



Table of Contents

	PAGE
	<i>Introduction</i> 3
I.	<i>Need for the Project</i> 10
	A . Magnitude and Severity of Challenges Facing our Residents 10
	B . The Geography & History of Deer Creek in the Mississippi Delta 31
	C . Gaps and Weaknesses in Services, Infrastructure and Opportunities 34
II.	<i>Project Design & Strategy</i> 40
	A . Background of the DCPN Project Design 40
	B . School Intervention Model – The Transformation Model 52
	C . Implementation Plan 59
	D . DCPN Continuum of Solutions 65
	E . Coordination with and Leveraging of Existing Assets and Programs 114
	F . Evaluation Plan & Objective Performance Measures 118
	G . Strong Theory Support 125
III.	<i>Project Services</i> 130
	A . Projected Improvement in Student Achievements 130
	B . Formal & Informal Partnerships, Theory of Action & Change 138
	C . Accountability System 142
IV.	<i>Management Plan</i> 145
	A . Governance Structure 145
	B . Collaboration of Neighborhood Stakeholders, Schools & Residents 160
	C . Data Structure for Decision-Making, Improvement & Accountability 171
V.	<i>Resources</i> 178
	A . Reasonableness of Costs and Anticipated Results & Benefits 178
	B . Resources & Capability of Lead Applicant 181
	C . Financial and Operating Model 185
	D . Commitment of Partners and Key Stakeholders 189
	<i>Competitive Preference Priorities</i> 191
	<i>Budget Narrative</i>
	<i>Appendices</i>



Introduction

“I have seen children in Mississippi starving... We must begin to end the disgrace of this other America.”

-- Robert Kennedy after a 1967 visit to the Mississippi Delta

Delta Health Alliance (DHA) is a non-profit, community-based organization that serves 17 rural counties of the “**Mississippi Delta**” in northwest Mississippi, which is one of the historically poorest, underserved regions of the United States. After generations of failing academics, poor health outcomes, and struggling economies, many residents of the Mississippi Delta feel trapped in a system that breeds disparities, impoverishment and hopelessness. However some distressed communities of the Mississippi Delta are realizing significant improvement and growth by replicating and building upon the powerful success of others (e.g. The Harlem Children’s Zone and early Promise Neighborhoods), and leveraging the singular drive and dedication of their local residents, educators, city leaders, small business owners, and non-profit advocates. The **Deer Creek Promise Neighborhood (DCPN)** represents a tightly knit consortium of these people, absolutely dedicated in their resolve to improve outcomes for area youth and to create a sustainable transformation of rural schools and communities in the Deer Creek region of Washington County, Mississippi. Deer Creek is a tributary of the Mississippi River that rests in the heart of the Delta and cuts through the rural towns of Leland, Hollandale, Arcola and unincorporated communities. With a total population of 10,476 individuals, nearly four of every five (78.2%) Deer Creek residents are black.¹ However, black children and youth comprise 94% of the area’s public school students. Deer Creek neighborhoods are *severely*

¹ Local community leaders refer to ourselves as “black,” not “African American,” therefore for the sake of consistency, the term “black” will be used to identify the racial group termed by the U.S. Office of Management and Budget (OMB) standards as “Black or African American.” Per OMB, race data is based on self-identification.



distressed with compounding factors of persistent poverty, unemployment, crime and poor health outcomes. Over half (54.2%) of the black residents of Deer Creek live below the federal poverty line, one-third are unemployed, one-third are obese, and nearly 10% have been diagnosed with diabetes. **Over 50% of children in Deer Creek are living in poverty.** Within this broader context of limited resources, poor health outcomes and other family stressors, Deer Creek public schools are struggling, and families have inadequate access to affordable, quality early learning programs and services.

The DCPN is served by two public school districts, the Leland School District (3 schools) which has over 91% black students and the Hollandale School District (2 schools) which has over 98% black students. The districts have a weighted average graduation rate of 73.3%. Both districts receive Title I funds through ESEA, three schools have been classified as priority “low performing” sites by the state, and the Leland School District is in a probationary status and currently operating under a state-approved Corrective Action Plan. Both districts serve a “rural community” as defined by eligibility in the Rural and Low Income School (RLIS) program.²

Since March 2015, the Delta Health Alliance (DHA), Deer Creek area residents, local business leaders, faith-based leaders, educators and city officials have come together to build consensus and collect data required to form the DCPN coalition, and to articulate the key goals and overarching strategies for their Promise Neighborhood initiative, outlined below.

In 1970, three years after Robert Kennedy called for an end to “the disgrace of this other America,” 31.6% of residents of Washington County, MS were black and poor, and 5.2% of residents were white and poor.

In 2014, forty-four years later, 31.8% of residents of Washington County were black and poor, and 5.2% of residents were white and poor.

We are no closer today to ending this disgrace of an “other” America.

² US DoE, Rural and Low-Income School Program, www.ed.gov/programs/reaprlisp/eligible09/index.html



DCPN Goals	Overarching Strategies of the Coalition
Goal 1 - Children Enter Kindergarten Ready to Learn	<ol style="list-style-type: none"> 1. Identifying and strengthening local talent and service providers that can contribute toward positive growth for youth; 2. Building and extending a comprehensive continuum of solutions of academic programs, family and community supports, with great public schools at its center; 3. Integrating interventions that make up the pieces of our pipeline, such that resources and services are coordinated, and that individuals move in a meaningful and effective way along the pipeline as they grow and their needs evolve; 4. Fostering growth and greater efficiency and coordination of local resources to improve outcomes across the broader region of the Mississippi Delta; and 5. Participating in a rigorous local and national evaluation of the Promise Neighborhood program, and utilizing those lessons learned for immediate improvements in our own ongoing field of operations.
Goal 2 - Students are Proficient in Core Subjects	
Goal 3 - Students Transition Successfully from Middle to High School	
Goal 4 - Students Graduate from High School	
Goal 5 - Students Obtain a Post-Secondary Degree, Certification or Credential	
Goal 6 - Students are Healthy	
Goal 7 - Students are safe at school and in the Community	
Goal 8 - Students Live in Stable Communities	
Goal 9 - Families Support Learning in Schools	
Goal 10 - Students have Access to 21st Century Tools and Technology	

All partners of the Deer Creek Promise Neighborhood planning coalition have verified their willingness, capacity and ability to: a) commit resources necessary to strengthen the community’s continuum of services; b) work with all segments of our population at greatest risk for economic, academic, and health disparities; c) communicate regularly, share data, and work across sectors in a coordinated fashion; and d) support and promote community-wide solutions that can drive sustainable improvements in Deer Creek. DCPN coalition partners include but aren’t limited to: Leland and Hollandale School Districts; Cities of Leland, Hollandale and Arcola; Washington County Sherriff’s Department; Washington County Head Start Centers; Washington County Economic Alliance; Children's Defense Fund Southern Region; Annie E. Casey Foundation; Delta Council; South Delta Regional Housing Authority; Delta Housing



Development Corporation; Leland Medical Clinic; Teach For America; Mississippi Delta Community College; Keplere Institute of Technology; Guaranty Bank & Trust; Warren-Washington-Issaquena-Sharkey Community Action Agency, and the Leland Deacon's Alliance.

Since the spring of 2015, these partners have been working together – alongside local residents – to identify local needs, review evidence-based models and design feasible solutions to address identified gaps and weaknesses. With technical assistance from advisors, results from our Community Needs Assessment and Segmentation Analysis, and the use of evidence to inform decisions, community residents and parents have worked with DCPN partners to prioritize solutions that are most likely to catalyze systematic, long-term change to allow families from Deer Creek to learn, grow and prosper. During the initial planning phase of the DCPN, **the Deer Creek coalition has achieved the following:**

- A. Identified existing resources in the Deer Creek region and reached out to these sources as potential partners for collaboration and resource sharing;
- B. Conducted a comprehensive neighborhood Needs Assessment with Segmentation Analysis in the spring of 2016 to identify the high priority needs in the area, and the populations most effected by those needs;
- C. Engaged a broad range of stakeholders to discuss and analyze the findings from the 2014-2015 and 2015-2016 School Climate Assessments;
- D. Administered site surveys, interviews and meetings at participating schools to assess buildings, resources, staff needs, training needs, student outcomes, and parent concerns;
- E. Expanded collaborations to include additional partners in the region who could potentially contribute to a newly developed continuum of solutions or serve as a gateway to bring disadvantaged residents into a new pipeline of programs;



-
- F. Reviewed the IES' What Works Clearinghouse, other evidence-based models, and outcomes from other programs in the Delta that have demonstrated sustainable improvements in academic, economic and health outcomes to overcome disparities;
 - G. Collaboratively constructed a continuum of solutions and coordination logistics, divided into five areas of need, with accompanying policies and infrastructure to support their implementation, maintenance, data collection, evaluation, and improvement; and
 - H. Reached consensus and widely disseminated the DCPN goals.

DHA and our partners have also achieved early victories that have sparked new community engagement and generated initial momentum for youth-focused solutions. These preliminary efforts include funding for a school and community based teen pregnancy prevention program, establishment of an early childhood reading and literacy program, expansion of a Parents as Teachers home visitation service, and collaboration with Deer Creek youth who led the design of a public playground that will sit on the grounds of our local rural health clinic.

Our local residents and partners are now well positioned to drive, foster and manage a *more comprehensive, coordinated strategy* to take Deer Creek to the next stage for full implementation of a Promise Neighborhood program. The additional rigor and operationalization of Promise Neighborhood's data capture, reporting and coordination activities will help DCPN collapse silos, solidify infrastructure and amplify outcomes of its continuum of coordinated, evidence-based programs. Our DCPN continuum involves **33 distinct initiatives** that are organized under five Teams: Early Childhood, Academic K-12, College & Career, Health, and Community. The DCPN's goals and indicators are directly aligned with the recommended 10 goals and 15 indicators of the Promise Neighborhood program.



Delta Health Alliance was formed in 2001 by a consortium comprised of local cross-sector partners, universities, and our regional economic development center, as a means of coordinating programs designed to improve health outcomes in the region. Since its founding, DHA has been headquartered in Stoneville, an unincorporated town located inside the Deer Creek service area. Our neighbors in Deer Creek have realized that the problems facing the Mississippi Delta, including high unemployment, low wages, property crimes, teen pregnancy, drug and alcohol abuse, low educational attainment, high rates of obesity and high rates of chronic disease, are all inter-related and systemic. In the 20th century, Deer Creek communities had seen a number of well-intentioned programs come and go, each addressing one piece of the problem without acknowledging related issues or addressing the underlying causes. As such, small improvements have been seen in the short run, which often faded away once the funding ran out and problems returned or inadvertently exacerbated challenges in other areas.

DHA has implemented a new approach, in collaboration with area partners and input from the communities served, to coordinate services and, more importantly, to leverage the inner strength and resilience of our troubled neighborhoods and empower residents to make lasting changes in their own communities. Addressing system transformation by focusing on racial equity, DHA seeks to identify high leverage points that can induce and reinforce change in vital sectors and institutions.³ DHA has demonstrated its ability to serve as an effective backbone organization to adapt proven models from other rural communities and actively engage local government officials, schools, social service providers, police officers, healthcare providers, childcare staff, and legal advocates to support lasting, population-level change for our residents.

³ The Annie E. Casey Foundation. (2015). *Embracing Equity: 7 Steps to Advance and Embed Race Equity and Inclusion Within Your Organization*. Written in partnership with Terry Keleher. Retrieved from <http://www.aecf.org/resources/race-equity-and-inclusion-action-guide/>. Aug 15, 2016.



The DCPN will build on the success of DHA’s Indianola Promise Community (IPC) in Sunflower County, started in 2009 and funded as a Department of Education Promise Neighborhood in 2012. The IPC has achieved remarkable success in the last four years, which has drawn the attention of national audiences as well as generated vital evidence for the Promise Neighborhoods model. In September 2016 The Urban Institute published their findings on IPC in an article entitled “Passport to Prosperity,” which details the challenges overcome and successes won by our IPC program, which worked to align services, schools, childcare centers, and other providers into a continuum of services; building capacity of staff and partners to create a result-driven community. Under the IPC, **kindergarten readiness doubled in three years**. On September 15, 2016, DHA will host the Vice President and Secretary of Education as they visit IPC to see how a promising coalition of schools and communities have come together to transform rural neighborhoods in one of the most under-resourced areas of the nation.

