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Developmental Screening/ MCHAT-R, WCV, 16 mo-30mo, NG	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Social Determinants of Health/ PRAPARE, WCV yearly or when changes, NG	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Substance Abuse Screening / SBIRT, each WCV, NG	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Parent-child relationship, Quicknote, WCVs, NG, Excel	*Proximal Outcome measure* - for evaluating "better off"
	Parent knowledge of their child's development, Quicknote, WCV (discussed), NG, Excel	*Proximal Outcome measure* - for evaluating "better off"
	Social connections, WCVs, PRAPARE	*Proximal Outcome measure* - for evaluating "better off"
	Child/Youth's social-emotional development, WCVs, NG, Excel	*Proximal Outcome measure* - for evaluating "better off"
	Enrollment, Initial visit, NG	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Participation, Time of visits, NG	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Retention	*Program Access and Process measure* – for evaluating "how much" or "how well"
	# Referrals, Monthly, Excel	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Type of referrals, Monthly, Excel	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Depression and Anxiety Screening / PHQ9, quarterly and yearly, NG/WRS	*Proximal Outcome measure* - for evaluating "better off"
	Developmental Screening/ PEDS, quarterly and yearly, NG/WRS	*Proximal Outcome measure* - for evaluating "better off"
	Developmental Screening/ MCHAT-R, quarterly and yearly, NG/WRS	*Proximal Outcome measure* - for evaluating "better off"
	Social Determinants of Health/ PRAPARE, quarterly and yearly	*Proximal Outcome measure* - for evaluating "better off"

	Substance Abuse Screening / SBIRT, quarterly and yearly, NG/WRS	*Proximal Outcome measure* - for evaluating "better off"

Dataset 5, Early Identification, Referral, and Linkage; Early Childhood Care and Education

[ON HOLD UNTIL 2025]

Agency Name:	United Way 211 Child Development; Care Coordination
Selection Criteria:	*Prenatal through 5 years (and their families) who reside and /or attend early child services or school in the 3 North Hartford neighborhoods*
Time period	*Sept 30, 2024 (for data collected January 1 through June 30th 2024); Then biannually, July 31st for first half of the year, January 31st for second half of the year*

Data Elements: *(please add or delete rows as needed)*

Table 5
(For each request data table, please enter column name your request and the justification)

e.g., 1. Risk Factors (justification: to disaggregate data by risk factors)

- *DCF involvement*
- *Pregnant or parenting*

Data Field/Column Name Database	Justification
Age	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Gender	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Race	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Ethnicity	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Neighborhood	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Primary language spoken at home	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Insurance status	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Client concerns (check box)	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps

		Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Caller type (dropdown)	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	How heard (dropdown)	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Relationships: Hope Building Blocks	*Proximal Outcome measure* - for evaluating "better off"
	Environment: Hope Building Blocks	*Proximal Outcome measure* - for evaluating "better off"
	Engagement: Hope Building Blocks	*Proximal Outcome measure* - for evaluating "better off"
	Emotional Growth: Hope Building Blocks	*Proximal Outcome measure* - for evaluating "better off"
	# Referrals (Taxonomy Type- referrals made)	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Type of referrals (Referrals by program type- HMG, ECSE, CYSCHN, MIECHV)	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Follow-up	*Program Access and Process measure* – for evaluating "how much" or "how well"
	# Of linkages established (Final Disposition)	*Proximal Outcome measure* - for evaluating "better off"

Dataset 6, Developmental Screening, Monitoring and Promotion; Early Identification; Early Childhood Care and Education [ON HOLD UNTIL 2025]	
Agency Name:	United Way of CT 211 Child Development; Ages & Stages Questionnaire Program (ASQ)
Selection Criteria:	*Prenatal through 5 years (and their families) who reside and /or attend early child services or school in the 3 North Hartford neighborhoods*
Time period	*Sept 30, 2024 (for data collected January 1 through June 30th 2024); Then biannually, July 31st for first half of the year, January 31st for second half of the year*
Data Elements: *(please add or delete rows as needed)*	
Table 6 *(For each request data table, please enter column name your request and the justification)*	*e.g., 1. Risk Factors (justification: to disaggregate data by risk factors)* ● *DCF involvement* ● *Pregnant or parenting*

Data Field/Column Name Database	**Justification**
Age	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Gender	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Ethnicity	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Neighborhood	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Primary language spoken at home	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
How Heard	*Program Access and Process measure* – for evaluating "how much" or "how well"
ECE Program	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Enrollment	*Program Access and Process measure* – for evaluating "how much" or "how well"
Participation	*Program Access and Process measure* – for evaluating "how much" or "how well"

	# Referrals	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Type of referrals (drop down)	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Questionnaire Type; ASQ-3, ASQ SE	*Proximal Outcome measure* - for evaluating "better off"
	Developmental Domain Screening Result	*Proximal Outcome measure* - for evaluating "better off"

Dataset 7, Home Visiting Services*: Early Childhood Care and Education; Health, Safety, and Well-being	
Agency Name:	*City of Hartford, Health and Human Services (HHS)*: Maternal and Infant Outreach Program (MIOP)
Selection Criteria:	*Prenatal through 5 years (and their families) who reside and /or attend early child services or school in the 3 North Hartford neighborhoods*
Time period	*Sept 30, 2024 (for data collected January 1, 2023 through June 30th 2024); Then biannually, July 31st for first half of the year, January 31st for second half of the year*
Data Elements: *(please add or delete rows as needed)*	
Table 7 *(For each request data table, please enter column name your request and the justification)*	*e.g., 1. Risk Factors (justification: to disaggregate data by risk factors)* ● *DCF involvement* ● *Pregnant or parenting*

Data Field/Column Name Apricot	**Justification**
Age	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Neighborhood	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Zip Code	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Gender	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Race	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Ethnicity	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Education, Intake (prenatal & postpartum), monthly	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
Employment, client and partner, Intake (prenatal & postpartum), monthly	Collected at the beginning of services: *Participant/subgroup characteristic* -

		for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Stable housing	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Single Parent	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Marital status	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Incarcerated parents, client history, father of baby	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Household Members	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Primary language spoken at home	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Insurance Status	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps;*
	Income	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps;*
	Expected due date:	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	DCF Involvement, Intake (prenatal & postpartum), monthly	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*

	Trimester	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Date of contact	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Health care site, Intake (prenatal & postpartum), monthly	*Participant/subgroup characteristic* - for evaluating targeted universalism and gaps
	Is mom in DV relationship, Intake (prenatal & postpartum), monthly	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Past/Present Substance use, Intake (prenatal & postpartum), monthly	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	ASQ	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Nutrition, WIC	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Depression screening (PHQ-9)	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Basic needs concerns	Collected at the beginning of services: *Participant/subgroup characteristic* -

		for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	New parent	*Participant/subgroup characteristic* - for evaluating targeted universalism and gaps
	Prenatal care, Intake monthly	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Breastfeeding encouraged, Intake (prenatal & postpartum)	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Enrollment	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Participation	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Retention	*Program Access and Process measure* – for evaluating "how much" or "how well"
	# Referrals	*Program Access and Process measure* – for evaluating "how much" or "how well"
	# Of linkages established, track linkages	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Type of referrals	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Follow-up, developing in Apricot	*Program Access and Process measure* – for evaluating "how much" or "how well"
	how many referrals were made monthly	*Program Access and Process measure* – for evaluating "how much" or "how well"

	Referral source	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Housing – link/refer for housing, Intake (prenatal and postpartum)	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Substance use, Intake (prenatal and postpartum)	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	IPV, Intake (prenatal and postpartum)	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Postpartum depression – screens prenatally and post (refer to services if needed), Intake, prenatal and postpartum	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	How many babies born, Intake and postpartum	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Delivery date, Intake and postpartum	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Baby's demographics, Intake and postpartum	Collected at the beginning of services: *Participant/subgroup characteristic* -

		for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Prenatal Care	*Proximal Outcome measure* - for evaluating "better off"
	Premature birth	*Proximal Outcome measure* - for evaluating "better off"
	Low Birthweight	*Proximal Outcome measure* - for evaluating "better off"
	Feeding plans (i.e., breast feeding)	*Proximal Outcome measure* - for evaluating "better off"

Dataset 8, Home Visiting Services*: Early Childhood Care and Education; Health, Safety, and Well-being	
Agency Name:	*The Village, Stronger Families, Stronger Futures (SF2)*
Selection Criteria:	*Prenatal through 5 years (and their families) who reside and /or attend early child services or school in the 3 North Hartford neighborhoods*
Time period	*Sept 30, 2024 (for data collected January 1 through June 30th 2024); Then biannually, July 31st for first half of the year, January 31st for second half of the year*
Data Elements: *(please add or delete rows as needed)*	
Table 8 *(For each request data table, please enter column name your request and the justification)*	*e.g., 1. Risk Factors (justification: to disaggregate data by risk factors)* ● *DCF involvement* ● *Pregnant or parenting*

Data Field/Column Name Apricot	**Justification**
Age	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Race	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Ethnicity	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Neighborhood	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Education	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Employment	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Single Parent	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Household Members	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Assigned sex at birth	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*

	Zip Code	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps, link individual-level data across services/time*
	Income	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Health Insurance	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Birth Information	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Kindergarten readiness: Life Skills Progression (Infant/Toddler)	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Kindergarten readiness: Ages & Stages Questionnaire	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Attendance: School Readiness Enrollment	*Participant/subgroup characteristic* - for evaluating targeted universalism and gaps
	Parent knowledge of their child's development (PFS-2)	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Social connections (PFS-2)	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Concrete support in times of need (PFS-2)	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Child/Youth's social-emotional development (PFS-2)	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"