“The IPC has given our families, businesses and residents a sense of hope and belief we can all work together to combat the poverty in our community.”
- Steve Rosenthal, Mayor of Indianola

DCPN is applying under *Absolute Priority #2*, to implement a comprehensive Promise Neighborhood with Local Education Agencies that include low-performing schools that qualify for the Rural and Low Income School (RLIS) program.⁴ We meet *Competitive Preference Priority #1: Improving Early Learning* in that we aim to improve outcomes across multiple domains of school readiness by improving coordination and alignment among early learning systems. Finally, we request *Competitive Preference Priority #4: High School and Transition to College* due to our focus on increasing the number and percent of high-need students who are prepared for, enroll in, and complete on-time college, postsecondary education, or certificates.

⁴ US DoE, Rural and Low-Income School Program, www.ed.gov/programs/reaprlisp/eligible09/index.html



Section I - Need

A. Magnitude and Severity of Challenges Facing Deer Creek Residents

The Mississippi Delta is one the poorest and most disadvantaged areas in the U.S. as a result of *decades* of racial, political and economic inequalities - evidenced by lack of access to appropriate services, high rates of chronic disease and other negative health outcomes, poor academic performance, systemic discrimination and intergenerational poverty. The geographically isolated communities of Deer Creek share similar barriers and challenges, including high rates of persistent poverty, high unemployment, high crime, low educational attainment and limited access to quality early learning programs. Our communities are also predominantly black, so residents are particularly vulnerable to the disproportionate economic and health burdens of existing racial and ethnic health disparities. DHA has been headquartered in Deer Creek (Stoneville) since our founding in 2001.

“To understand the world, you must first understand a place like Mississippi.”

– Author William Faulkner, resident of the Mississippi Delta

Community Overview. The Deer Creek Promise Neighborhood (DCPN) project focuses on low-income families in the rural towns of Leland, Hollandale, and Arcola, their outlying areas, and adjacent unincorporated communities including Stoneville, Freedom Village, Elizabeth and Tribbett, which together are known as the Deer Creek region, named after the tributary of the Mississippi River which cuts through our neighborhoods. Over two-thirds of the Deer Creek population (69%) live in Leland and Hollandale, so data for these communities can often serve as a reliable proxy for the entire target area population. In fact, residents of the smaller communities and unincorporated areas likely have access to even fewer resources. The Deer Creek region is located entirely within Washington County, which is ranked by the Robert Wood Johnson



Foundation in the lowest 10% of all Mississippi counties for overall health outcomes.⁵ Roughly four out of five (78.2%) of our residents are black, and nearly half of these black residents are living in poverty. Our pervasive poverty is reflected by Deer Creek's overall per capita income, which is three-fourths of Mississippi's low average (\$15,660 vs. \$20,956) and alarmingly just over half the average U.S. per capita income of \$28,555. Overall unemployment in Deer Creek (12.3%) is two and a half times the U.S. rate (4.9%),⁶ however the rate is dramatically worse for racial minorities. Of the black adult population in Leland **33.5% are unemployed** and in Hollandale **34.5% of black adults are unemployed** per **Table 1**.

TABLE 1
Demographics of Service Area Compared to State & National Averages⁷

	2014 US Census Population	Percent Black / African American	Percent Latino or Hispanic	Population under 5 years age	Population under 18 years age	Per Capita Income, in U.S. dollars	Unemployment Rate June 2016	Population in Poverty	Adult who are High School Graduates
Leland	4,481	71.1	0.8	8.9	33.7	\$12,955	11.3%	35.7%	72.2%
Hollandale	2,702	87.2	0.2	8.9	22.2	\$18,365	13.5%	36.6%	72.4%
Arcola	361	99.4	0.8	5.6	23.8	n/a	15.0%	51.5%	n/a
Unincorporated	2,932	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Deer Creek	10,476	78.2%	0.6%	7.5%	24.9%	\$15,660	12.3%	36.8%	72.3%
Washington County	48,958	71.3%	1.3%	7.4%	26.5%	\$28,936	10.1%	35.1%	76.2%
Mississippi	>3M	37.5%	3.0%	6.5%	24.4%	\$20,956	5.9%	21.5%	81.9%
U.S.	318M	13.2%	17.4%	6.2%	23.1%	\$28,555	4.9%	14.8%	86.3%
*Dataset not available and/or not reported by the U.S. Census or Department of Labor statistics.									

⁵ Robert Wood Johnson Foundation, *County Health Rankings*, 2016. <http://www.countyhealthrankings.org/app/mississippi/2016/rankings/washington/county/outcomes/overall/snapshot>. Accessed July 31, 2016.

⁶ US Bureau of Labor Statistics, Local Area Unemployment, <http://www.bls.gov/lau/laucntycur14.txt> Aug 12, 2016.

⁷ US Department of Labor Unemployment Statistics <http://www.bls.gov/lau/>; US Census Bureau, 2015, https://factfinder.census.gov/bkmk/table/1.0/en/DEC/00_SF3/DP3/0400000US28.



Leland School District (LSD) is comprised of three schools and a Career and Technical Center which offers training programs to Leland high school students and area adults. LSD (NCES LEA ID: 2802610) serves northern Deer Creek, including the unincorporated towns of Stoneville, Elizabeth, and Tribbett. LSD has a total enrollment of 867 students, meets low-income poverty requirements, received Title I funding, and is RLIS eligible. [REDACTED]

[REDACTED]

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

Hollandale School District (HSD) is comprised of two schools and serves the southern half of the Deer Creek region, including the town of Arcola. HSD (NCES LEA ID: 2801890) has a total enrollment of 604 students, meets low-income poverty requirements, receives Title 1 funding support, and is RLIS eligible. [REDACTED]

- [REDACTED]
- [REDACTED]

The DCPN boundaries were drawn to align precisely with LSD and HSD district boundaries to ensure that all of the target schools' students would also be included in the DCPN service area.

Assessments and Data Sources. From March through July 2016, DHA worked with local governments, area partners, and Deer Creek residents to conduct a comprehensive, 73 page socio-economic needs assessment and segmentation analysis of Deer Creek. This Assessment incorporated: (1) **School Climate Survey** results and meetings/interviews with school officials, teachers and parents from the Leland and Hollandale School Districts for 2014-2016; (2) **face-to-**



face interviews with Deer Creek households on topics including prenatal care, children’s education, access to healthcare and healthy habits, school safety, crime, discipline, teenage pregnancy and problems facing youth, and perceptions of community; (3) **in-depth interviews and a focus group conducted with key stakeholders** (area leaders in the fields of health, education, social welfare, religious organizations, local business, and government) regarding available resources for families, successes, challenges, and recommendations for improvement; and (4) analysis of **secondary data** gathered by the MS Department of Education, the U.S. Census Bureau, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Survey of Children’s Health, Annie E. Casey Foundation Kids Count, Robert Wood Johnson Foundation, Mathematica Policy Research and MS Department of Health. We also examined and incorporated results from **previous Needs Assessments** in the area, including *Project CHANGE*, a five-year collaborative effort started in 2012 with My Brother’s Keeper to survey and understand the root causes of poor health in Mississippi. Funded by the CDC, *Project CHANGE* allowed DHA to conduct surveys and interviews for the 18 counties of the Mississippi Delta, including Washington County. The 2016 DCPN Needs Assessment and Segmentation Analysis identified a number of significant challenges faced by Deer Creek families, which create barriers to their academic, economic and social success. Though need indicators that follow are grouped into “education” or “family and community” categories for ease of review, *the factors and root causes are deeply intertwined and interdependent*. The pervasive, complex nature of Deer Creek’s challenges require a systems-level approach that integrates and complements existing efforts, resources and policies.

1. Education Need Indicators and Findings

Low Performing Schools. In 2015-2016, LSD and HSD enrolled a combined total of 1,471



students, with over 94% of these students identified as Black / African American. The weighted average graduation rate for these schools was 73.3%.⁸ **All five schools are considered low-performing** per one or more definitions provided in the Promise Neighborhood notice.

1) [REDACTED]
[REDACTED] Furthermore, Leland School District is on “Probation” status and is currently under a Corrective Action Plan which was submitted by LSD and approved by the Mississippi Department of Education on March 17, 2016.¹⁰

2) All HSD schools (Sanders Elementary and Simmons High) and the Leland Middle School (Leland School Park) have been designated by the Mississippi Office of School Improvement as priority “lowest performing schools” in the state of Mississippi.¹¹ Both HSD schools are cohort II recipients of the School Improvement Grant (SIG) program, and Leland School Park is also eligible for Mississippi’s SIG program with a priority site designation.

Final data from the Mississippi Accountability Report (reported July 2016) showed that **Leland School District’s 4-year graduation rate fell to 59.7%, below the 60% threshold.**¹² *Segregation of Public Schools.* Most of the schools in the Mississippi Delta are divided almost exclusively by race, and there are significant resource disparities and achievement gaps between public and private schools.¹³ Mississippi has the most dramatic over-representation of white students in private schools in the country, and over 90% of Mississippi private school students

⁸ Mississippi Department of Education. 2016 District Graduation and Dropout Rates. Leland N=60. Hollandale N=82. [http://reports.mde.k12.ms.us/pdf/a/2016/Grad%20Dropout%20Rates%20-%202016%20Report%20\(002\).pdf](http://reports.mde.k12.ms.us/pdf/a/2016/Grad%20Dropout%20Rates%20-%202016%20Report%20(002).pdf)
⁹ Title I Funding to LEAs, <http://www2.ed.gov/about/overview/budget/titlei/fy15/mississippi.pdf>
¹⁰ http://www.mde.k12.ms.us/docs/2016-board-agenda/tab-01-caps_001221DE67B22D2.pdf?sfvrsn=2
¹¹ <http://www.mde.k12.ms.us/docs/school-improvement-library/targeted-schools-20151015.pdf?sfvrsn=2>
¹² <http://reports.mde.k12.ms.us/pdf/a/2015/2015%20Accountability%20Report%20-%20Final.pdf>, p. 12
¹³ U.S. Commission on Civil Rights. (2001). *Race and Ethnic Tensions in American Communities. Volume VII: The Mississippi Delta Report. Chapter 2.* Retrieved 9/1/16 from <http://www.usccr.gov/pubs/msdelta/ch2.htm>.



are white.¹⁴ In rural Washington County, only 10% of public school students are white.¹⁵ Most of Mississippi’s private academies were established in the 1960s as a defiant response to desegregation and a social counter-movement of white families in the context of the national civil rights movement, evidenced by the dramatic number of new private academies that opened 1969-1971.¹⁶ At Leland, 86% of students qualify for free lunch and 6% qualify for reduced cost lunches. At Hollandale, 100% of children qualify for free lunches. See **Table 2** below for a snapshot of the demographics and select socioeconomic indicators for our students.

TABLE 2							
Leland and Hollandale Public School District Demographics, 2015-2016¹⁷							
<i>Enrollment by Grade</i>			<i>School District Demographics</i>				
	LSD	HSD		LSD		HSD	
				<i>Number</i>	<i>Percent</i>	<i>Number</i>	<i>Percent</i>
Pre-K	11	28					
Kindergarten	59	50	Female	442	50.98%	312	51.66%
Grade 1	85	45	Male	425	49.02%	292	48.34%
Grade 2	71	51					
Grade 3	79	48	Asian	*	<5%	*	<5%
Grade 4	55	38	Black	790	91.1%	593	98.2%
Grade 5	50	43	Hispanic	*	<5%	*	<5%
Grade 6	63	38	Native American	*	<5%	*	<5%
Grade 7	50	29	White	61	7.04%	*	<5%
Grade 8	72	44	Multi-Racial	*	<5%	*	<5%
Grade 9	63	62					
Grade 10	79	51	Below poverty	n/a	41.7%	n/a	47.2%
Grade 11	53	33	Free school lunch	n/a	86%	n/a	100%
Grade 12	55	42	Reduced lunch	n/a	6%	n/a	*
Special Ed	22	2	High School 4 Yr	64.6%		85.9%	
Total Enrollment	867	604	Graduation Rate ¹⁸				

Today’s virtual segregation is directly connected to the dark history of racial oppression in the

¹⁴ Southern Education Foundation. (March 2016). *Race and Ethnicity in a New Era of Public Funding of Private Schools: Private School Enrollment in the South and the Nation*. Atlanta, GA. Analysis of 2012 Data from NCES Private School Survey, 2011-2012 and Census-based School-Age Population Estimates.

¹⁵ MS Department of Education. 2015-2016 Enrollment Reports of School Districts in Washington County.

¹⁶ Andrews, Kenneth T. 2002. Movement-counter-movement dynamics and the emergence of new institutions: The case of “white flight” schools in Mississippi. *Social Forces*, 80(3):911-936.