	Parent resilience (PFS-2)	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Enrollment	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Participation	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Retention	*Program Access and Process measure* – for evaluating "how much" or "how well"
	# Referrals	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Type of referrals	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Healthy Birth	*Proximal Outcome measure* - for evaluating "better off"
	Breastfeeding	*Proximal Outcome measure* - for evaluating "better off"
	Well-Child Visits	*Proximal Outcome measure* - for evaluating "better off"
	Safe Sleep	*Proximal Outcome measure* - for evaluating "better off"
	Child Injury/Maltreatment	*Proximal Outcome measure* - for evaluating "better off"
	Kindergarten readiness (Life Skills Progression; intake, every 6 mo))	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Improved family relationships/family functioning (PFS-2, intake, every 6 mo)	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Improved Parenting Skills (Life Skills, intake, every 6 mo)	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"

Dataset 9, Hartford Talks, Improving the 'Talk Environment' in Early Childhood Care Settings: Early Childhood Care and Education

Agency Name:	*City of Hartford, Department of Family, Children, and Youth (DFCY)*: Hartford Talks
Selection Criteria:	*Children birth through 5 years (and their families) who reside and /or attend early child services or school in the 3 North Hartford neighborhoods*
Time period	*Sept 30, 2024 (for data collected January 1,2023 through June 30th 2024); Then biannually, July 31st for first half of the year, January 31st for second half of the year*

Data Elements: *(please add or delete rows as needed)*

Table 9
(For each request data table, please enter column name your request and the justification)

e.g., 1. Risk Factors (justification: to disaggregate data by risk factors)

- *DCF involvement*
- *Pregnant or parenting*

Data Field/Column Name	Justification
Neighborhood	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Name of ECE program	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Center-based or home-based	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Enrollment	*Program Access and Process measure* – for evaluating "how much" or "how well"
Participation: at least 4+ valid, all-day recordings of conversational turn taking out of at least 8 'LENA Days'	*Program Access and Process measure* – for evaluating "how much" or "how well"
Conversational Turns per hour at baseline (back and forth alternations between adult and child): first 1-2 recordings	*Proximal Outcome measure* - for evaluating "better off"
Conversational Turns per hour at baseline by subgroup: lower-talk, bottom third, neither lower-talk or bottom third	*Proximal Outcome measure* - for evaluating "better off"
Conversational Turns per hour at endline (back and forth alternations between adult and child): last 1-2 recordings	*Proximal Outcome measure* - for evaluating "better off"

Dataset 11, United Way Readers, Promoting Literacy and Reading, Primary Education		
Agency Name:	*United Way of Central and Northeastern Connecticut, United Way Readers*	
Selection Criteria:	*Elementary-age children (and their families) who reside and /or attend school in the 3 North Hartford neighborhoods*	
Time period	*Sept 30, 2024 (for data collected January 1 through June 30th 2024); Then biannually, July 31st for first half of the year, January 31st for second half of the year*	
Data Elements: *(please add or delete rows as needed)*		
Table 11 *(For each request data table, please enter column name your request and the justification)*	*e.g., 1. Risk Factors (justification: to disaggregate data by risk factors)* ● *DCF involvement* ● *Pregnant or parenting*	
	Data Field/Column Name	**Justification**
	Age	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Neighborhood	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Enrollment	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Participation	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Retention	*Program Access and Process measure* – for evaluating "how much" or "how well"

Dataset 12, Wi-Fi Access, Children, Youth, Young Adults, Families, Healthy Safety, and Wellbeing [ON HOLD UNTIL 2025]	
Agency Name:	*City of Hartford, Free, Citywide WiFi to Residents (in partnership with Dalio Education and Hartford Foundation for Public Giving)*
Selection Criteria:	*Children, youth, young adults, and families who reside and /or attend school in the 3 North Hartford neighborhoods*
Time period	*Sept 30, 2024 (for data collected January 1 through June 30th 2024); Then biannually, July 31st for first half of the year, January 31st for second half of the year*
Data Elements: *(please add or delete rows as needed)*	
Table 12 *(For each request data table, please enter column name your request and the justification)*	*e.g., 1. Risk Factors (justification: to disaggregate data by risk factors)* ● *DCF involvement* ● *Pregnant or parenting*

Data Field/Column Name	**Justification**
Neighborhood	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Land Use Code Property Type	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Living Units	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*

Dataset 13a, Community School Services: Primary Education, Health, Safety, and Well-being

Agency Name:	*Hartford Public Schools, Community Schools* *Elementary Schools: S.A.N.D., Wish*
Selection Criteria:	Primary Education: Elementary School-Age students and their families who attend NHAP Community Schools, *S.A.N.D. and Wish*
Time period	*Sept 30, 2024 (for data collected January 1 through June 30th 2024); Then biannually, July 31st for first half of the year, January 31st for second half of the year*

Data Elements: *(please add or delete rows as needed)*

Table 13a
(For each request data table, please enter column name your request and the justification)

e.g., 1. Risk Factors (justification: to disaggregate data by risk factors)
- *DCF involvement*
- *Pregnant or parenting*

Data Field/Column Name: Power Teacher - requested from schools / teachers	Justification
Age, Matriculation and reviewed annually	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Race, Matriculation and reviewed annually	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Ethnicity, Matriculation and reviewed annually	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Neighborhood	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Education (Caregiver), Matriculation and reviewed annually	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
Single Parent, identify who child lives with	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
Household Members, if dual household but not additional members	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Enrollment in school programs and services, Power Schools	*Program Access and Process measure* – for evaluating "how much" or "how well"

	Participation in school programs and services, Power Schools	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Enrollment in School Day Extended support for each CBO program /service, e.g., Reading Time for pre-k and k; 'Lunch bunch' social-emotional learning; Walking School Bus	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Participation in School Day Extended support for each CBO program /service	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Enrollment in Extended Day After School (through 6pm): Saturday Academy and Enrichment activities (numerous vendors and staff-led clubs); e.g., Enrichment Homework support; Parent involvement on 'Fun Friday'	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Participation in Extended Day After School (through 6pm)	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Enrollment in Family Engagement activities: FRC: Home Visiting (PAT); Monthly playgroups; Monthly family engagement events; Basic needs / resource support; PTO Support	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Participation in Family Engagement activities	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Family Navigation: ACE Attendance	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Absenteeism / Attendance	*Proximal Outcome measure* - for evaluating "better off"
	Program-specific Proximal Outcome(s)	*In progress*

Dataset 13b, Community School Services: Primary Education, Health, Safety, and Well-being		
Agency Name:	*Hartford Public Schools, Community Schools and Contracted Partners* *Middle Schools, Martin Luther King Middle School and Milner Middle School*	
Selection Criteria:	Primary Education: Middle School-Age students and their families who attend NHAP Community Schools, MLK and Milner	
Time period	*Sept 30, 2024 (for data collected January 1 through June 30th 2024); Then biannually, July 31st for first half of the year, January 31st for second half of the year*	
Data Elements: *(please add or delete rows as needed)*		
Table 13b *(For each request data table, please enter column name your request and the justification)*	*e.g., 1. Risk Factors (justification: to disaggregate data by risk factors)* ● *DCF involvement* ● *Pregnant or parenting*	
	Data Field/Column Name Power Teacher - requested from schools / teachers	**Justification**
	Age, Matriculation and reviewed annually	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Race, Matriculation and reviewed annually	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Ethnicity, Matriculation and reviewed annually	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Neighborhood	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Education (Caregiver), Matriculation and reviewed annually	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps; assess risk-protective factors*
	Single Parent, identify who child lives with	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps; assess risk-protective factors*
	Household Members, if dual household but not additional members	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Participation, in schools / school programs, annually, Power Schools	*Program Access and Process measure* – for evaluating “how much” or “how well”
	Enrollment in School day Extended Support; e.g., Academic, attendance, and leadership awards, workshops, celebrations and field trips	*Program Access and Process measure* – for evaluating “how much” or “how well”

	Participation in School day Extended Support	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Enrollment in Extended day, after-school programs and services; e.g., Teen Outreach Program; Clinical Services; Social / Emotional Learning; College and Career Exploration; Student Leadership	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Participation in Extended day, after-school programs and services	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Enrollment in Family Engagement activities and services; e.g., Food Pantry (Martin's Market – student led); Job Training; Financial Literacy; Mental Health; Clinical Services	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Participation in Family Engagement activities and services	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Family Navigation: ACE Attendance	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Absenteeism / Attendance	*Proximal Outcome measure* - for evaluating "better off"
	Program-specific Proximal Outcome(s)	*In progress*

Dataset 13c, Community School Services: Secondary Education, Post-secondary/ Career Development, Health, Safety, and Wellbeing	
Agency Name:	*Hartford Public Schools, Community Schools and Contracted Partners* *High School:* Weaver High School
Selection Criteria:	Secondary Education: High School-Age students and their families who attend NHAP Community Schools, Weaver High School
Time period	*Sept 30, 2024 (for data collected January 1 through June 30th 2024); Then biannually, July 31st for first half of the year, January 31st for second half of the year*
Data Elements: *(please add or delete rows as needed)*	
Table 13c *(For each request data table, please enter column name your request and the justification)*	*e.g., 1. Risk Factors (justification: to disaggregate data by risk factors)* ● *DCF involvement* ● *Pregnant or parenting*

Data Field/Column Name Power Teacher - requested from schools / teachers	**Justification**
Age, Matriculation and reviewed annually	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Race, Matriculation and reviewed annually	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Ethnicity, Matriculation and reviewed annually	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Neighborhood	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Education, Parent, Matriculation and reviewed annually	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
Single Parent, identify who child lives with	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
Household Members, if dual household but not additional members	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Participation, in schools / school programs, annually, Power Schools	*Program Access and Process measure* – for evaluating "how much" or "how well"