¹⁷ <http://reports.mde.k12.ms.us/data/>

¹⁸ MS Department of Education. 2016 Accountability Info. <http://reports.mde.k12.ms.us/report/report2016.aspx>



Delta, and underscores the need for a school-centered Promise Neighborhood in Deer Creek.

Low Educational Attainment and Graduation Rates. Mississippi ranks 40th nationally for average 4-year high school graduation rate. Though the U.S. high school graduation rate was at an all-time high of 81% as of 2013, Mississippi's rate had only increased by a single percentage point – from 75% to 76% from 2011 to 2013.¹⁹ Academic outcomes for our service area are significantly lower than even our abysmal state averages, which is particularly alarming given the correlation between academic success and future financial stability, well-being and quality of life. In the Deer Creek region only 72.3% of adults aged 25 or older are high school graduates (compared to 86.3% nationwide), and only 14.9% of all Deer Creek adults have a Bachelor's Degree or higher (which is nearly half the national average of 29.3%).²⁰ Educational attainment is not spread evenly across all groups however, for example **in Leland, only 12.2% of our black population has a bachelor's degree or higher** while 34.1% of the white population has a bachelor's degree or higher. Statewide, about one-third (33.6%) of Mississippi students with disabilities graduated from high school in a four-year time frame in 2015-2016, but **only 9.8% of Leland High School students with disabilities have graduated high school on time.**²¹

Low College Readiness Scores. According to the MS Department of Education Student Assessment Information, the average composite score on the 2015 ACT college readiness exam for LSD students was **15.1** and **15.2** for HSD,²² compared to the U.S. average ACT score of **21**. In 2015, the average ACT score of students accepted at the University of Mississippi was 24 and

¹⁹ Nadworny, E. (June 7, 2015). The Truth Behind Your State's High School Graduation Rate. National Public Radio. NPR analysis of data from the National Center for Education Statistics. Retrieved from <http://www.npr.org/sections/ed/2015/06/04/412093161/the-truth-behind-your-states-high-school-grad-rate>

²⁰ U. S. Census Bureau, American Community Survey (ACS) and Puerto Rico Community Survey (PRCS), 5-Year Estimates. 2010-2014.

²¹ MS DoE Statewide Accountability System. <http://reports.mde.k12.ms.us/report/report2015.aspx>. Report released July 14, 2016. Retrieved Aug 11, 2016.

²² MS DoE, Assessment Brief: ACT, <http://reports.mde.k12.ms.us/pdf/a/2015/Assessment-Brief-ACT-FINAL-8DEC2015.pdf>, December 2015. Accessed Aug 12, 2016.



at the University of Southern Mississippi the average score was 21, which means Mississippi's own public colleges are out of reach for the vast majority of our students.

Low Early Childhood Literacy and Kindergarten Readiness. Our poor academic outcomes for teens are considered to be directly correlated to the poor outcomes of our youngest children. Mississippi administers a statewide Kindergarten Readiness Assessment Test, and a score of 530 is considered “passing” as it reflects a 70 percent mastery of knowledge and skills in early literacy and numeracy appropriate for entering Kindergarten. According to the MS Department of Education, kindergarteners entering Leland Elementary School in the fall of 2015 had an average score **15 points below the “passing” threshold** (515). Hollandale students earned an average score of 558, but approximately 30% of entering HSD students still started Kindergarten below state standards of readiness.²³ In Mississippi, children who have attended Pre-K programs (Title I or locally funded) are **1.5 times more likely** to be reading proficiently at 3rd grade; students who are reading proficiently in 3rd grade are **9 times more likely** to read proficiently in 8th grade; and proficient readers in 8th grade are **2 times more** likely to graduate from high school on time.²⁴ What begins as a small gap in learning and skill attainment exponentially grows over time, creating more significant and complex challenges for students, teachers and parents as a child progresses through the educational system.

Low Parental Involvement. Both districts examined their relative levels of parental involvement in school programs and support for students. According to our Needs Assessment and School Climate surveys, 45.2% of staff at the Hollandale schools said that limited parental involvement was one of the areas that cause the most problems for students. Only 52.3% of parents have

²³ MS Department of Education, Kindergarten Readiness Assessment Results, December 2015. http://reports.mde.k12.ms.us/pdf/a/2016/K_Readiness_SPRING_2016_FINAL.pdf. Accessed Aug 11, 2016

²⁴ Mississippi Kids Count. *2016 Factbook*. Mississippi State University's Social Science Research Center. <http://kidscount.ssrc.msstate.edu/data/mississippi-kids-count/ms-data-books/>



visited their child’s classroom at least once, and 74.1% have attended a school event in which their child participated. Survey responses from parents indicate that 65% feel included in their child’s school, 86.6% feel comfortable communicating with teachers and only 12.3% indicated that they feel that their school is never open to parent’s suggestions. Fifty-one percent of staff at Leland Elementary said that parent involvement was the area of greatest school need, but far fewer mentioned parent involvement as the greatest need at Leland Middle School (18.8%) and Leland High School (21.1%). Our community needs assessment focus group mirrored these results and indicated a significant lack of parental initiative to become involved in their children’s school, studying at home, and recreational activities. One reason may be the low literacy rate among Deer Creek adults. Nearly one in four (23%) of these adults lack basic literacy skills,²⁵ making it difficult for them to assist their children with school work.

Lack of Technology Access. According to the latest Federal Communications Commission Broadband Progress Report, Mississippi ranked last in the nation for the availability of fixed broadband technology. One in three (34%) Mississippi residents do not have access to high-speed Internet.²⁶ Only 73.6% of Hollandale students indicated that they have **access to a computer**, and 74.7% indicated that they have **access to the internet** at home. Only 59.5% of students indicated that they have a place to work on assignments that require a computer and printer outside of school “always” or “most of the time”. LSD found that for all three of their schools, staff identified **Classroom Technology as their perceived area of greatest need**, as reported by 76.9% of Elementary, 50.0% of Middle School, and 58.8% of High School staff.

School Culture. Despite the lack of resources and safety issues, students, parents and teachers

²⁵ National Center for Ed Statistics 2003 National Assessment of Adult Literacy, <https://nces.ed.gov/naal>

²⁶ Federal Communications Commission Broadband Progress Report. FCC Form 477, June 2015.



alike felt good about many of the things that were going on in LSD and HSD schools. Students overwhelmingly appreciated the attention and work that their teachers put in, and teachers did not complain about the general culture of the schools. For example, among Leland High School students, only 2.8% disagreed with the statement that their teachers cared about them, and only 5.7% disagreed that teachers were available to help them. Staff members from both districts did indicate a desire to be better heard by their superiors in a number of ways, including input in decision making about professional development for teachers and staff, having a voice in school policy making, and development of curriculum practices.

2. Family and Community Need Indicators and Findings

Persistent Poverty. Washington County is classified a Persistent Poverty county by the USDA Economic Research Service (ERS) , which means that for the past four decades of U.S. Census data (1980, 1990, 2000 and 2010) the county has had a poverty rate of over 20%. Persistent poverty is “often tied to physical isolation, exploitation of resources, limited assets and economic opportunities, and an overall lack of human and social capital.”²⁷ In rural America, specifically, poverty is often a feeling of being stuck in place.²⁸ The persistence of poverty in the Deer Creek community is important because it highlights the region’s **intergenerational transmission of poverty**. That is, children in Deer Creek who are born into poverty typically remain in poverty. The damaging effects of social and economic deprivation during childhood are numerous; poor nutrition, inadequate schools, less academic support and stimulation at home, multiple family transitions, increased stress, increased risk of adverse childhood experiences (ACE), and a

²⁷ <http://www.ers.usda.gov/topics/rural-economy-population/rural-poverty-well-being/child-poverty.aspx#pcpov>

²⁸ National Advisory Committee on Rural Health and Human Services. (December 2015). Child Poverty in Rural America: Policy Brief. <http://www.hrsa.gov/advisorycommittees/rural/publications/childpoverty1215.pdf>



greater likelihood of being in poverty as an adult.^{29, 30} Since the DCPN will focus on low-performing schools that are 94% black, data has been stratified to identify the types of households and populations that are most likely to be affected by the continuum of DCPN programs. **Table 3** provides socio-economic indicators of need for target populations.

	Black / African-American Population Living in Poverty	Children Living in Poverty	Black / African-American Unemployment Rate	Families Living in Poverty	Single Female Headed Households in Poverty	Single Female Headed Households that are Black	Black / African-American Adult High School Graduates
Leland	50.2	45.1	33.5	31.6	54.6	59.9	67.3
Hollandale	49.3	55.4	34.5	55.4	45.2	53.2	64.1
Arcola	63.2	71.8	21.0	40.3	76.9	76.9	59.6
Deer Creek	50.6%	50.1%	33.1%	40.5%	52.3%	58.3%	65.6%

More than two-fifths of Washington County residents (42.5%) receive Supplemental Nutrition Assistance Program (SNAP) benefits, compared to 21.0% for all of Mississippi.³²

Single Parent Homes. Most households with children in Leland and Hollandale are headed by a single parent or grandparents-as-caregivers; married-couple families comprise only 40.2% of Leland’s families and 38.3% of those in Hollandale. More than one in four homes is led by a single female in Leland (27.6%) and Hollandale (29.6%). Grandparents, non-relatives and group homes make up the remaining household types. Over half of single mothers living in Deer Creek

²⁹ Wagmiller, Robert Lee and Robert M. Adelman. 2009. Childhood and intergenerational poverty: The long-term consequences of growing up poor. National Center for Children in Poverty: Putting Research to Work for Children and Families. Retrieved 8/15/2016 at http://www.nccp.org/publications/pub_909.html.

³⁰ Harper, Caroline. 2003. Enduring poverty and the conditions of childhood: Lifecourse and intergenerational poverty transmissions. World Development; 31(3):535-554.

³¹ DHA Community Needs Assessment; U.S. Dept of Labor Unemployment Statistics; U.S. Census Bureau, 2015

³² Annie E. Casey Foundation, Kids Count (2015). <http://datacenter.kidscount.org/data/tables/> Retrieved 6/16/2016



are living in poverty, and a majority of these mothers are black.

Access to Quality Early Childcare Centers. Low-income residents of our communities currently have very limited options regarding high quality early learning programs and childcare services. There are three Early Head Start / Head Start Centers licensed in the Deer Creek area operated by Washington County Opportunities (a DCPN partner), including one in Leland - 190 licensed slots, Hollandale - 178 licensed slots and Arcola - 55 licensed slots. The sites in Leland and Hollandale serve both Early Head Start and Head Start while the site in Arcola serves Head Start only. Although total licensed capacity for these centers is 423, these centers have a combined enrollment of only 286 due to staffing issues and space requirements. There are also five private childcare centers in our area, serving less than 150 children total. Only one of them uses a state-approved curriculum and it has a 1 Star QRS rating out of 5 possible Stars (the other four centers are unrated). Inconsistencies throughout the system, as noted by survey respondents and interviews, place undue stress on kindergarten teachers and better position some children to succeed in kindergarten than others.

Teen Pregnancy & Teen Births. Teen pregnancies and births to teen mothers present health, development, and education challenges for both the mother and her infant. Mississippi had the **third highest teen birth rate in the United States** in 2014.³³ Furthermore, Washington County's rate of teen pregnancies and teen births per 1,000 teens (15-19) is **over 1.6 times** our alarming state rates. Children in Deer Creek born to teen parents are more likely to enter the child welfare or juvenile justice systems and to become teen parents themselves. Only 38% of

³³ Martin, J. A., Hamilton, B. E., Ventura, S. J., & Osterman, M. J. K. S.C., & Mathews, T.J (2015). Births: Final data for 2014. Hyattsville, MD: National Center for Health Statistics.



U.S. teen mothers obtain a high school diploma, and they are 50% more likely to have to repeat a grade.³⁴ Poverty, single parent households, teen mothers, and low birth weight all present challenges to the physical, social, emotional, and intellectual development of children as they move through early childhood into the public education system and onto advanced training and careers (per **Table 4**). Many of our children do not experience sufficient developmental and learning opportunities that will prepare them for kindergarten. These children then fall further behind national standards as they progress through the educational system.

	Teen Pregnancy Rate per 1,000, 2014	Teen Birth Rate per 1,000, 2014	Asthma Hospitalization Rate, per 10,000 population, 2011	Adult Obesity, 2012	Low-income Preschooler Obesity Rate, 2011	Low Birth Weight Infants, 2014
Washington County	73.7	66.1	81.9	41.0%	16.5%	12.1%
Mississippi	43.7	38.0	42.3	35.5%	13.3%	11.3%
U.S.	n/a	24.2	47.9	26.2%	11.8%	8.0%

Chronic Disease and Poor Health Outcomes. According to the HRSA Uniform Data System (UDS), there are over 6,500 low-income residents living in Deer Creek zip codes (38722, 38756, 38748), but fewer than 400 patients being seen by HRSA safety net health centers. UDS also identifies at least 1,800 uninsured residents who are not receiving this safety net clinic care.³⁶

Asthma is a significant cause of concern for area parents that participated in our interviews or focus group. According to the latest hospitalization data, Washington County has a childhood

³⁴ Perper, K., Peterson, K., & Manlove, J. (2010). *Diploma Attachment Among Teen Mothers*. Child Trends, Fact Sheet: Washington, DC.

³⁵ Kids Count Mississippi, County Health Rankings, <http://datacenter.kidscount.org/data/tables> and Martin, J. A., Hamilton, B. E., Ventura, S. J., & Osterman, M. J. K. S.C., & Mathews, T.J (2015). Births: Final data for 2014. Hyattsville, MD: National Center for Health Statistics. <http://www.hhs.gov/ash/oah/adolescent-health-topics/reproductive-health/teen-pregnancy/trends.html>, USDA Food Environment Atlas <http://www.ers.usda.gov/>

³⁶ Uniform Data System. 2015 Data. www.udsmapper.org Retrieved August 17, 2016.



asthma hospitalization rate of 81.9 per 10,000 residents, *nearly twice the state* rate of 42.3 per 10,000. Parents cited fear of asthma as one of their top three children's health concerns in local neighborhood surveys. **Obesity** is one of the greatest underlying causes of many

“Leland can become one of those communities known for building a healthy environment. You’ve just got to let the people in these communities decide what they want to promote good health and you have to put those people at the top.” - Shelby Polk, associate professor of nursing at Delta State University, commenting during our Community Health Fair at Leland Medical Clinic, June 21, 2016

of the health problems facing Deer Creek residents. While residents cited illnesses like diabetes and high blood pressure as their leading problems, obesity was the one factor that flowed through most health concerns and is a growing problem in low-income communities. Overall 41% of the adults in Washington County are obese³⁷ and 14.9% have been diagnosed with diabetes,³⁸ compared to national averages of 35% adult obesity³⁹ and 9.3% adults with diabetes.⁴⁰

High Crime Rates. While crime rates in rural communities is generally better than crime rates in similar urban neighborhoods, crime in the communities of Deer Creek is significantly worse than average crime rates for all non-metropolitan counties nationwide. According to data from the Leland Police Department and from the Washington County Sheriff's Office (which handles all calls outside of our county seat in Greenville, MS), in 2014 there were **three times as many cases of larceny/theft with 397 reported cases of for a rate of 2,361 per 100,000**, as compared to 792.5 per 100,000 in rural counties nationwide for the same period.⁴¹ The Deer Creek rate for

³⁷ County Health Rankings and Roadmaps, Robert Wood Johnson Foundation, www.countyhealthrankings.org/app/mississippi/2016/rankings/washington/county/outcomes/overall. Aug 17, 2016.

³⁸ Diabetes County Rankings, CDC, 2013. <http://www.cdc.gov/diabetes/data/county.html>. Retrieved Aug 17, 2016

³⁹ Ogden CL, Carroll MD, Kit BK, Flegal KM. 2014. Prevalence of childhood and adult obesity in the United States, 2011-2012. *Journal of the American Medical Association* 311(8):806-814.

⁴⁰ Diabetes National Data Report, CDC, 2014. <http://www.cdc.gov/diabetes/data/national.html>

⁴¹ FBI Criminal Services Division, <https://ucr.fbi.gov/crime-in-the-u.s/2014/crime-in-the-u.s.-2014/tables/table-2>



other offenses were only slightly higher than national averages for other rural counties, with the **rate of violent crime at 208.3 per 100,000** compared to the average rural rate of 179.5 per 100,000; and the rate of **aggravated assault in Deer Creek at 142.8 per 100,000**, compared to the average rural rate of 133.8 per 100,000. One other area of crime that was dramatically worse for our neighborhoods is **motor vehicle theft, at 279.7 per 100,000** compared to the average rural rate of 88.2 per 100,000, a rate 3.2 times higher than rural averages.⁴²

School Safety Concerns. According to the school climate surveys, more than one-fourth of Hollandale’s students felt unsafe at school. They felt even less safe behind closed doors in bathrooms, where almost one-third of Simmons (Hollandale’s Elementary School) and one-half of Sanders (Hollandale’s Jr/Sr High School) respondents stated that they do not feel safe. More than half of Simmons’ students said that they had had something stolen in the past year. Only 54% of HSD students felt that drug use was not a problem at their school. Surprisingly, 61% of Simmons parents and 74% of Sanders parents responded that they “always” felt their children were safe at school. This disconnect between parents’ perceptions and their children’s concerns highlights our need to get parents more closely involved with their children and their schools. LSD’s survey did not address school safety, but it will in future years.

Systemic Disparities and Toxic Stress. Another unique characteristic of our community is the **multiple layers** of disadvantage experienced by the majority of our residents. Our area’s agricultural history created a social and economic system of black disenfranchisement dating back to pre-Civil War, continuing through the Civil Rights Movement of the 1960s and beyond. Inequalities continue to persist today, as measured by wide disparities in income, educational

⁴² U.S. Criminal Justice Information Services Division, 2014 Crime in the US, <https://ucr.fbi.gov/crime-in-the-u.s/2014/crime-in-the-u.s.-2014/offenses-known-to-law-enforcement/violent-crime>, retrieved August 2, 2016.



attainment, health and quality of life. Academic literature in the social sciences uses the term “double jeopardy” to describe people who experience such statuses. The combination of these factors, predicated by a *long history* of race-based discrimination, poverty, and lack of mobility, distinguishes Deer Creek - and the Mississippi Delta - from other impoverished places in the United States. Our families are better characterized as experiencing “multiple jeopardy,” as they are poor, racial minority, rural, and living in a place with historically rooted inequality and disenfranchisement. The more disadvantaged statuses that young people hold, the more discrimination they face.⁴³ This affects disadvantaged individuals in many ways, including worse self-reported health, higher levels of depression, disability, and higher morbidity and mortality.⁴⁴ Researchers are also discovering alarming consequences of sustained, toxic stress endured by individuals who live in areas of high crime and poverty. This environment negatively impacts the body’s stress response systems and affects the architecture of the brain, cardiovascular system, and immune system. The cumulative effect can lead to *lifelong impairments* in both physical and mental health.⁴⁵ Experiences of racial discrimination and social inequality are related to higher levels of psychological distress and substance use that may contribute to health disparities. Path analyses link perceived racial discrimination to more depressive symptoms that, in turn, may compromise parent resilience and coping capacity. Continued exposure to racism and discrimination in and of itself can exert a great toll on both physical and mental health.⁴⁶ It is our contention that the residents of Deer Creek experience as many, if not more, levels of

⁴³ Grollman, Eric Anthony. 2012. Multiple forms of perceived discrimination and health among adolescents and young adults. *Journal of Health and Social Behavior*, 53(2):199-214.

⁴⁴ Ferraro, Kenneth F. and Melissa M. Farmer. 1996. Double jeopardy, aging as leveler, or persistent health inequality? A longitudinal analysis of white and black Americans. *Journal of Gerontology*, 51B(6):S319-S328.

⁴⁵ Center on the Developing Child at Harvard University. The Foundations of Lifelong Health Are Built in Early Childhood and the Working Paper series. Available at www.developingchild.harvard.edu/library.

⁴⁶ Sanders-Phillips, K. et al. (2014). Perceived Racial Discrimination, Drug Use, and Psychological Distress in African American Youth. *Journal of Social Issues*, 70: 279–297.

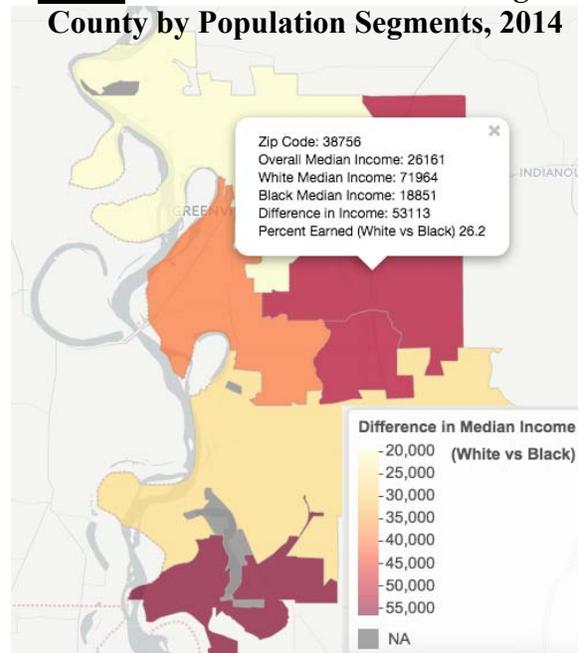


disadvantage as any other community in the United States, hence our compelling need for a Promise Neighborhood that will allow us to break down these silos, dismantle old systems, and rebuild a sustainable system that delivers a continuum of services strategically designed - and continually realigned - to meet our residents' greatest needs.

3. Segmentation Analysis and Baseline Data

DHA and its partners propose to take a systems approach to student achievement, and have thus identified the root causes of the barriers, challenges and obstacles that hinder academic achievement for the children and youth of Deer Creek, as well as the disproportionate impact of these root causes on specific sub-populations of our service area. The Segmentation Analysis was conducted by grouping and analyzing data from the Needs Assessment to determine which segments of our population have the highest needs. From that analysis it was determined that the *populations most in need included*: children living in single parent households, children living below the poverty level, children with no/limited access to learning based pre-kindergarten activities, children who are not kindergarten ready, public school students who test below proficient on state assessments, students with poor attendance, teenagers having children of their own, school drop-outs, and others identified as having difficulties in moving into the labor force. The Segmentation Analysis further revealed that **Black / African American residents** of Deer Creek face significantly more *profound and complex disparities* in terms of access to resources and progressive academic,

Map 1. Median Incomes of Washington County by Population Segments, 2014





social, economic and health outcomes. For example, the disparity between white and black median family income is dramatic. Per **Map 1**, zip code 38756 (which is almost entirely in Deer Creek) has a median white family income of \$71,964, compared to the median black family income of \$18,851; this means black families earn only 26.2% of what white families earn.

The Needs Assessment and Segmentation Analysis also identified a number of **positive factors** in our communities that can be leveraged as *anchors of community resilience and strength*. Generally speaking, most children are relatively healthy despite being overweight. The only prevalent chronic disease is asthma and a large majority (90%) of Deer Creek children are covered by health insurance or Medicaid. This is thanks in large part to improved health services access provided by the Leland Medical Clinic. Most of our children have been to the dentist in the past six months and there is no shortage of dentists in the service area. For the children attending LSD and HSD, neither sexual harassment nor gangs were reported as significant problems and 91% of children are reported as being enrolled and attending school. Parents generally have a strong sense of community ties and take pride in their local culture. This is encouraging data, since the DCPN will require engagement of the *entire ecosystem of support* available at the family, neighborhood, regional and state levels; as well as across sectors of health, criminal justice, education, social services, commerce, workforce and government.

Data Capture for Baseline and Progress Monitoring. Over the course of our 17 month planning period for the DCPN, our consortium was able to identify, capture and analyze baseline data on 13 of our 15 primary indicators, as well as establish mechanisms for repeating these measures on a quarterly or annual basis. To capture students' post-secondary school activities, DHA and its partners will execute new data sharing agreements and survey mechanisms in partnership with the National Strategic Planning and Analysis Research Center (nSPARC) at Mississippi State



University, access the StudentTracker report from the National Student Clearinghouse, and administer a DCPN alumni survey for graduating seniors at the end of each school year—as a supplement to the range of data collected through nSPARC and the Student Clearinghouse.

Table 5 and **Table 6** provide baseline data for the DCPN indicators.