	Enrollment in School Day Extended Support; e.g., Peace room, Community Resource Center, Freshman Academy Academic support in reading and writing; Attendance Recognition; Skate to S.A.T.s Field Trip	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Participation in School day Extended Support	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Enrollment in Extended day, after-school programs and services; e.g., Career development and entrepreneurship, Employment training (1:1 and group), internships, mentorship, youth organizing; Workforce development - Healthcare, Drone and Unmanned Aircraft Technology, Coding, Visual & Graphic Design; Visual, Performing, and Culinary Arts; Positive Youth Development, YO4SJ; Restorative Circles; Stop the Blood Certification	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Participation in Extended day, after-school programs and services	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Enrollment in Family Engagement activities and services; e.g., Home visits and case management services; Parent Power program and Weaver HS PTO - build advocacy, financial literacy and generational wealth, multi-generational relationships, parent networks, and family support connections Holiday Gift Cards; Uniforms to students, groceries for families	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Participation in Family Engagement activities and services	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Family Navigation: ACE Attendance	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Absenteeism / Attendance	*Proximal Outcome measure* - for evaluating "better off"
	Program-specific Proximal Outcome(s)	*In progress*

Dataset 14, Asthma Treatment: Health, Safety and Wellbeing	
Agency Name:	*Connecticut Children's Easy Breathing Program (Easy Breathing)*
Selection Criteria:	*Early childhood through adolescent years*
Time period	*Sept 30, 2024 (for data collected January 1 through June 30th 2024); Then biannually, July 31st for first half of the year, January 31st for second half of the year*
Data Elements: *(please add or delete rows as needed)*	
Table 14 *(For each request data table, please enter column name your request and the justification)*	*e.g., 1. Risk Factors (justification: to disaggregate data by risk factors)* ● *DCF involvement* ● *Pregnant or parenting*

Data Field/Column Name Hard Copy	Justification
Gender	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Race	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Ethnicity	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Neighborhood	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Insurance status: specific outcomes related to their population- health care services	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps, risk/protective factor*
Asthma severity	*Participant/subgroup characteristic* - for evaluating targeted universalism and gaps
Asthma triggers	*Participant/subgroup characteristic* - for evaluating targeted universalism and gaps
# of ED visits, hospitalizations for asthma	*Proximal Outcome measure* - for evaluating "better off"
Asthma symptoms	*Proximal Outcome measure* - for evaluating "better off"
Asthma control	*Proximal Outcome measure* - for evaluating "better off"
Asthma treatment	*Proximal Outcome measure* - for evaluating "better off"

	Enrollment	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Participation	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Retention	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Program-Specific Proximal Outcome(s)	*In progress*

Dataset 15, Hartford Youth HIV Identification and Linkage: Health, Safety and Wellbeing	
Agency Name:	*Connecticut Children's / University of Connecticut Health Center,* Hartford Youth HIV Identification and Linkage Consortium (HYHIL)
Selection Criteria:	*Youth and young adults who reside and /or attend school in the 3 North Hartford neighborhoods*
Time period	*Sept 30, 2024 (for data collected January 1 through June 30th 2024); Then biannually, July 31st for first half of the year, January 31st for second half of the year*
Data Elements: *(please add or delete rows as needed)*	
Table 15 *(For each request data table, please enter column name your request and the justification)*	*e.g., 1. Risk Factors (justification: to disaggregate data by risk factors)* ● *DCF involvement* ● *Pregnant or parenting*

Data Field/Column Name	Justification
Age, Intake	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Race, Intake	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Ethnicity, Intake	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Neighborhood	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Education, Intake, Updated as needed	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps, assess risk-protective factors*
Housing, Intake	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
Employment (via income verification), Intake, Updated as needed	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
Single Parent, Intake, Updated as needed	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps

		Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Household Members, Intake, Updated as needed	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Insurance, Intake, *Yearly*	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Primary HIV Care, *Updated as needed*	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	HIV Risk Reduction Counseling, Intake	*Assess risk/protective factors and support needs*
	Mental Health, Intake	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Substance Use, Intake	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Income/Poverty Level, Intake & Yearly	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Medical Indicators (HIV status, STI status, Hep C Status, In Care, etc.), Intake	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Parent-child relationship, Intake, every 6 months, as needed, self-report, plan to standardize documentation	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Social connections, Intake, every 6 months, as needed, self-report, plan to standardize documentation	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"

	Concrete support in times of need, Intake, every 6 months, as needed, self-report, plan to standardize documentation	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Child/Youth's social-emotional development, Intake, every 6 months, as needed, self-report, plan to standardize documentation	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Parent resilience, As needed, self-report, plan to standardize documentation	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Transportation (ie Care, daycare etc), As needed, self-report, plan to standardize documentation	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Enrollment, Daily	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Participation, Daily	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Retention, Daily	*Program Access and Process measure* – for evaluating "how much" or "how well"
	# Referrals, Daily	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Type of referrals (medical care, housing navigation, educational / employment, Recovery group services), Daily	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Follow up, Daily	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Individualized Client Service Plan, Intake and at 6 mo or as indicated	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Linkage to medical care/Viral Load Suppression (within 30 days, med appt at least 2X yearly)	*Proximal Outcome measure* - for evaluating "better off"
	Linkage to housing services	*Proximal Outcome measure* - for evaluating "better off"
	Linkage to educational/employment services - returned to school or employed?	*Proximal Outcome measure* - for evaluating "better off"
	Linkage Smart Recovery Group Services/ Substance Use order	*Proximal Outcome measure* - for evaluating "better off"

Dataset 16, Hartford Youth Service Bureau Truancy and Family with Service Needs Court Diversion Program; Health, Safety, and Wellbeing	
Agency Name:	City of Hartford, Hartford Youth Service Bureau Truancy and Family with Service Needs Court Diversion Program and CBO Partners: Re-entry/Behind the Walls Navigator, Our Piece of the Pie; Youth Service Corp, Our Piece of the Pie; Peace Builders, Compass Youth Collaborator; Youth Violence and Prevention Program, Compass Youth Collaborator; Truancy and Family with Service Needs, The Village for Families and Children; Juvenile Review Board, The Village for Families and Children; Young Mother's two-generational program, Roca
Selection Criteria:	*Youth and young adults who reside and /or attend school in the 3 North Hartford neighborhoods*
Time period	*Sept 30, 2024 (for data collected January 1 through June 30th 2024); Then biannually, July 31st for first half of the year, January 31st for second half of the year*
Data Elements: *(please add or delete rows as needed)*	
Table 16 *(For each request data table, please enter column name your request and the justification)*	*e.g., 1. Risk Factors (justification: to disaggregate data by risk factors)* ● *DCF involvement* ● *Pregnant or parenting*

Data Field/Column Name	Justification
Age	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Gender	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Sexual orientation	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Race	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Ethnicity	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Neighborhood	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Education	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Employment	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*

	Stable housing	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Single Parent	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Behavior / Suspensions	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Enrollment	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Participation	*Program Access and Process measure* – for evaluating "how much" or "how well"
	# Referrals	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Type of referrals	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Ohio Screening Scales (parent/child/worker completed?) (Is this used as a pre/post measure?)	*Proximal Outcome measure* - for evaluating "better off"
	Program-Specific Proximal Outcome(s)	*In progress*

Dataset 17: Capital Workforce; Secondary Education, Post-secondary / Career Development; Health, Safety, and Well-being	
Agency Name:	*Capital Workforce Partners,* Summer Youth Employment and Learning Program
Selection Criteria:	*Youth and young adults who reside and /or attend school in the 3 North Hartford neighborhoods*
Time period	*Sept 30, 2024 (for data collected January 1 through June 30th 2024); Then biannually, July 31st for first half of the year, January 31st for second half of the year*
Data Elements: *(please add or delete rows as needed)*	
Table 17 *(For each request data table, please enter column name your request and the justification)*	*e.g., 1. Risk Factors (justification: to disaggregate data by risk factors)* ● *DCF involvement* ● *Pregnant or parenting*

Data Field/Column Name Collected: Electronic database, ETO Provided all the drop-downs	**Justification**
Age, Calculated based on DOB, Intake	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Gender Identification, Intake	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Race, Intake	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Ethnicity, Intake	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Neighborhood	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Stable Housing (Part of Life Domain), at Intake and every 90 days	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
Incarcerated Parents (Part of Life Domain), at Intake	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps

		Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Insurance Status (Part of Life Domain), at Intake	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	HS Graduation (Part of Life Domain), at Intake	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Education, Intake	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Employment, Intake	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Stable Housing (Part of Life Domain), at Intake and every 90 days	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Incarcerated Parents (Part of Life Domain), at Intake	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Insurance Status (Part of Life Domain), at Intake	Collected at the beginning of services: *Participant/subgroup characteristic* -

		for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	HS Graduation (Part of Life Domain), at Intake	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Post-secondary Education (Part of Life Domain), at Intake	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Enrollment and participation (documented as the same)	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Employment/ New Employment (documented as 'retention')	*Proximal Outcome measure* - for evaluating "better off"
	Program-Specific Proximal Outcome(s)	*In progress*

Dataset 18, Workforce Development and Career Navigation*: Secondary, Post-secondary, Health, Safety, and Well-being		
Agency Name:	*San Juan,* Career Navigator	
Selection Criteria:	Opportunity Youth and Young Adults (AYA) - On-track, At-risk, Disconnected	
Time period	*Sept 30, 2024 (for data collected January 1 through June 30th 2024); Then biannually, July 31st for first half of the year, January 31st for second half of the year*	
Data Elements: *(please add or delete rows as needed)*		
Table 18 *(For each request data table, please enter column name your request and the justification)*	*e.g., 1. Risk Factors (justification: to disaggregate data by risk factors)* ● *DCF involvement* ● *Pregnant or parenting*	
	Data Field/Column Name	**Justification**

	Collection: excel database/intake and scheduled check-ins	
	Age, Intake	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Neighborhood, Intake	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Zip Code, Intake	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Sex at birth	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Gender Identity, Intake	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Race, Intake	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Ethnicity, Intake	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Employment (Caregiver), Intake (if applicable)	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Education (Caregiver), Intake (if applicable)	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Stable Housing, Intake	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Single Parent, Intake	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Marital Status, Intake	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Military	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*

	Incarcerated	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Household members	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Number of Children	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Age of Children	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Country of Birth	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Primary Language	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Immigration Status	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Insurance Status	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Education: High School Graduation, GED, Post-secondary Enrollment, Post-secondary Certificate /Graduation, (Collected at Intake)	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Employment (Collected at Intake)	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Referral Source (Itemized)	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Intake Date	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Resume Completed	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Employment Application Completed	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Referral Purpose, Itemized, up to 6 possible referrals	*Program Access and Process measure* – for evaluating "how much" or "how well"

	Agency Linkage, Itemized and other, up to 6 possible linkages corresponding with each referral made	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Follow-up dates: 3 routine Check-ins	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Close out date	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Completed training: Computer Navigation / App	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Attendance at seminars on job prep	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Employed	*Proximal Outcome measure* - for evaluating "better off"
	Fields for participants with young children, either 0-5 or 5-12 years	
	Relationships, PCE Survey, 0-5 years, 5-12 years, itemized	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Safe, equitable, stable environments, PCE Survey, 0-5 years, 5-12 years, itemized	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Social & civic engagement, PCE Survey, 0-5 years, 5-12 years, itemized	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Emotional growth, PCE Survey, 0-5 years, 5-12 years, itemized	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"

Dataset 19, Hartford Promise Reach Forward / Reach Back*, Academic Support, Mentoring and Scholarship Program: Secondary Education; Post-secondary Education and Career Development		
Agency Name:	*Hartford Promise,* Reach Forward, Reach Back	
Selection Criteria:	*Youth and young adults who reside and /or attend school in the 3 North Hartford neighborhoods*	
Time period	*Sept 30, 2024 (for data collected January 1 through June 30th 2024); Then biannually, July 31st for first half of the year, January 31st for second half of the year*	
Data Elements: *(please add or delete rows as needed)*		
Table 19 *(For each request data table, please enter column name your request and the justification)*	*e.g., 1. Risk Factors (justification: to disaggregate data by risk factors)* ● *DCF involvement* ● *Pregnant or parenting*	
	Data Field/Column Name Online Survey, Info forms, Copilot database	**Justification**
	Age, Annually	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Race, Annually	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Ethnicity, Annually	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Neighborhood	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Education, Annually	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Employment, Annually	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Academic proficiency, 3X per year in HS, 2X per year in college, Lists provided by HPS. Transcripts and surveys and meetings in college	*Proximal Outcome measure* - for evaluating "better off"

	Attendance, 3 x per year in high school. Lists provided by HPS.	*Proximal Outcome measure* - for evaluating "better off"
	HS Graduation, annually, HPS provides lists	*Proximal Outcome measure* - for evaluating "better off"
	Post-secondary enrollment, annually, National ClearingHouse data; Surveys, meetings, and colleges report to us.	*Proximal Outcome measure* - for evaluating "better off"
	School mobility / transitions, continuously, Promise Coaches meet with and communicate with Scholars numerous times throughout the year.	*Proximal Outcome measure* - for evaluating "better off"
	Social connections, meet and communicate with scholars throughout the year, part of personal well-being, and successful transition / adjustment to college Dates	*Proximal Outcome measure* - for evaluating "better off"
	Concrete support in times of need; emergency funds available to help with books, laptops, personal expenses, travel	*Proximal Outcome measure* - for evaluating "better off"
	Enrollment	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Participation	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Retention	*Program Access and Process measure* – for evaluating "how much" or "how well"
	# Referrals	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Type of referrals (internships, academic supports, mental health)	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Follow-up	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Meet criteria for Promise Scholar, Copilot	*Proximal Outcome measure* - for evaluating "better off"
	Attends College, Copilot	*Proximal Outcome measure* - for evaluating "better off"
	College Graduate, GradSnapp	*Proximal Outcome measure* - for evaluating "better off"

Dataset 20, Health, Safety, and Well-being (4 program services still in progress)	
Agency Name:	Hartford Healthy Family Initiative (HHFI) Nutrition Program, City of Hartford; Women, Infants and Children, City of Hartford; [ON HOLD UNTIL 2025] Healthy Homes/ N.E.A.R., Connecticut Children's; Starting Childhood Off Right (SCOR), Connecticut Children's
Selection Criteria:	*Families, pregnant mothers, young children (0-5 years), elementary-age, youth and young adults who reside and/or who attend school in the 3 North Hartford neighborhoods*
Time period	*Sept 30, 2024 (for data collected January 1 through June 30th 2024); Then biannually, July 31st for first half of the year, January 31st for second half of the year*
Data Elements: *(please add or delete rows as needed)*	
Table 20 *(For each request data table, please enter column name your request and the justification)*	*e.g., 1. Risk Factors (justification: to disaggregate data by risk factors)* ● *DCF involvement* ● *Pregnant or parenting*

Data Field/Column Name Online Survey, Info forms, Copilot database	**Justification**
Age	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Gender and/or Sex	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Race and/or Ethnicity	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Neighborhood	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Education	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Program Assessment/Screening (for each item on the tool)	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
Enrollment	*Program Access and Process measure* – for evaluating "how much" or "how well"
Participation	*Program Access and Process measure* – for evaluating "how much" or "how well"
Retention	*Program Access and Process measure* – for evaluating "how much" or "how well"
Number of referrals	*Program Access and Process measure* – for evaluating "how much" or "how well"
Type of referrals	*Program Access and Process measure* – for evaluating "how much" or "how well"

	Follow-up on referrals (linkage)	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Proximal Outcomes including: • indicators that identified needs were addressed • assessments completed at conclusion of services • program-specific outcome measures • measures of protective factors	*In progress*

Dataset 21, Early Childhood Care and Education (Center- and family-based providers, still in progress)		
Agency Name:	Center-based School Readiness Providers, City of Hartford and CBO partners / contractors; Family-based Child Care Providers, City of Hartford and CBO contractors	
Selection Criteria:	*Families, pregnant mothers, young children (0-5 years), elementary-age, youth and young adults who reside and/or who attend school in the 3 North Hartford neighborhoods*	
Time period	*Sept 30, 2024 (for data collected January 1 through June 30th 2024); Then biannually, July 31st for first half of the year, January 31st for second half of the year*	
Data Elements: *(please add or delete rows as needed)*		
Table 21 *(For each request data table, please enter column name your request and the justification)*	*e.g., 1. Risk Factors (justification: to disaggregate data by risk factors)* ● *DCF involvement* ● *Pregnant or parenting*	
	Data Field/Column Name Online Survey, Info forms, Copilot database	**Justification**
	Age	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Gender and/or Sex	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Race and/or Ethnicity	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Neighborhood	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Education	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Program Assessment/Screening (for each item on the tool)	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps

		Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
	Enrollment	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Participation	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Retention	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Number of referrals	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Type of referrals	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Follow-up on referrals (linkage)	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Proximal Outcomes including: • indicators that identified needs were addressed • assessments completed at conclusion of services • program-specific outcome measures • measures of protective factors	*In progress*

Dataset 22, Primary and Secondary Education (5 program services still in progress)	
Agency Name:	Community First School: Build A Better Community Summer Enrichment Program Hartford Public Schools: • English Language Arts Support – English Resource Support • Math Support - Math Resource Teacher(s) • Multi-Tiered System of Support Initiative • Student Success Center (Weaver only)
Selection Criteria:	*Elementary-age children and youth who reside and /or attend school in the 3 North Hartford neighborhoods*
Time period	*Sept 30, 2024 (for data collected January 1 through June 30th 2024); Then biannually, July 31st for first half of the year, January 31st for second half of the year*
Data Elements: *(please add or delete rows as needed)*	
Table 22 *(For each request data table, please enter column name your request and the justification)*	*e.g., 1. Risk Factors (justification: to disaggregate data by risk factors)* ● *DCF involvement* ● *Pregnant or parenting*

Data Field/Column Name Online Survey, Info forms, Copilot database	**Justification**
Age	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Gender and/or Sex	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Race and/or Ethnicity	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Neighborhood	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Education	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
Program Assessment/Screening (for each item on the tool)	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"
Enrollment	*Program Access and Process measure* – for evaluating "how much" or "how well"
Participation	*Program Access and Process measure* – for evaluating "how much" or "how well"
Retention	*Program Access and Process measure* – for evaluating "how much" or "how well"
Number of referrals	*Program Access and Process measure* – for evaluating "how much" or "how well"
Type of referrals	*Program Access and Process measure* – for evaluating "how much" or "how well"

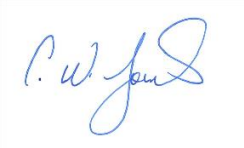
	Follow-up on referrals (linkage)	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Proximal Outcomes including: • indicators that identified needs were addressed • assessments completed at conclusion of services • program-specific outcome measures • measures of protective factors	*In progress*