TABLE 5 ACADEMIC INDICATORS – Baseline Data for DCPN		
Goal 1: Children enter kindergarten ready to succeed in school. <i>(Sources: Teaching Strategies Gold; Brigance; Ages & Stages Questionnaire -3)</i>	GPRA.1a. Number (#) of children birth to kindergarten entry who have a place where they usually go, other than an emergency room, when they are sick or in need of advice about their health.	691
	GPRA.1b. Percentage (%) of children birth to kindergarten entry who have a place where they usually go, other than an emergency room, when they are sick or in need of advice about their health.	62%
	GPRA.2a. Number (#) of three-year-olds and children in kindergarten who demonstrate at the beginning of the program or school year age-appropriate functioning across multiple domains of early learning as determined using developmentally appropriate learning measures.	Pending based on award*
	GPRA.2b. Percentage (%) of three-year-olds and children in kindergarten who demonstrate at the beginning of the program or school year age-appropriate functioning across multiple domains of early learning as determined using developmentally appropriate learning measures.	Pending based on award*
	<i>*The school systems can report the average Kindergarten readiness score but due to reporting limitations, could not provide the # or % of children ready for school. DCPN will work with the schools to develop customized reports for this purpose.</i>	
	GPRA.3a. Number (#) of children, birth to kindergarten entry, participating in center-based or formal home-based early learning settings or programs, which may include Early Head Start, Head Start, child care, or preschool.	461
	GPRA.3b. Percentage (%) of children, birth to kindergarten entry, participating in center-based or formal home-based early learning settings or programs, which may include Early Head Start, Head Start, child care, or preschool.	41.5%
Goal 2: Students are proficient in core academic	GPRA.4a: Number (#) of students at or above grade level according to state mathematics and reading / language arts, with assessments in third – eighth grade, and once in	Math3 = 15 Math4 = 4 Math5 = 7



<p>subjects. (Source: PARCC 2015) Goal 2: Students are proficient in core academic subjects. (Source: PARCC 2015)</p>	<p>high school. <i>Baseline indicators provided are total # that scored “proficient or higher” for each subject and grade. (For example, “Math6 = 7” means that a total of seven 6th Grade students combined from both districts scored proficient or better in Math. “English2=34” means that a total of 34 High School students combined from both districts scored proficient or better in English II.)</i></p>	<p>Math6 = 7 Math7 = 7 Math8 = 4 Algebra1 = 14 <u>MathAll = 58</u> ELA3 = 16 ELA4 = 11 ELA5 = 16 ELA6 = 11 ELA7 = 25 ELA8 = 24 English2 = 34 ELA All = 137</p>
	<p>GPRA.4b: Percentage (%) of students at or above grade level according to state mathematics and reading / language arts, with assessments in third – eighth grade, and once in high school. <i>Baseline indicators provided are total %s that scored “proficient or higher” for each subject and grade.</i></p>	<p>Math3 = 14% Math4 = 5% Math5 = 7% Math6 = 8% Math7 = 17% Math8 = 17% Algebra1 = 9% <u>MathAll = 8%</u> ELA3 = 15% ELA4 = 25% ELA5 = 25% ELA6 = 20% ELA7 = 23% ELA8 = 19% English2 = 37% ELA All = 23%</p>
<p>Goal 3: Students successfully transition from middle school to high school.</p>	<p>GPRA.5. Attendance rate of students in sixth, seventh, eighth, and ninth grade. (Source: MS Department of Education, 2014-2015)</p>	<p>6th = 94% 7th = 99% 8th = 95% 9th = 95%</p>
<p>Goal 4: Youth graduate from high school.</p>	<p>GPRA.6. Graduation rate. (Source: MS Department of Education, 2016 Accountability Information Report)</p>	<p>LSD = 64.6% HSD = 85.9%</p>
<p>Goal 5: High school graduates obtain a postsecondary degree,</p>	<p>GPRA.7a: Number (#) of Promise Neighborhood students who graduate with a regular high school diploma and obtain postsecondary degrees, vocational certificates, or other industry-recognized certifications or credentials without the need for remediation.</p>	<p>unknown*</p>



certification or credential. (Source: nSPARC, 2013)	GPRA.7b: Percent (%) of Promise Neighborhood students who graduate with a regular high school diploma and obtain postsecondary degrees, vocational certificates, or other industry-recognized certifications or credentials without the need for remediation.	unknown*
* DHA has an appropriate data sharing agreement in place for residents of Washington County that allows capture of this information, but will not be able to access that data for Deer Creek until there is an approved and funded research study that requires it.		

TABLE 6 FAMILY/COMMUNITY INDICATORS – Baseline Data for DCPN		
Goal 6: Students are healthy. (Source: Leland School District and Hollandale School District, 2014, School Climate Survey)	GPRA.8a. Number of children who participate in at least 60 minutes of moderate to vigorous physical activity daily.	210
	GPRA.8b. Percentage of children who participate in at least 60 minutes of moderate to vigorous physical activity daily.	27.9%
	GPRA.9a. Number of children who consume five or more servings of fruits and vegetables daily.	216
	GPRA.9b: Percentage of children who consume five or more servings of fruits and vegetables daily.	30.0%
Goal 7: Students feel safe at school & in their community. (Source: School Climate Surveys, 2014-2015.)	GPRA.10a. Number of students who feel safe at school and traveling to and from school, as measured by a school climate needs assessment.	678
	GPRA.10b. Percentage of students who feel safe at school and traveling to and from school, as measured by a school climate needs assessment.	83.5%
Goal 8. Students live in stable communities.	GPRA.11. Student mobility rate. (Source: National Strategic Planning and Analysis Research Center. (n.d.). [School Mobility Rate]. Unpublished raw data.)	19.3%
Goal 9. Families and community members support learning in Promise Neighborhood schools. (Source: Delta Health Alliance,	GPRA.12a. For children birth to kindergarten entry, the number of parents or family members who report that they read to their child three or more times a week.	65
	GPRA.12b. For children birth to kindergarten entry, the percentage of parents or family members who report that they read to their child three or more times a week.	61.3%
	GPRA.13a. For children in kindergarten through the eighth grade, the number of parents or family members who report encouraging their child to read books outside of school.	111
	GPRA.13b. For children in kindergarten through the eighth grade, the percentage of parents or family members who report encouraging their child to read books outside of school.	66.1%



2016, Needs Assessment)	GPRA.14a. For children in the 9 th – 12 th grades, the percentage of parents or family members who report talking with their child about the importance of college and career.	75
	GPRA.14b. For children in the ninth through twelfth grades, the number of parents or family members who report talking with their child about the importance of college and career.	96.4%
Goal 10. Students have access to 21st century learning tools. (Source: DHA, 2016, Needs Assessment)	GPRA.15a. Number of students who have school and home access (and % of the day they have access) to broadband Internet and a connected computing device.	299
	GPRA.15b. Percentage of students who have school and home access (and % of the day they have access) to broadband Internet and a connected computing device.	74.0%

B. The Geography & History of Deer Creek in the Mississippi Delta

Description of the Geographic Area. The Deer Creek Promise Neighborhood sits in Washington County in the heart of the Mississippi Delta, which is an alluvial plain created by regular flooding of the Mississippi and Yazoo rivers over thousands of years. The DCPN (**Map 2** on the following page) is approximately 476 square miles with 10,476 residents (~ 22 residents per square mile), making this community one of the most rural in the country. Located less than 10 miles east of the Mississippi River, the land of the DCPN is remarkably flat and contains some of the most fertile soil in the world. Washington County is surrounded by several other rural Mississippi counties to the south and east. Over two hours away to the north of Deer Creek is Memphis, Tennessee (140 miles) along rural routes 278 and 61, and the closest metropolitan center is Jackson Mississippi to the south (109 miles) along rural highway 49. There are *no interstates* serving Washington County - the closest interstate is I-55 which runs north to south through Mississippi, located 120 miles to the east. There is one small municipal airport in Washington County, four public school districts, and five private schools. The majority of our roads are paved two-lane highways or unpaved access roads that crisscross farmlands. According to the Promise Zone Mapping Tool that pulls data from the 2010 Census, there are 4,509 housing



units in our target area. Deer Creek is a tributary of the Mississippi River, which runs straight through our community and often serves as a center point for community events, such as with our holiday themed floats that decorate its banks each December. The Deer Creek region is also vulnerable to heavy flooding from the Mississippi, most recently in 2011, and the resulting economic and emotional toll often lasts several years.

Map 2. Deer Creek Service Area

DCPN | Service Area



History. Our area has been called “the most Southern place on earth” because of its unique racial, cultural, and economic history. The Delta was developed as one of the richest cotton-growing areas in the nation before the American Civil War, attracting many speculators who developed land along the riverfronts for cotton plantations. These speculators became wealthy planters



dependent on the labor of black slaves, who comprised the vast majority of the population. The Deer Creek area remained undeveloped even after the Civil War, as both black and white migrants flowed into Mississippi, working to clear land and sell timber in order to buy their own land. By the end of the 19th century, black farmers made up two-thirds of the independent farmers in the Mississippi Delta. However, in 1890 the state legislature passed a new constitution effectively disenfranchising most black citizens in the state, and most black farmers lost their land. During the Civil Rights Movement of the 1960's, Hollandale became infamous for having passed an ordinance forbidding white civil rights workers from living with black citizens. Despite the tremendous gains achieved by civil rights legislation, systemic discrimination and disparities continue to this day. Our public education, economy and health care systems are still struggling to dismantle the interdependent structures that yielded decades of oppression for the people of the Mississippi Delta. As the U.S. agricultural economy moved to low-labor, mechanized crop production, Delta communities were forced to swiftly diversify their manufacturing base and labor skills while transforming these economic and social systems.

Culture. The Mississippi Delta has produced and inspired some of America's greatest authors, playwrights, actors, artists and musicians. Deer Creek sits in the heart of the blues country and has produced a number of famous blues musicians. A 250-mile stretch of Highway 61 – which runs parallel to Deer Creek – is known as the Blues Highway. There are five Mississippi Blues Trail markers in Deer Creek commemorating the area's significant contribution to blues history, as well as the Highway 61 Blues Museum in Leland. The DCPN is also the childhood home of puppeteer Jim Henson, creator of Kermit the Frog and the Muppets, and Leland has a museum along the banks of Deer Creek celebrating Henson's accomplishments. The Mississippi Wildlife Heritage Museum in Leland educates the public about Mississippi's natural resources and



heritage and hosts national traveling exhibits from the Smithsonian Institution. These cultural organizations are working with our consortium to provide summer camp opportunities to local youth and to foster local tourism to promote a robust economy.

C. Specific Gaps or Weaknesses in Services, Infrastructure and Opportunities

Gaps and weaknesses in a rural, impoverished community like Deer Creek, Mississippi are akin to a complex woven fabric comprised of stronger and weaker threads rather than the simplistic analogy of a safety net. Challenges, barriers, gaps and weaknesses are widespread, pervasive across multiple sectors, interconnected in their negative effects on residents, ingrained in many of the policies and systems in place, and intergenerational in their impact. An integrated, evidenced-based Promise Neighborhood program can transform Deer Creek in a way that state initiatives and small, stand-alone Federal grants never will. While DHA, our public schools, city officials and local residents have established a strong foundation, our region needs a *comprehensive support system* like the Promise Neighborhood program to deconstruct and transform the Deer Creek support ecosystem and realize effective and sustainable improvements to address key shortages and weaknesses in our services, infrastructure and opportunities. Specific gaps and weaknesses that the *DCPN will address* are summarized in **Table 7** below.

Nature	Magnitude	Implication
Service Gap: Evidence-Based Early Learning Programs	Although there are 423 licenses slots for EHS/HS, these centers are only able to serve 245 children. Ratio of Head Start participants to eligible Deer Creek children is 1:2; Only 1 of 5 available private pre-k centers use state supported curriculum.	Deer Creek children are not prepared to enter Kindergarten and experience exponential widening of learning gap through school.