Dataset 23, Post-secondary Education and Career Development		
Agency Name:	Capital Workforce Partners: Hartford Working Cities Career Navigator United Way of Central and Northeastern Connecticut, Young Legends]	
Selection Criteria:	*Youth and young adults who reside and /or attend school in the 3 North Hartford neighborhoods*	
Time period	*Sept 30, 2024 (for data collected January 1 through June 30th 2024); Then biannually, July 31st for first half of the year, January 31st for second half of the year*	
Data Elements: *(please add or delete rows as needed)*		
Table 23 *(For each request data table, please enter column name your request and the justification)*	*e.g., 1. Risk Factors (justification: to disaggregate data by risk factors)* • *DCF involvement* • *Pregnant or parenting*	
	Data Field/Column Name Online Survey, Info forms, Copilot database	**Justification**
	Age	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Gender and/or Sex	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Race and/or Ethnicity	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Neighborhood	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Education	*Participant/subgroup characteristic - for evaluating targeted universalism and gaps*
	Program Assessment/Screening (for each item on the tool)	Collected at the beginning of services: *Participant/subgroup characteristic* - for evaluating targeted universalism and gaps Collected at the conclusion of services: *Proximal Outcome measure* - for evaluating "better off"

	Enrollment	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Participation	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Retention	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Number of referrals	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Type of referrals	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Follow-up on referrals (linkage)	*Program Access and Process measure* – for evaluating "how much" or "how well"
	Proximal Outcomes including: • indicators that identified needs were addressed • assessments completed at conclusion of services • program-specific outcome measures • measures of protective factors	*In progress*

SECTION F: INVESTIGATOR AGREEMENT

I accept my role in this study as indicated above. I agree to update HDC staff and Data Oversight Committee on a regular basis during this project, to respond to any questions or concerns, and to work in a cooperative manner with the HDC. I agree to obtain approval before making any changes or additions to the project. I will provide progress reports at least annually, or as requested. I agree to report promptly to the HDC all problems or any event with possible adverse events involving risk to human subjects.



Signature of Investigator

Signature Date 7/9/2024

** Note that a signed Data Use License must also be executed prior to the release of any data pursuant to this request.*

Please submit your completed application to:

HDC Staff

gfernando@ctdata.org & keikel@ctdata.org

HDC USE ONLY

Reviewer Name	
Reviewed Date	Click here to enter date.
Approval Status	☐ Yes ☐ No
Signature	

Appendix A.

TERMS AND CONDITIONS OF USE OF HDC DATA

Benefit to the community and the common good
Data License Requests should provide reasonable potential to benefit the community and the common good. Reasonable benefit to the community and the common good includes any project questions that, when answered, provides some direction for improving processes or outcomes for human service delivery, funding priorities, or policy development. The common good also includes the benefit of developing new knowledge and efforts leading to the development of evidence-based practice.

Requestor Credentials
The Hartford Data Collaborative's Data Oversight Committee will review researcher's credentials to determine whether the investigator(s) have the appropriate credentials to conduct the proposed project plan prior to approval. Credentials for all investigators must be evidenced by appropriate documentation (i.e., current professional role, CV or resume). Data Licenses can only be granted to an appropriate agent from one of the following institutions: an institution of higher education; HDC Data Provider; an organization funding services and programs related to HDC's mission; or a direct service provider that provides services within the Hartford region.

IRB Approval
Research Requests require Institutional Review Board Approval. The HDC Data Oversight Committee does not require prior review and approval by an IRB for the submission of a data request. However, the HDC reserves the right to request IRB review and approval for any request.

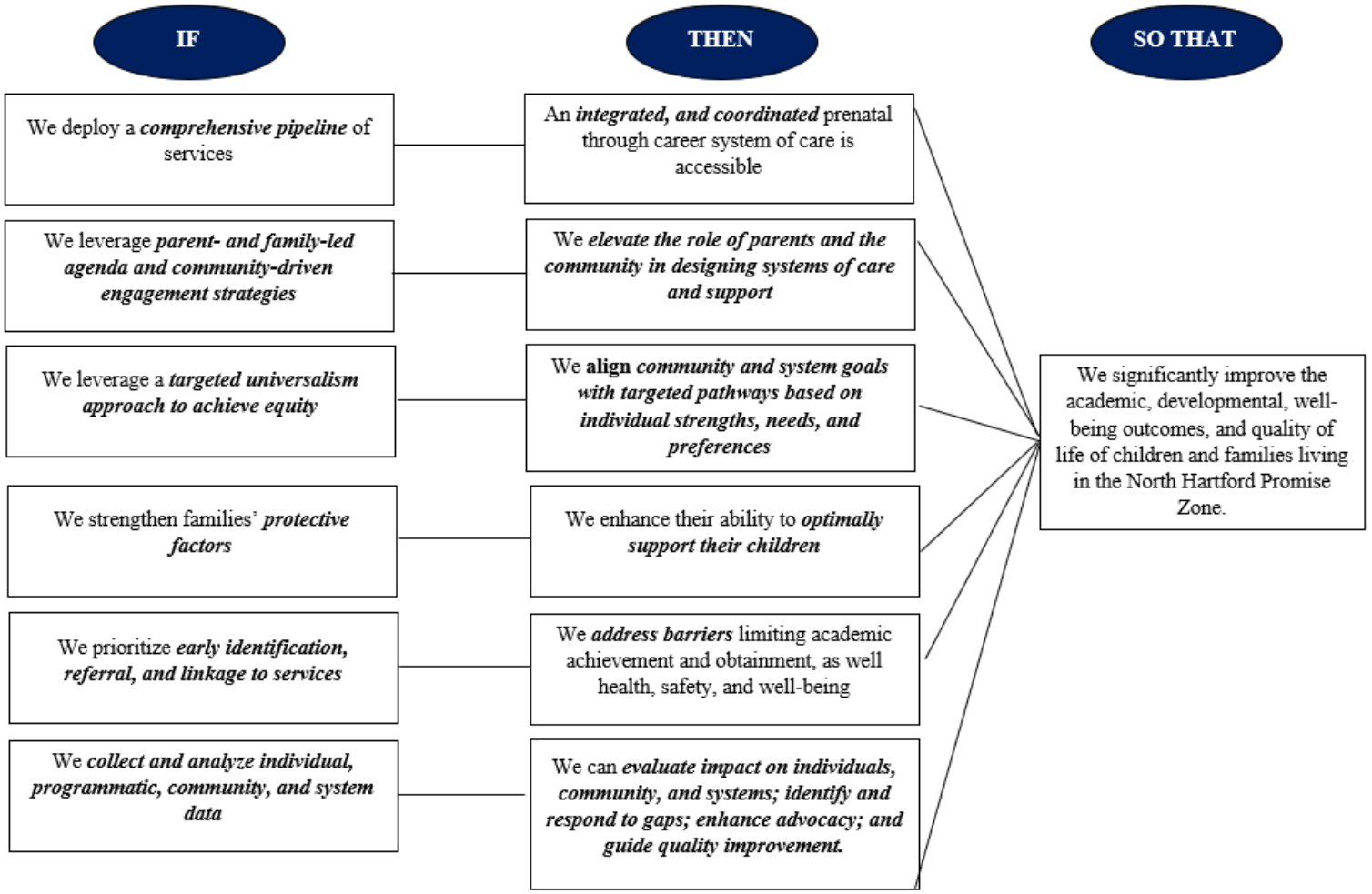
Privacy and Confidentiality
Data released to the requestor must be kept secure and is not to be shared with unauthorized persons. Only de-identified data will be released pursuant to Data Use License. Data Recipients must comply with all license provisions.