TABLE 7
Gaps and Weaknesses Addressed by DCPN

Nature	Magnitude	Implication
Infrastructure Weakness: Low Performing Schools	All schools receive Title 1 funding, 3 of 5 schools identified as priority “low performing” by state; LSD operating under corrective action plan; LSD graduation rate below 60% for 2015 school year.	Resources are being funneled to activities and functions that will improve baseline performance, but there is not the capacity or ability to deliver a comprehensive turnaround without external support.
Opportunity Gap: School-Centric Activities	School climate survey revealed desire for wide range of extra-curricular, career readiness and college preparation activities. Current activities limited to sports and handful of special interest clubs. Very limited summer activities available.	Creates challenging environment when students have few organized activities and parents who work long hours. Involvement in extra-curricular activities could promote school engagement.
Service Gap: Post-Secondary Career and College Preparation	Average ACT score for LSD and HSD was ~15 compared to 18.6 (state) and 21 (U.S.); Over 80% of LSD and HSD high school students said they wanted to go to college or would be interested in career / college field trips.	Gap between current performance and expectations for college and career requires a focused effort to prepare students for college or other post-secondary training.
Service Gap: Teacher Development	Only half of HSD teachers felt they had a voice in decisions about school policies, and ~40% felt they had input about professional development.	Teachers in low performing schools lack a sense of self-efficacy at work and need to be empowered to participate in their own professional development and the school’s improvement.
Opportunity Gap: Safe Exercise Options	No public fitness facilities are located within Deer Creek, and extreme heat during several months of the year makes outdoor exercise dangerous.	School time is even more critical in terms of promoting physical activity, demonstrating nutritious eating and fostering healthy habits.
Infrastructure Weakness: Coordination of Academic Support Programs	Students have considerable responsibilities and commitments outside of school and most students spend time at home alone. These time and resource constraints require greater efficiency in the use of academic hours to maximize learning time.	Standalone efforts lose momentum, have limited impact and do not impact the majority of students. Disconnect across programs reduces efficacy, but evidence-based, coordinated efforts can yield significant gains in academic achievement.
Opportunity Gap: Technology Access	More than three out of four LSD elementary teachers identified technology as an instructional need and over 45% said the lack of adequate technology was the “largest perceived obstacle” to educating students.	Student mobility in rural areas is greatly influenced by their ability to navigate technology and connect to the broader world. Students need technology to learn, connect and engage in the 21 st Century.
Opportunity Gap: Medical Home for Students	Safety net clinic care is not being fully utilized by the local population, and there are alarming rates of chronic disease.	Students and families do not have a regular source of medical care or ongoing access to preventive care.



TABLE 7
Gaps and Weaknesses Addressed by DCPN

Nature	Magnitude	Implication
Infrastructure Weakness: Community Empowerment	Lack of parental involvement is a major concern among school teachers and administrators, though parents do not express any particular discomfort or specific obstacles to their school participation.	Parents need to be proactively invited to contribute and provided tools and training to help them interact with their child’s school and engage in feasible, productive ways.
Infrastructure Weakness: Lack of Evidence-Based Education Policy Development	Lack of meaningful, impactful policies and systems in place to reinforce and support evidence-based systems of change. Existing policies keep public schools underfunded and poorly performing.	Schools, residents and agencies serving the area need to have access to credible results of the impact of evidence-based programs in order to develop meaningful policy recommendations that will support lasting improvements in their communities and schools.
SYSTEM Weakness: Coordination of Support Services and Resources	The confluence of desperate need and disparate resource investments has created a jumble of programs without a cohesive vision or strategy to ensure alignment, conduct quality improvement and evaluate outcomes.	A backbone organization and broad, cross-sector coalition could operationalize and scale evidence-based practices for strengthening schools, supporting student achievement and connecting families to services; as well as create and maintain a sustainable coordination infrastructure.

Low-Performing Schools and Poor Academic Outcomes. Both Districts receive Title I funding, three of our five schools have been classified as priority “low performing” sites by the state, and LSD’s accreditation is on probation and operating under a corrective action plan. Leland and Hollandale students score lower on state achievement tests administered by the state Department of Education than students statewide. Mississippi students are required to take the PARCC (Partnership for Assessment of Readiness for College and Careers), which is a nationally recognized assessment that is a statistically reliable and valid measure of readiness for higher education and progress towards readiness. Only 17% of the third grade students in Leland School District and 9% of the third grade students in Hollandale School District scored proficient or better on the PARCC in the math domain. For the English domain of the PARCC, 15.6% and 13.6% of third grade students in Leland School District and Hollandale School District,



respectively, scored proficient or better.⁴⁷ The existing infrastructure does not provide students with the academic support and preparation they need, nor does it provide teachers with sufficient training and development to stay abreast of the latest evidence-based pedagogy and content.

Few Opportunities to Gain Career and Academic Skills. Beyond LSD's small Career and Technology Center, there are few support systems to facilitate completion of post-secondary or technical education or to develop career-specific skills. If a resident can find transportation, they can make use of the closest WIN Job Center in Greenville, MS, 9 miles from Leland and 27 miles from Hollandale, but few quality programs exist in our service area.

Need for Healthy Extracurricular Activities. Residents interviewed described the system of extracurricular activities and after-school support as fragmented and in need of better oversight and coordination. A few sports such as football and basketball are provided, but academic clubs and other venues for student participation are extremely limited. Most local summer camp opportunities are limited to 1-2 week Vacation Bible Schools for grades K-5 only. As a result, many of our children spend the summer unattended in front of their TVs in poor housing with no air conditioning, leading to significant summer learning loss.

There are no public fitness facilities located in Deer Creek, although the schools occasionally open their playgrounds and sports fields to the general public. In 2007, Washington County had five recreation and fitness facilities, all of which were in the county seat of Greenville. In 2012, that number was down to three and has remained unchanged in 2016. In the summer, our average daily high is 93° Fahrenheit with high humidity, which can make outdoor exercise difficult and unsafe.

⁴⁷ *Deer Creek Community Needs Assessment*, 2016. From state education data.



Significant Barriers to Health Care Access. All of Washington County is located in a Health Professional Shortage Area (HPSA) and Medically Underserved Area/Population (MUA/P). Our needs assessment also identified a shortage of physicians and mental health professionals; however there is no shortage of dentists. The Leland Medical Clinic is our region’s only certified Rural Health Center, serving 4,462 active patients. There is also a small private practice clinic, Hollandale Family Care. The two clinics operated by the MS Department of Health in this region (in Leland and Hollandale) both closed on February 1, 2016.

Though most children in the region are covered by insurance, parents and other family members struggle to maintain health insurance. Mississippi Medicaid requires that all clients reapply in person every year, which is a significant challenge for a population with poor literacy and limited access to reliable transportation. Without support, many of our impoverished families have difficulty renewing their insurance and become uninsured.

Lack of Coordination Impedes Rural Community Empowerment. Our communities are not currently organized in a manner that would give *residents a voice* in their local politics, policies or services. According to surveys with city and school officials, neighborhood associations are non-existent, Parent Teacher Associations have very poor participation, and residents generally feel disconnected from their communities and schools. Social service agencies, educators and healthcare providers in our rural towns face *more complicated logistical challenges* to supporting family and individual self-sufficiency than non-rural providers. Physical proximity greatly influences utilization of academic and social services, and rural families must endure lengthy travel times when they seek these services – often on top of their burdensome commutes between home, child care, and work. For all of these reasons, our family and community support system is disjointed and limited in its ability to yield concrete, sustainable change and system-



wide improvements. Because this broader ecosystem is flawed, the Leland and Hollandale public school systems are struggling to shore up developmental deficiencies when students arrive in the classroom; address behavioral issues within the confines of the school day; and foster the social, emotional and health needs of students – all while teaching them federal- and state-mandated skills and competencies.

Centering family and community programs and services on a public school “hub” creates significant leveraging opportunities for rural providers, educators and families to interact. Because of their centrality within the community, our rural schools routinely connect with families in multiple capacities as part of typical daily routines.⁴⁸ The synergy yielded from an education- and success-focused ecosystem will be vital to transforming systems and structures that have reinforced the region’s intergenerational poverty and poor health outcomes.

The Promise Neighborhoods model offers a unique opportunity to *fuse connections* across sectors, *operationalize and scale* evidence-based practices for strengthening teachers and administrators, supporting student achievement and connecting families, children and youth to services and *solidify the infrastructure* required to maintain long-term collaboration, sustainable service delivery and comprehensive evaluation across the entire continuum of DCPN initiatives. The DHA is prepared to serve as the primary backbone organization, and the DCPN coalition will serve as a critical governing and decision-making platform⁴⁹ that will promote the practical policy and programmatic changes needed to improve student achievement and family stability.

The data monitoring and communication infrastructure of a fully implemented Promise Neighborhood could help us transform the broader picture and break the cycle of intergenerational poverty and immobility that plagues the young people of Deer Creek.

⁴⁸ http://r2ed.unl.edu/workingpapers/2011/2011_2_Witte_Sheridan.pdf

⁴⁹ Kania, J & Kramer, M. (Winter 2011). Collective Impact. *Stanford Social Innovation Review*.



Section II – Project Design & Strategy

A. Background of the Deer Creek Promise Neighborhood (DCPN) Project Design

The concept, passion and catalyst for the DCPN came as a direct result of area schools, government leaders and local residents witnessing the significant progress that was being demonstrated in rural Sunflower County, Mississippi, through the work of the Indianola Promise Community (IPC), a 2012 Promise Neighborhood Implementation awardee. Mississippians’ consider the members of the Indianola Promise Community to be pioneers for discovering how to effectively create and sustain a rural model for supporting children’s developmental and educational pathways from birth through college completion; in full cooperation with local residents of impoverished, rural neighborhoods. Community leaders and key stakeholders from Leland and Hollandale came to DHA’s presentations on IPC and were energized by the idea of replicating that program and bringing these lessons learned to their own communities. The work of formally planning a Promise Neighborhood in the Deer Creek region began in the spring of 2015, with comprehensive needs assessments (school and community-based), inventories of resources, focus groups, resident surveys, research on evidence of effective programs, baseline data capture, and idea generation “brainstorms.” Residents of the area and staff from local non-profits met to craft a shared vision for their own Promise Neighborhood and identified the specific steps they could take to make it a reality. The DCPN is, first and foremost, community driven and led.

“A child born to a Black mother in a state like Mississippi... has exactly the same rights as a white baby born to the wealthiest person in the United States. It's not true, but I challenge anyone to say it is not a goal worth working for.”
- Thurgood Marshall, first Black Supreme Court Justice

The overarching theory and logic model for the Deer Creek Promise Neighborhood was designed based on a combination of contextual factors, experiences and empirical evidence. DHA



has first-hand experience implementing, evaluating and improving a successful rural Promise Neighborhood program, and the lessons learned from the Indianola Promise Community in Sunflower County have directly informed our understanding of the feasibility, time frames, communications and impact of the various components of a Promise Neighborhood initiative, as detailed below and in **Appendix G**: Logic Model and Evidence.

Poverty Context. The strategy and logic model for the DCPN have been designed to address the specific identified needs and challenges experienced by our children living in intergenerational poverty, particularly factors that influence their academic achievement. Our plan is supported by research that identifies common obstacles that adversely affect their development and learning:

- Students in poverty have less access to academic and social support outside of school.⁵⁰
- Living in poverty may negatively influence students' health, safety, and well-being, which negatively impact student learning and achievement.^{51,52,53,54}
- Adverse conditions undermine the ability of parents, students and teachers to influence their schools and ensure that schools can best serve their interests.^{55,56}

This empirical evidence was reinforced by student responses to school climate surveys, in which they expressed tensions between home, work, family responsibilities and other stressors that

⁵⁰ Lareau, A. (2011). *Unequal childhoods: Class, race, and family life*. University of California Press.

⁵¹ Kirp, D. L. (2012). *Kids first: Five big ideas for transforming children's lives and America's future*. PublicAffairs.

⁵² Noguera, P. (2003). *City schools and the American dream: Reclaiming the promise of public education* (Vol. 17). Teachers College Press.

⁵³ Wilson, W. J. (2012). *The truly disadvantaged: The inner city, the underclass, and public policy*. University of Chicago Press.

⁵⁴ Karoly, L. A., Kilburn, M. R., & Cannon, J. S. (2005). Proven benefits of early childhood interventions.

⁵⁵ Wacquant, Loïc, and Ivan Deyanov. "Taking Bourdieu into the field." *Berkeley Journal of Sociology* 46 (2002): 180-186.

⁵⁶ Noguera, P. (2003). *City schools and the American dream: Reclaiming the promise of public education* (Vol. 17). Teachers College Press.



are unique to children and youth in poverty. The DCPN will operate with a full understanding of the context, implications and constraints of high poverty families and communities.

Early Childhood Trajectory. New policies to improve educational and health outcomes must address multiple behavioral and environmental factors, and early childhood gains need to be supported by high quality investments that support children at home and at school.⁵⁷ For underserved, black communities, in particular, early childhood development is a key factor for improving the health, wellness and stability of families and youth.⁵⁸ For this reason, the DCPN planning committee has selected programs that start prenatally and in early childhood to launch a healthy, stable trajectory; then leverage the momentum of those gains by supporting students through school and college completion and/or career preparation. Proactive measures will be taken to engage children in the DCPN pipeline **before birth** through our Centering Pregnancy or Parents as Teacher maternal home visitation program. The *integrated and progressive* support system of the DCPN continues to bolster family stability and child development by providing in-home family service workers, early interventions for children who show signs of delay, monthly book programs, childcare supports and other kindergarten readiness programs. Informed by best practice and comprised of evidence-based programs, the DCPN pipeline continuously fosters academic growth as a child enters kindergarten and moves through the educational and career readiness pipeline.

Lessons Learned from the Indianola Promise Neighborhood. Our experience with the implementation of the IPC, dating back to our initial planning work in 2009, has greatly influenced the proposed project design of the DCPN. Early challenges, failures and successes, coupled with present knowledge about the efficacy of implemented strategies helped us

⁵⁷ Sawhill, I. V., & Karpilow, Q. (2014). How Much Could We Improve Children’s Life Chances by Intervening Early and Often?. *CCF Brief*, 54.

⁵⁸ Purnell, J. et al. (May 2014). *For the sake of all: A report on the health and well-being of African Americans in St. Louis and why it matters for everyone*. Washington University in St. Louis & Saint Louis University: St. Louis, MO.



determine which solutions are transferrable and will address gaps and opportunities uncovered in the needs assessment and segmentation analysis conducted for the DCPN. Many of the partners that joined us for establishing the IPC, including Save the Children, Children’s Defense Fund, Teach For America, the Urban Institute, the Annie E Casey Foundation, and Delta Council, are enthusiastically working with us again on the DCPN, bringing their own lessons learned, staff expertise, and Promise Neighborhood-friendly systems into play in this new service area.

IPC’s pipeline of programs were designed to be “insulated” by robust protective factors, including empowered communities, engaged families, and excellent physical and mental health. Its programs were created with input from all members of the community, including service providers, educators, community and faith-based leaders, elders, parents, and students. One of the IPC’s hallmarks has been building and maintaining a culture of ***data collection*** and ***accountability*** to ensure that interventions are efficient and of the highest quality.

Implementation of the IPC called for us to create a coordinated approach, with agencies and services complementing each other and working together to improve the school system, build early childhood and meaningful college/career options, and provide family skills training. We employed a

“The Indianola Promise Community simultaneously implemented both a common performance measurement software, Scorecard, and a shared case management database, Efforts to Outcomes, so that schools could log and share data as students progressed. By the fall of 2014, the system was working and kindergarten-readiness scores were already showing drastic improvement.”
- Johnson, M., “Passport to Prosperity”, The Urban Institute, Sept 6, 2016.

disciplined system for implementing each solution in the IPC, whereby we collect relevant data, establish unique performance measures, frequently monitor and analyze the outcomes, and communicate with individuals contributing efforts to the solution. The IPC currently has over 30



inter-connected programs up and running, each of which is generating measurable outcomes and are focused on multiple IPC goals. Simultaneously, we maintain the responsibility for positively impacting the same core set of ten results and fifteen indicators that all federally funded Promise Neighborhoods implementation sites are striving towards improving. IPC uses Social Solutions’ Efforts to Outcomes (ETO) as the longitudinal database alongside the Results Scorecard to track participants from program to program, and to frequently assess each program’s impact on specific sets of participants. DHA has widely disseminated the model of the IPC nationwide and has accepted numerous awards and recognition, including providing expert Senate Appropriations testimony, focused on Promise Neighborhoods and the IPC’s accountability model, outcomes and longitudinal data system components per **Table 8**.

TABLE 8
Recognition and Dissemination of the IPC Promise Neighborhood

Activity	Date
Program highlighted at the Brookings Institution	June 2013
Outcomes presented at the Rural Education Summit	Nov 2013
Outcomes highlighted at Harlem Children’s Zone congressional staffers visit	Jan 2014
IPC highlighted on Urban Childhood Institute’s Informed Consent Webinar	Sept 2014
Led Results-Based Leadership’s “Achieving Community Results” Webinar	Nov 2014
DHA’s Results Scorecard selected by PolicyLink and National Children’s Bureau-Northern Ireland as International Results-Based Accountability example at OBA/RBA conference	Jan 2015
Provider testimony at U.S. Senate Committee on Health, Education, Labor & Pensions	Feb 2015
Outcomes highlighted at USDOE Policy Briefing, Achieving the Promise of Early Learning in Promise Neighborhoods	June 2015
IPC’s Accountability Model was highlighted at PolicyLink’s Equity Summit	Oct 2015
IPC’s Longitudinal Data System was highlighted at PolicyLink’s Equity Summit	Oct 2015
Paper presented at the National Rural Education Association conference	Oct 2015
Outcomes presented at Policy Innovators in Education Policy Summit	Oct 2015
Paper presented at Association for Public Policy Analysis and Management conference	Nov 2015
IPC program highlighted at the Children’s Health Summit	Mar 2016
IPC program’s impact on aligning schools and effective use of data discussed by The Urban Institute, in a special series they did on three Promise Neighborhood programs. ⁵⁹	Sept 2016

⁵⁹ Johnson, M. (Sept 2016) “*Passport to Prosperity*”, The Urban Institute. <http://apps.urban.org/features/promise-neighborhoods/indianola-ms.html> Retrieved September 6, 2016.



Establishing Initial Priorities. Our Promise Neighborhoods leadership team was selected through a competitive process to receive training by the Annie E. Casey Foundation on the foundations of Results Based Leadership, and we have begun to embed the principles of this goal-oriented framework leading our organization on a path to sustain the practices of achieving population-level results beyond the benefit of federal funding. Our ability to collect, analyze and communicate data has helped us accelerate our rate for turning the curve on meaningful population level indicators of academic, family and community success. This experience also helped us understand the need to determine which efforts are essential for the *initial focus* of the project. Upon initiation of the project, all solutions, strategies and actionable steps are not equally imperative. After seven years of building a similar continuum in Indianola, MS, we know there are developmental stages along this continuum that must be the focus of attention from “Day 1”. It is widely understood that community and family stakeholders play a critical role in the success of educational efforts, but we now understand better *how* to engage these stakeholders and how to frame activities that meet their needs. Equally important, we know the establishment of a culture built on evidence and driven by data must be the foundation of all initiative to ensure resources and efforts are allocated in the most meaningful manner.

Based on our knowledge and expertise, the proposed project design for the Deer Creek Promise Neighborhood calls for immediate focuses along the continuum on *early childhood development*, ensuring grade level reading by the end of 3rd grade, helping students transition from middle to high school, and establishment of a college-going culture prior to high school. In addition to these areas of focus, the foundation for success calls for a strong reliance on *data* and the *engagement of family and community stakeholders* in the project design.



Experience in Early Childhood Development. IPC's efforts to increase Kindergarten readiness measures proved successful in a relatively short period of time. At Lockard Elementary School in Indianola, our collaborative efforts greatly increased Kindergarten readiness measures at the beginning of each school year from 2013 when only 25% of entering students were assessed as ready. In 2014 the percent of incoming students assessed as ready rose to 44%, and in 2015 again rose to 52%. This experience provides a roadmap for the Deer Creek Promise Neighborhood project design, by placing a **heavy emphasis on population saturation, dual enrollment of services, alignment of partners' strategies,** and establishing a **well-known point of entry** into the Neighborhood's pipeline for children and families at a local medical home. Programs such as Parents as Teachers, Promise School, Imagination Library, SPARK and Small World were vital to building a fortified foundational segment of the childhood developmental pipeline. The strategies to align efforts and resources across all early childhood partner involved ensuring that everyone understood their contribution to the goal of Kindergarten readiness. This will be replicated and expanded for the DCPN.

Experience Improving Grade Level Reading by the End of 3rd Grade. IPC's efforts to support all students' abilities to read on grade level by the end of their 3rd grade year have been improving year over year. In fact, the 2015-2016 academic year was the first time a brand new partnership was established incorporating Teach For America volunteers as educators, as an addition to our collective strategy of identifying and supporting students at-risk of failing the 3rd grade reading assessment, a partnership that will be in place on Day 1 of the DCPN. Struggling 3rd graders receiving IPC support were **2.5 times more likely** this year than last year to pass the Reading Gate on their first attempt. Our experience working with students prior and up to 3rd grade has informed our decision to propose a project design for the DCPN that offers very high touch, one-



on-one interventions, complemented by a layering effect through dual enrollment across programs. Programs such as SPARK, Literacy Fellows, LINKS, CARES, Summer Camps and Afterschool Tutoring have proven to promote growth among IPC participants and are included in the Deer Creek continuum of services. Programs such as Teacher Coaching, Parents for Public Schools and F.A.S.T. indirectly supported student achievement and have been included in the DCPN to help foster grade level reading by the end of 3rd grade.

Experience with Successful Transition from Middle School to High School. IPC's support of students' mobility between grades, attendance and growth towards proficiency involved identifying at-risk students early and aligning interventions across partners. As we did in the IPC, the DCPN project design identifies at-risk students early through the LINKS strategy in partnership with the school districts, and then enrolling children in the programs that serve their academic, physical and emotional needs. A critical foundation for smooth transitions is strong parenting support, which we have integrated into the DCPN project design based on our history of working with IPC parents in need of advice on coping with, and supporting, troubled children.

Experience Establishing a College-Going Culture. Through IPC's College Promise Initiative, we saw Indianola youth participants score higher on the ACT than non-participants, develop their unique pathways to specific colleges, and initiate more conversations with parents at home about their needs to reach college. This experience informed the DCPN design in that we plan to replicate and expand projects such as Financial Literacy, Afterschool Tutoring, Youth Council, and Summer Camps. The DCPN will foster a college-going culture by educating parents, as well as students, of the early stage planning required to prepare a pathway to college.

Data-Driven Decision Making. DHA is a data-driven organization at its core, and all of our initiatives function with a focus on collecting and interpreting timely and relevant data to inform



decision making about resource allocation and program improvement. Our experience in creating the DCPN was guided by DHA's value of tracking participants frequently and over time in all of its programs to determine the efficacy of interventions and assess the impact of resource investments. DHA was able to obtain consent to capture and record data for 93% of all IPC school-aged children in the first year of the Promise Neighborhood Implementation grant period, an activity that will be replicated with the DCPN. We established robust processes to maintain the integrity and focus of program performance accountability, population-level accountability and staff accountability. Our accountability framework is incorporated in the Memorandums of Agreement (MOAs) we sign with partners, and we share a common, longitudinal case management database with all partners. This common database provides all partners with access to individual-level data and promotes ownership and accountability for participant improvement. These practices are embedded in the work of DHA and, thus, the project design for the DCPN.

During Year 1 of the DCPN project, we will focus intently on obtaining informed consent forms from families of children in the target area through organized recruitment at the schools, area churches, day cares, Head Start Centers, and community centers. Our MOAs with partners will be explicit about our accountability structure, and we will utilize the *same shared data system* with partners so that each participant in the DCPN will have a watchful eye on their progress or regression. During the target setting process, DHA strategically aligned all existing programs and solutions to a corresponding Government Performance and Results Act indicators (GPRAs) using the same methodology as we did with the IPC. Partners of the DCPN assigned a high/medium/low alignment and impact score to all programs. This scoring process will allow Team Leaders and Project Coordinators to make intentional steps to align, benchmark and continually realign solutions to our target results and indicators.



Community and Family Engagement. Residents and family members in Deer Creek helped formulate many of the DCPN goals and continue to remain engaged in leadership of the DCPN program design and plans for implementation. We learned through our experience with other programs that residents and families must have a participatory role in decision-making and program implementation so that ownership is shared and true partnerships are formed.

For example, the DHA helped the Leland Medical Clinic establish a Patient Advisory Committee, comprised of clients of LMC and area stakeholders, who help to give a voice to patients and their families regarding healthcare services and planned growth of the clinic. LMC patients recently told their healthcare providers that they had no accessible, safe place to exercise; which was brought to the attention of the Leland Patient Advisory Committee. Over the next few months, the committee reached out to their patients and residents in the area to solicit ideas and invite feedback. What resulted was the concept for a Leland Play Place – a musically themed playground on the spacious grounds of LMC, which happens to be centrally located between Leland’s downtown district to the southwest and adjacent to local neighborhoods to the north and east. DHA and LMC hosted a *Popsicles in the Park* planning event on July 18th, and area children were invited to submit design ideas for the playground equipment comprised of musically interactive pieces installed in a circle around a center stage area. Examples of winning submissions include a set of musical swings, a colorful xylophone, a curtain of wooden wind chimes, animal shaped drums, and a tree fort with a “Simon-Says” embedded game that requires teamwork to win. The entire park will be surrounded by a walking and bicycle path designed to look like piano keys. Area artists, including woodworkers and students from MDCC’s welding classes, have agreed to render the children’s designs into playable pieces, once funding can be secured for their materials. Each piece of equipment will include a plaque showing the original



art work, the child’s name, and the name of the local artist that turned it into reality. Once funded, the Leland Play Place will serve as a safe place to exercise for local residents, as well as a venue for public programs from the Jim Henson Muppet Museum and the Highway 61 Blues Museum. The planning and design of the Leland Play Place is just one example that demonstrates the kind of proactive, pragmatic community and family engagement that comprises the foundational core of the DCPN.