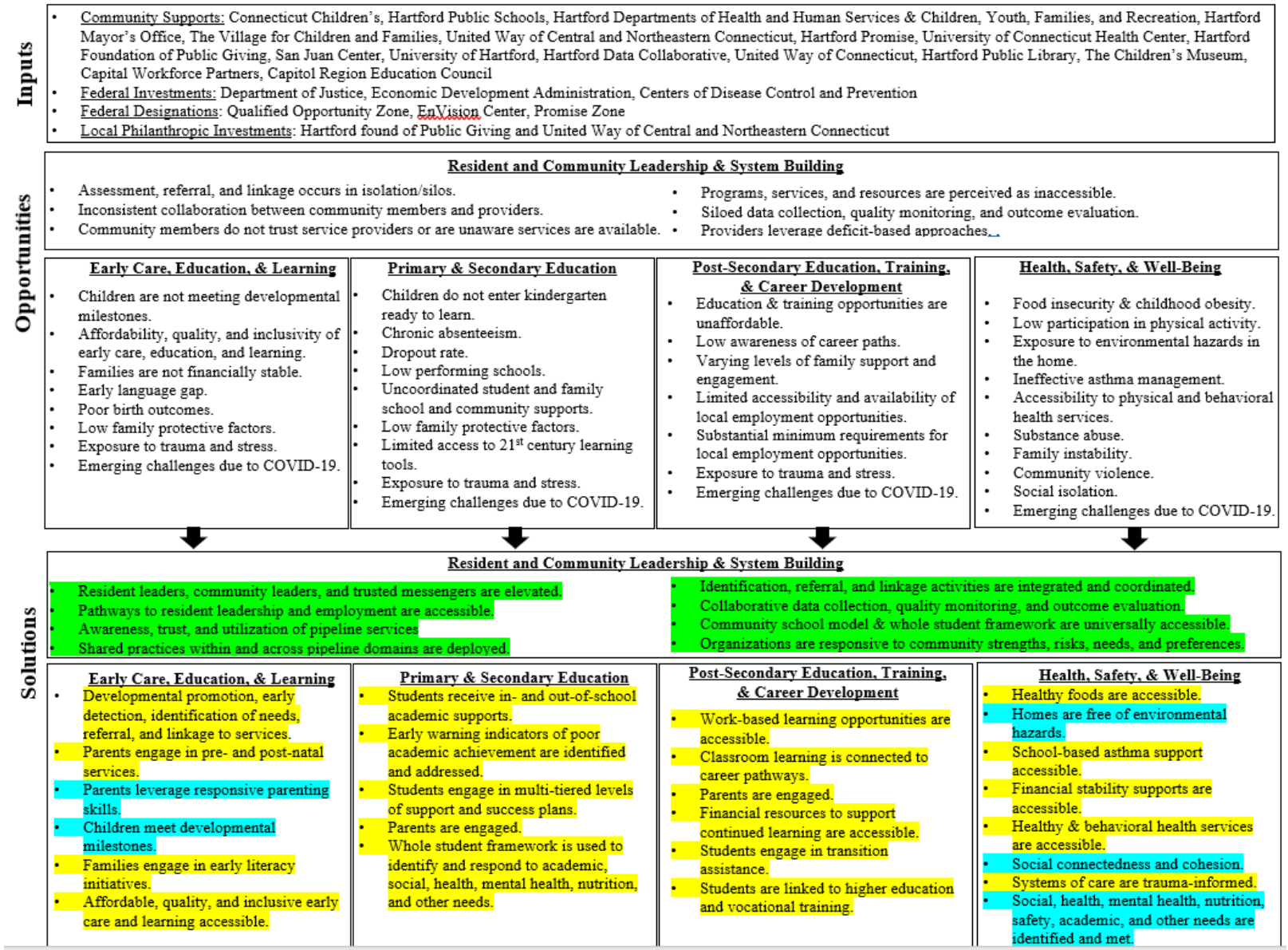
Data Recipient responsibilities before disseminating results
HDC Data Recipients are required to share HDC Project findings to the HDC Data Oversight Committee at least 14 business days prior to any public release. HDC Data Recipients shall submit key findings and interpretations in a standard format provided by the HDC Data Coordinator or support staff. HDC Data Oversight Committee members shall confirm in writing, via a standard form provided by the HDC Data Coordinator, that key findings have been reviewed and are ready for release. The HDC Data Oversight Committee members can request review of specific dissemination materials (e.g., presentations, publications).

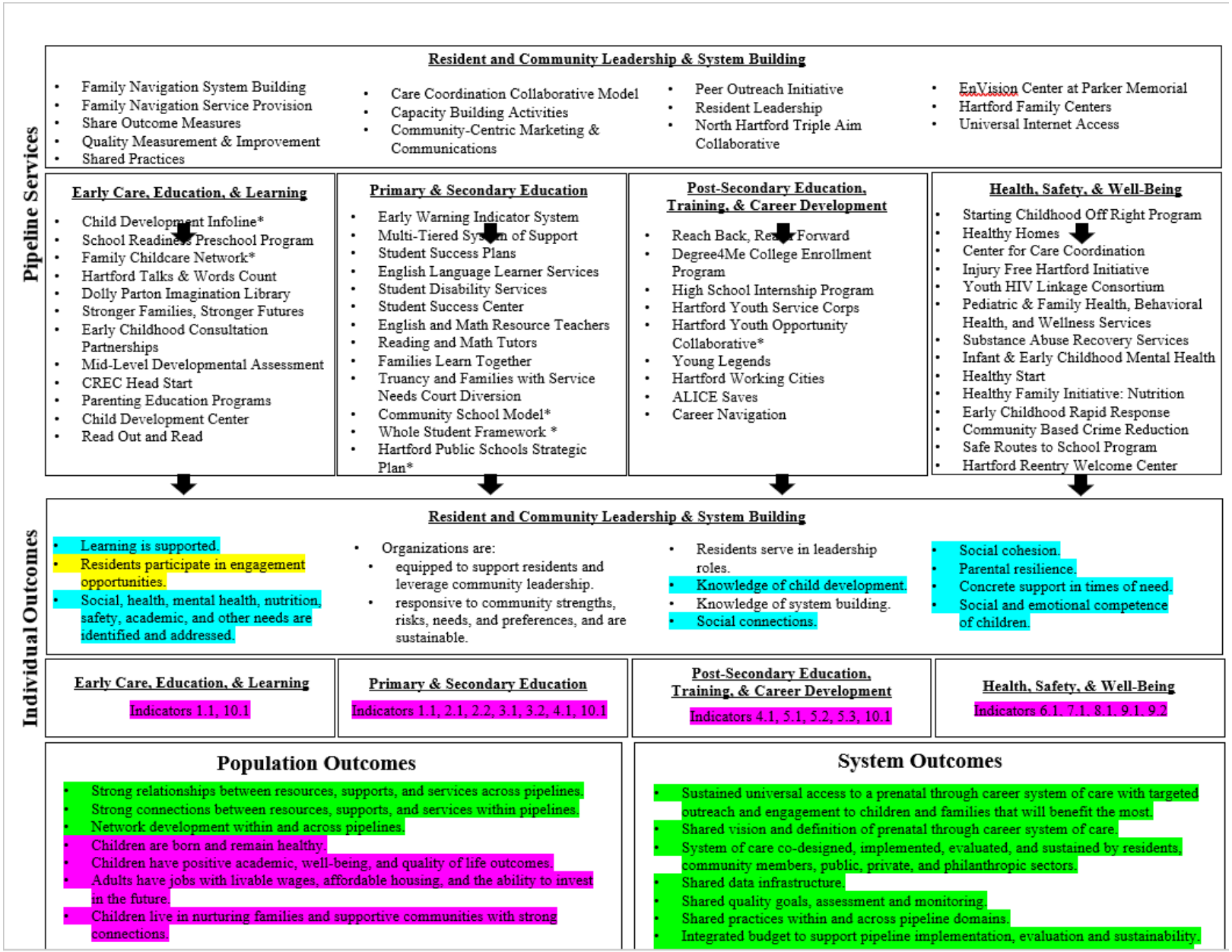
Appendix B.

Ascend Theory of Change

Impact Statement: Under the guidance and direction of North Hartford Promise Zone residents and community and public, private, and philanthropic sectors, Connecticut Children's will collaboratively design, implement, and evaluate an integrated, comprehensive, and coordinated prenatal through career pipeline that helps children reach their full potential by improving academic and developmental outcomes and long-term well-being and quality of life.




Inputs
Community Supports: Connecticut Children's, Hartford Public Schools, Hartford Departments of Health and Human Services & Children, Youth, Families, and Recreation, Hartford Mayor's Office, The Village for Children and Families, United Way of Central and Northeastern Connecticut, Hartford Promise, University of Connecticut Health Center, Hartford Foundation of Public Giving, San Juan Center, University of Hartford, Hartford Data Collaborative, United Way of Connecticut, Hartford Public Library, The Children's Museum, Capital Workforce Partners, Capitol Region Education Council
Federal Investments: Department of Justice, Economic Development Administration, Centers of Disease Control and Prevention
Federal Designations: Qualified Opportunity Zone, EnVision Center, Promise Zone
Local Philanthropic Investments: Hartford found of Public Giving and United Way of Central and Northeastern Connecticut
Opportunities
Resident and Community Leadership & System Building
Assessment, referral, and linkage occurs in isolation/silos.
Inconsistent collaboration between community members and providers.
Community members do not trust service providers or are unaware services are available.
Programs, services, and resources are perceived as inaccessible.
Siloed data collection, quality monitoring, and outcome evaluation.
Providers leverage deficit-based approaches.
Early Care, Education, & Learning
Children are not meeting developmental milestones.
Affordability, quality, and inclusivity of early care, education, and learning.
Families are not financially stable.
Early language gap.
Poor birth outcomes.
Low family protective factors.
Exposure to trauma and stress.
Emerging challenges due to COVID-19.
Primary & Secondary Education
Children do not enter kindergarten ready to learn.
Chronic absenteeism.
Dropout rate.
Low performing schools.
Uncoordinated student and family school and community supports.
Low family protective factors.
Limited access to 21st century learning tools.
Exposure to trauma and stress.
Emerging challenges due to COVID-19.
Post-Secondary Education, Training, & Career Development
Education & training opportunities are unaffordable.
Low awareness of career paths.
Varying levels of family support and engagement.
Limited accessibility and availability of local employment opportunities.
Substantial minimum requirements for local employment opportunities.
Exposure to trauma and stress.
Emerging challenges due to COVID-19.
Health, Safety, & Well-Being
Food insecurity & childhood obesity.
Low participation in physical activity.
Exposure to environmental hazards in the home.
Ineffective asthma management.
Accessibility to physical and behavioral health services.
Substance abuse.
Family instability.
Community violence.
Social isolation.
Emerging challenges due to COVID-19.
Solutions
Resident and Community Leadership & System Building
Resident leaders, community leaders, and trusted messengers are elevated.
Pathways to resident leadership and employment are accessible.
Awareness, trust, and utilization of pipeline services
Shared practices within and across pipeline domains are deployed.
Identification, referral, and linkage activities are integrated and coordinated.
Collaborative data collection, quality monitoring, and outcome evaluation.
Community school model & whole student framework are universally accessible.
Organizations are responsive to community strengths, risks, needs, and preferences.
Early Care, Education, & Learning
Developmental promotion, early detection, identification of needs, referral, and linkage to services.
Parents engage in pre- and post-natal services.
Parents leverage responsive parenting skills.
Children meet developmental milestones.
Families engage in early literacy initiatives.
Affordable, quality, and inclusive early care and learning accessible.
Primary & Secondary Education
Students receive in- and out-of-school academic supports.
Early warning indicators of poor academic achievement are identified and addressed.
Students engage in multi-tiered levels of support and success plans.
Parents are engaged.
Whole student framework is used to identify and respond to academic, social, health, mental health, nutrition, and other needs.
Post-Secondary Education, Training, & Career Development
Work-based learning opportunities are accessible.
Classroom learning is connected to career pathways.
Parents are engaged.
Financial resources to support continued learning are accessible.
Students engage in transition assistance.
Students are linked to higher education and vocational training.
Health, Safety, & Well-Being
Healthy foods are accessible.
Homes are free of environmental hazards.
School-based asthma support accessible.
Financial stability supports are accessible.
Healthy & behavioral health services are accessible.
Social connectedness and cohesion.
Systems of care are trauma-informed.
Social, health, mental health, nutrition, safety, academic, and other needs are identified and met.


Pipeline Services
Resident and Community Leadership & System Building
Family Navigation System Building
Family Navigation Service Provision
Share Outcome Measures
Quality Measurement & Improvement
Shared Practices
Care Coordination Collaborative Model
Capacity Building Activities
Community-Centric Marketing & Communications
Peer Outreach Initiative
Resident Leadership
North Hartford Triple Aim Collaborative
EnVision Center at Parker Memorial
Hartford Family Centers
Universal Internet Access
Early Care, Education, & Learning
Child Development Infoline*
School Readiness Preschool Program
Family Childcare Network*
Hartford Talks & Words Count
Dolly Parton Imagination Library
Stronger Families, Stronger Futures
Early Childhood Consultation Partnerships
Mid-Level Developmental Assessment
CREC Head Start
Parenting Education Programs
Child Development Center
Read Out and Read
Primary & Secondary Education
Early Warning Indicator System
Multi-Tiered System of Support
Student Success Plans
English Language Learner Services
Student Disability Services
Student Success Center
English and Math Resource Teachers
Reading and Math Tutors
Families Learn Together
Truancy and Families with Service Needs Court Diversion
Community School Model*
Whole Student Framework *
Hartford Public Schools Strategic Plan*
Post-Secondary Education, Training, & Career Development
Reach Back, Reach Forward
Degree4Me College Enrollment Program
High School Internship Program
Hartford Youth Service Corps
Hartford Youth Opportunity Collaborative*
Young Legends
Hartford Working Cities
ALICE Saves
Career Navigation
Health, Safety, & Well-Being
Starting Childhood Off Right Program
Healthy Homes
Center for Care Coordination
Injury Free Hartford Initiative
Youth HIV Linkage Consortium
Pediatric & Family Health, Behavioral Health, and Wellness Services
Substance Abuse Recovery Services
Infant & Early Childhood Mental Health
Healthy Start
Healthy Family Initiative: Nutrition
Early Childhood Rapid Response
Community Based Crime Reduction
Safe Routes to School Program
Hartford Reentry Welcome Center
Individual Outcomes
Resident and Community Leadership & System Building
Learning is supported.
Residents participate in engagement opportunities.
Social, health, mental health, nutrition, safety, academic, and other needs are identified and addressed.
Organizations are:
equipped to support residents and leverage community leadership.
responsive to community strengths, risks, needs, and preferences, and are sustainable.
Residents serve in leadership roles.
Knowledge of child development.
Knowledge of system building.
Social connections.
Social cohesion.
Parental resilience.
Concrete support in times of need.
Social and emotional competence of children.
Early Care, Education, & Learning
Indicators 1.1, 10.1
Primary & Secondary Education
Indicators 1.1, 2.1, 2.2, 3.1, 3.2, 4.1, 10.1
Post-Secondary Education, Training, & Career Development
Indicators 4.1, 5.1, 5.2, 5.3, 10.1
Health, Safety, & Well-Being
Indicators 6.1, 7.1, 8.1, 9.1, 9.2
Population Outcomes
Strong relationships between resources, supports, and services across pipelines.
Strong connections between resources, supports, and services within pipelines.
Network development within and across pipelines.
Children are born and remain healthy.
Children have positive academic, well-being, and quality of life outcomes.
Adults have jobs with livable wages, affordable housing, and the ability to invest in the future.
Children live in nurturing families and supportive communities with strong connections.
System Outcomes
Sustained universal access to a prenatal through career system of care with targeted outreach and engagement to children and families that will benefit the most.
Shared vision and definition of prenatal through career system of care.
System of care co-designed, implemented, evaluated, and sustained by residents, community members, public, private, and philanthropic sectors.
Shared data infrastructure.
Shared quality goals, assessment and monitoring.
Shared practices within and across pipeline domains.
Integrated budget to support pipeline implementation, evaluation and sustainability.

Appendix C. Data Elements to be Shared by the State Department of Education and CSR

Under a separate Data Sharing Agreement executed between the Connecticut State Board of Education (CSBE), Connecticut Data Collaborative (and by extension Hartford Data Collaborative), and the University of Hartford Center for Social Research, the State Department of Education (SDE) will provide CSR with the data elements listed in the table below. This data is not part of this Data License Request, but it is described in this Appendix in order to fully describe the process by which de-identified data on individuals provided by programs will be linked to de-identified educational records for analysis.

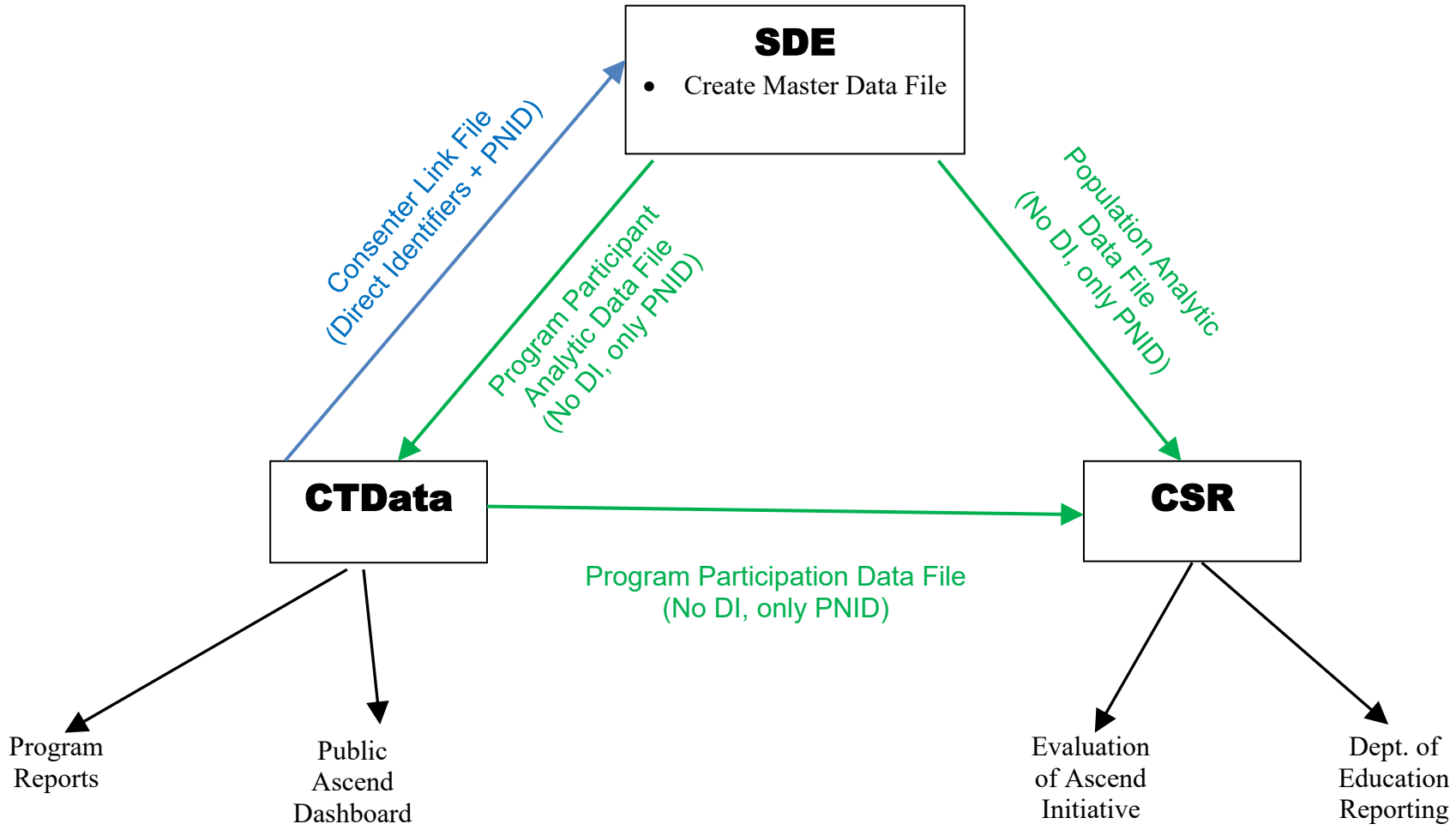
The below protocol details the steps, data files, and data elements that are covered by this data sharing agreement providing Confidential SDE Data to Contractor CTData and Contractor CSR in order to evaluate the educational supports and outcomes associated with the North Hartford Ascend Pipeline initiative, funded by a US Department of Education Promise Neighborhood Grant awarded to CT Children's Medical Center. The procedures and data elements described herein must be reviewed and approved by the CT Children's Institutional Review Board on an ongoing basis.

After completing the process described below, SDE will provide two separate analytic data files:

- A **Population Analytic Data File** shared with Contractor CSR that contains student-level data for students attending Hartford Public Schools; students residing in the North Hartford Promise Neighborhood (based on address of primary residence contained in SDE records), whether they attend Hartford Public Schools or not; and students participating in North Hartford Ascend Pipeline programs/services *who consent to data disclosure*, whether or not they attend Hartford Public Schools or reside in the North Hartford Promise Neighborhood.
- A **Program Participant Analytic Data File** shared with Contractor CTData that contains student-level data for students participating in North Hartford Ascend Pipeline programs/services *who consent to data disclosure*.

Neither analytic file will contain Direct Identifiers (e.g., SASID, Name, DOB, address), *only* a Promise Neighborhood ID that Contractor CTData will provide to SDE for those who consent to data disclosure, and Contractor CTData and Contractor CSR will *not* share any student-level educational data provided by SDE directly with each other.

The following is a schematic diagram representing the proposed data sharing process and files to be shared, which is described in detail below.


SDE
Create Master Data File
Consenter Link File
(Direct Identifiers + PNID)
Program Participant
Analytic Data File
(No DI, only PNID)
Population Analytic
Data File
(No DI, only PNID)
CTData
CSR
Program Participation Data File
(No DI, only PNID)
Program
Reports
Public
Ascend
Dashboard
Evaluation
of Ascend
Initiative
Dept. of
Education
Reporting

Process for Creating Datasets to be Shared by SDE with Contractor CTData and Contractor CSR

1. SDE will create a **Master Data File** by pulling all student record data (detailed in the Data Element table below) for the following sub-populations:
    a. All students attending Hartford Public Schools (HPS);
    b. All students with residential addresses in the Promise Neighborhood (PN) based on geocoding of the following Census tracts: 500900, 501200, 501300, 501400, 501500, 501700, 501800, 503700, 503500, 524400; and
    c. All students participating in North Hartford Ascend Pipeline services for whom documentation of Consent to Disclose Educational Data has been provided. SDE will add these student records to the Master Data File through the following linking process:
        i. Contractor CTData will send a **Consenter Link File** to SDE containing a PNID and Direct Identifiers (DI) including (but not limited to) Name, Address, DOB and SASID for all students participating in Ascend programming who consent (along with records of consent).
        ii. SDE will then merge the Consenter Link File with their Master Data File (using SASID, Name, Address, and DOB provided by Contractor CTData) to merge cases and add their PNID to the existing student records already in the Master Data File.
            1. If any students from the Consenter Link File are not linked to student records already in the Master Data File:
                a. Contractor CSR and Contractor CTData will work with SDE to validate the Direct Identifiers to maximize linkage and determine thresholds for acceptable probabilistic linkage.
                b. If any of the remaining unmatched records represent students who receive services from North Hartford Ascend Pipeline but who neither attend Hartford Public Schools nor have a primary address within the Promise Neighborhood census tracts, SDE will attempt to link their student records in the statewide database using the Direct Identifiers provided by Contractor CTData and add them to the final Master Data File.

- SDE will remove all Direct Identifiers (*except* for the PNID that was added in step 3 for program participants who have consented), and use the Master Data File to create two versions of analytic data files:
    a. SDE will share a **Population Analytic Data File** with Contractor CSR that contains all records in the Master Data File, retaining only the PNID *and removing all other Direct Identifiers*.
    b. SDE will share a **Program Participant Analytic Data File** with Contractor CTData that contains *only* records for those students who have participated in North Hartford Ascend Pipeline services and who have consented, retaining only the PNID *and removing all other Direct Identifiers*.
- Based on the Program Participant Analytic Data File, Contractor CTData may report aggregated results to North Hartford Ascend Pipeline programs/partners regarding *only* participants in their services and may report aggregated results for all participants in North Hartford Ascend Pipeline

services, attending the five target Promise Neighborhood Schools, and/or residing in the North Hartford Promise Neighborhood on their public-facing dashboard.

a. In accordance with this Data Sharing Agreement, Contractor CTData will NOT share the Program Participant Analytic Data File, nor disclose any Confidential SDE Data, with Contractor CSR or any other entity not named in this Data Sharing Agreement without prior written authorization from CSBE.

- Contractor CTData will share a **Program Participation Data File** with Contractor CSR that uses the same PNID that was shared with SDE and program participation data collected from North Hartford Ascend Pipeline programs and services, after removing all other direct identifiers. This file will *not* include any Confidential SDE Data.
- Contractor CSR will use the PNID to link the Program Participation Data File with the Population Analytic Data File (provided by SDE) to create the full analytic dataset for the purpose of conducting evaluation of the North Hartford Ascend Pipeline and for meeting US Department of Education reporting requirements.
    a. In accordance with this Data Sharing Agreement, Contractor CSR will NOT share the Program Participant Analytic Data File, nor disclose any Confidential SDE Data, with Contractor CTData or any other entity not named in this Data Sharing Agreement without prior written authorization from CSBE.

Years:

- For each data element in the table below, SDE will include student-level records beginning from the 2021-22 academic year cohort of students (all students in all grades, K-12, for the populations defined below), through the 2025-26 cohort of students.
- Where it is relevant and possible (e.g., when data is collected at multiple times, such as yearly attendance or SBAC scores), SDE will include the data for each individual student to the beginning of their data record or for as many years as are available, to establish individual baselines, analyze growth models for students, and control for prior states ("pre-test" measures) in evaluating impact of Ascend.

Population of interest:

- As described above, SDE will include student-level records for:
    a. All students attending Hartford Public Schools (HPS), including all school types and programs in the District;
    b. All students with residential addresses in the Promise Neighborhood (PN) based on geocoding of the following Census tracts: 500900, 501200, 501300, 501400, 501500, 501700, 501800, 503700, 503500, 524400; and
    c. All students participating in North Hartford Ascend Pipeline services for whom Consent for Data Disclosure and Sharing, approved by the Connecticut Children's Institutional Review Board, has been documented.

File format and frequency:

- File format: *.csv format, transferred according to protocols approved by CSBE and SDE.
- Timing and Frequency:

a. SDE will share the initial **Population Analytic Data File** (for the 2022-23 cohort) with Contractor CSR in July-August 2024.
b. Thereafter, Contractor CT Data will share the **Consenter Link File** with SDE at the start of November each year, and SDE will share the **Program Participant Analytic Data File** with Contract CT Data and the **Population Analytic Data File** with Contractor CSR in November each year.

Table of Data Elements

Requested Data field	**From CTData to SDE**	**From SDE to CTData**	**From SDE to CSR**	**From CTData to CSR**
Promise Neighborhood ID (PNID)	**x**	**x**	**x**	**x**
First name	x			
Last name	x			
DOB	x			
SASID	If available			
Address	x			
GeoCode/Census Tract	X	X		
Grade (in school year data reported for)	If available	x	x	
Age (ageoct)		x	x	
School attending/school code (School name, NCES code, district ID/NCES code, Magnet flag, Charter school type, etc.)	If available	x	x	
Race	If available	x	x	
Ethnicity	If available	x	x	
Gender	If available	x	x	
Primary language of student		x	x	
Primary language at home		x	x	
ELL/ML (and Immigrant Flag)		x	x	
Military Family		x	x	
SpEd Code		x	x	
IEP/504 status (and flags for related services)		x	x	
MKV/housing instability		x	x	
Foster Care Flag and DCF Status Flag		x	x	

Homeless flag (and related fields)		x	x	
lives with indicator		Not currently collected	Not currently collected	
Eligibility for free/reduced price lunch (and/or breakfast)		x	x	
Current caregiver(s)		Not currently collected	Not currently collected	
Pre-K Experience (enrollment in public Pre-K or approved private special education program (APSEP))		x	x	
Extracurricular Activities Flag		x	x	
Suspensions & expulsions (a list of discipline incidents with a flag for if it was a bullying incident, the number suspension days, and the number of expulsion days for that incident)		x	x	
Behavioral Incident Data (e.g., arrest flag, bullying related, type, severity, sanction type, substance type, annual ISS and OSS, other student, weapon type, etc.)		x	x	
Credit attainment (course level data - have the course name and credits earned with the year. (credits received out of what is possible)		x	x	
Fields Required for Dept of Ed Reporting				
KEI performance level for **each** of the 6 domains (all available fields)		x	x	
Scale Score on SBAC Math (including all fields related to the assessment – raw score, std error of the scores, theta score, etc.)		x	x	
Performance Level Achieved on SBAC Math		x	x	
Scale Score on SBAC English (including all fields related to the assessment - std error of the scores, theta score, etc.)		x	x	
Performance Level Achieved on SBAC English		x	x	
Scale Score on SAT Math (including all fields related to the assessment - std error of the scores, theta score, etc.)		x	x	
Performance Level Achieved on SAT Math		x	x	
Scale Score on SAT English (including all fields related to the assessment - std error of the scores, theta score, etc.)		x	x	

Performance Level Achieved on SAT English		x	x	
Number of days in school (per month and year end)		x	x	
Days in membership (for calculating average daily attendance)		x	x	
Average Daily Attendance		x	x	
Flagged as chronically absent		x	x	
Graduated high school within 4 years		x	x	
Eligible to graduate (i.e., included in adjusted graduation cohort)		x	x	
HS Graduated from		x	x	
All NSC Data		x	x	
Student mobility (each entry or exit from a school, during or between school years; name of departing and receiving school if possible)		x	x	
Additional fields that would be helpful for Dept of Ed Reporting				
NextGen Accountability Indicators (that are not already included above, such as "on track to graduate", preparation for CCR, arts access)		x	x	
Indicators of student health (e.g., Physical Fitness Assessments)		x	x	
Indicators of student safety (e.g., number of incidents of violence, bullying, threats, etc. by school for each cohort year data is provided, up to and including most recent)		x	x	
Program Participation Data (obtained from NHAP program partners)				x