We also learned through the IPC that there are many effective low-cost and no-cost strategies that can be developed if the community, families and older youth are invited to share in the process of envisioning, planning and implementing programs and metrics. Several existing programs and locally funded initiatives will also be integrated into the Deer Creek Promise Neighborhood, and the DCPN will continue to leverage the insight and creativity of local residents to develop solutions that meet the most pressing needs in their community.

Advocacy for Policy Reform. One of DHA’s key organizational goals is to build an evidence basis and evaluate the efficacy and efficiency of programs to yield results which lead to policy reform. DHA understands how to leverage data, high profile networks and grassroots organizing to influence public policy and enlist support for evidence-based programs like Promise Neighborhoods. DHA provides expert testimony to the U.S. Senate, and is actively involved in several coalitions and councils that influence statewide policy and promote regional economic development. DHA worked with the MS Department of Health and Mississippi Medicaid to develop a clear, step-by-step plan, commonly agreed upon goals, and governance paired with stable infrastructure to organize and improve early childhood programs and our statewide Health Information Network. DHA staff and partners also mobilize residents and lead petitioning efforts to successfully lobby for policy change at the



grassroots level. DHA has used, and will continue to use, *outcomes of evidence-based programs* to promote and influence legislation for broad reaching changes in statewide policy that reinforce and complement the DCPN. A description of our specific experience with policy development and reform, including our process for identifying priorities and drafting recommendations for policy change is detailed in **Section III** Project Services.

Sustainability. DHA leadership have always focused on the sustainability of our effective initiatives. Our collaborative programs exist in a state **absent of any Fortune 500 companies, serving the poorest state in the nation and operating in a rural, isolated region** where fundraising is a challenging task. Despite these obstacles, private foundation funding mixed with additional state and federal funds have been interwoven to support those efforts and strategies showing the most promise and achieving results. DHA has also had success in creating program income for some of our initiatives through membership fees, contractual arrangements with area businesses and universities, and state contracts for services. Sustainability is not just continued injection of funds, but also formalizing and maintaining practices amongst partners motivated to achieving results. These practices have been embedded in the operations of our DHA and our core partners and are equally, if not more, important than the funding used to support operations.

Dual Focus of School and Community. There are two key pillars of the DCPN framework. The first pillar (school) involves the use of a Department of Education approved school intervention model - the Transformation Model, to significantly and sustainably improve operations, efficiencies and outcomes at both the Leland and Hollandale School Districts. The second pillar (community) involves implementation, improvement, and maintenance of a comprehensive continuum of solutions that wrap around and complement the targeted school improvements.



B. School Intervention - Transformation Model

Both partner districts receive Title I funds through ESEA and the Leland School District's accreditation was placed on probation by the state, requiring LSD to submit a Corrective Action Plan in March 2016. The majority of partnering schools are *low-performing* but not persistently lowest-achieving schools. As such, we plan to implement ambitious, rigorous, and comprehensive interventions to assist, augment, and promote the success of the schools' teachers, administrators, staff and students. The DCPN will adapt the

***“When you see a great teacher,
you are seeing a work of art.”***

*– Geoffrey Canada, Harlem
Children's Zone*

Transformation Model, including a full range of evidence-based teacher retention, coaching and professional development programs. The adapted methodology reflects several programs identified as “positive or potentially positive” for dropout prevention by the IES What Works Clearinghouse (WWC). The activities below, as part of this Model, will help the DCPN significantly improve academic outcomes for students, monitor the effectiveness of teachers and administrators, and improve the school's use of time and resources, including learning time.

(1) Teacher Incentive Structure. Evidence on teacher pay-for-performance programs has so far been inconclusive; and most studies have found no effects on student outcomes.⁶⁰ However, other incentive programs may be beneficial for teachers, particularly in building teacher satisfaction or team spirit. DCPN will work [REDACTED]

[REDACTED] to develop, implement and evaluate a concrete system of protocols and policies to identify and reward school leaders, teachers, and other staff who positively contribute to implementing the Transformation model, and to identify those who are in need of additional training or support to improve their professional practice. DCPN staff will

⁶⁰ http://www.rand.org/pubs/research_briefs/RB9649/index1.html



also assist teachers in accessing the benefits and incentives offered by the MS Department of Education⁶¹ to meet certain eligible costs like loan repayments and housing assistance. Quality teachers will also have an additional incentive through opportunities to earn extra income by filling part-time opportunities for instruction in extracurricular educational programs.

(2) Professional Development and Coaching. DCPN’s Teacher Coaching and Development program will provide teaching staff with ongoing, high-quality, job-embedded professional development that is aligned with the schools’ comprehensive instructional programs, state and national standards, and the learning styles of school staff. DCPN’s Teacher Coaching initiative is one of the key programs of our continuum of solutions, which utilizes two strategies for teacher development: (a) Diploma Now’s model for job embedded professional development regarding improved use of instructional materials, and (b) the MyTeachingPartner model that provides training and practice on improved teacher-student interactions.

(3) Teacher Recruitment and Retention. In addition to the professional development opportunities and incentives described above, DCPN will take additional actions to improve teacher recruitment and retention.

- New teachers will be partnered with a mentor from the same subject field who can offer guidance and one-on-one support as the new teacher acclimates to Deer Creek,⁶²
- All teachers will be encouraged to participate in monthly group problem solving sessions utilizing collective induction activities, such as planning and collaboration with other teachers to resolve common problems at the schools,⁶³

⁶¹ MS Dept of Education, Mississippi Teacher Center, <http://www.mde.k12.ms.us/OTC/BI>. Accessed 8/2/16.

⁶² Effects of Mentoring Programs on New Teacher Retention: A Literature Review, <http://eric.ed.gov/?id=EJ925039>

⁶³ Smith, T., and Ingersoll, R. “What Are the Effects of Induction and Mentoring on Beginning Teacher Turnover?” *Am Educ Res J* September 21, 2004, vol. 41 no. 3, p 681-714.



- LSD and HSD teachers will have the opportunity to participate in all DCPN programs offered to the general public, including Financial Literacy training, access to the Leland Medical Clinic and Leland Play Place, etc.

(4) Instructional Reform and Technology Integration Strategies. DCPN will conduct periodic reviews to ensure that the curriculum is being implemented with fidelity, is having the intended impact on student achievement, and is modified if ineffective. Allison Poindexter, DCPN’s Academic K-12 Team Leader, will oversee that process, working in collaboration with LSD and HSD Administrators. In addition, teachers will be provided tools and resources to help them integrate technology into instruction and assignments in tandem with DCPN’s Access to Technology program described below. This ensures that technologies are fully integrated into the pedagogy across settings – in the classroom, group settings and independent work.

(5) Schoolwide “Response to Intervention” (RTI) Activities. The integrated programs that comprise the DCPN will be delivered in the context of a tiered approach to instruction, which includes early warning systems for struggling students and differentiated instruction for all students. All students will receive high-quality, research-based instruction, and student achievement / progress will be measured on an ongoing basis using indicators and benchmarks as identified in **Figure 3** DCPN Map of the Continuum of Services by Goal and GPRA, page 120.

These multiple data points will inform both formative evaluation of the DCPN programs and calibration of instruction approaches / interventions for individual students and/or tiered groups. A key element of the RTI process is parent involvement, so parents will be informed of their child’s progress and instructional approach as part of regular report cards, and will also be invited to participate in establishing and monitoring academic or behavioral goals for their child. The continuum of 33 evidence-based programs offers ample opportunity to increase the intensity



and complexity of interventions in correlation with needs of struggling / low achieving students.

(6) Support for Students with Disabilities. Mississippi’s Office of Special Education was developed to improve the education experience for children with disabilities in our state through intense professional development opportunities, field experience, and individual accountability. DCPN staff will assist our teachers and school staff in accessing OSE workshops, training and programs. (<http://www.mde.k12.ms.us/OSE/training>) Special DCPN programs, including Imagination Library and our Literacy Fellows described below, will address the need of limited English proficient students to acquire sufficient language skills needed to master their classes.

(7) College and/or Career Readiness. The College Promise Initiative; Getting Ready to Excel, Achieve and Triumph (GREAT), Financial Literacy, and the ACT National Career Readiness Certificate programs are all focused on preparing students for college and careers, and each program includes a pathway for low-achieving students to take advantage of the program elements and activities. The DCPN College and Career Team, led by Caleb Herod, will also work in close concert with both high schools to ensure that students enroll in advanced coursework (such as Advanced Placement or International Baccalaureate; or science, technology, engineering, and mathematics courses, especially those that incorporate rigorous and relevant project-, inquiry-, or design-based contextual learning opportunities), and dual enrollment programs. DCPN’s Credit Recovery Program will also help high school students recover class credits needed for graduation and provide supports designed to ensure that low-achieving students can take advantage of these programs and coursework.

(8) Strategies to Bolster Student Retention and Graduation. The continuum of DCPN programs, external supports and ongoing monitoring and recalibration closely mirror the “Check



and Connect” intervention,⁶⁴ which was determined to have positive effects on students staying in school and potentially positive effects on progressing in school by the IES’ What Works Clearinghouse. The DCPN continuum includes credit-recovery programs, re- engagement strategies, competency-based instruction and performance-based assessments, as well as acceleration of basic reading and mathematics skills in early grades (e.g., Literacy Fellows). The DCPN continuum promotes many pathways to high school / G.E.D. completion, and addresses the life skills, personal wellness, family stability and emotional supports needed for students to be prepared and focused for academic success.

(9) Support for School Transitions. Starting even before kindergarten, the DCPN has targeted, intensive support programs to facilitate transitions to kindergarten, through third grade, into middle and high school and into post-secondary education and training. For example, the College Promise Initiative helps prepare students for the transition from secondary to college academic rigor and responsibilities. Mississippi Delta Community College, a DCPN partner, offers a dual-enrollment program that allows students to be enrolled for MDCC classes while finishing their senior year of high school.⁶⁵ [REDACTED]

[REDACTED]

[REDACTED] For transitioning from elementary to middle and from middle to high school, both districts will review and expand their existing transition plans for students, to potentially include such things as a visiting day at the new school over the summer to give new students a chance to find their classrooms and lockers, meet teachers, and learn the class bell systems.

⁶⁴ <http://ies.ed.gov/ncee/wwc/interventionreport.aspx?sid=78>

⁶⁵ MDCC, Dual Enrollment Program, <http://www.msdelta.edu/quick-links-25/dual-enrollment>



(10) Increased Learning Time. Student and family behavioral and emotional problems hinder both student learning and the ability of educators to focus on teaching. Programs like Triple P, Families and Schools Together, Watch D.O.G.S. and Universal Parenting Place are intended to improve the school climate and reduce disciplinary actions by improving positive behavioral supports and addressing bullying and security concerns that impede student learning. These programs will increase the amount of time dedicated to learning within the school day, and will allow students to be better prepared to use their time in school for focused learning.

(11) Family and Community Engagement. DHA’s comprehensive approach to whole patient, whole child and whole family care aligns well with the Promise Neighborhoods model of partnering with parents and parent organizations, faith- and community-based organizations, health clinics, other State or local agencies, and others to create safe school environments that meet students’ social, emotional, and health needs. Parents will be actively involved and engaged through our Parents Committee, and by active participation in the majority of our community-based programs. DCPN Case Managers will work with the *entire family*, not the student, to foster this engagement and ensure that the whole family’s needs are understood and being addressed.

(12) Leadership Development and Support. The DCPN consortium, community stakeholders and parents are all committed to allowing partner schools sufficient operational flexibility (such as staffing, calendars/time, and budgeting) to implement a fully comprehensive approach to substantially improve student achievement outcomes and increase high school graduation rates. Programs like the DCPN Youth Council will provide a direct venue for the development of leaders among our student populations, and promote collaborations across racial boundaries. Our schools will be supported with ongoing, intensive technical assistance from DCPN, in partnership with the LEAs. Leaders and administrators of both districts will also have



the opportunity to take advantage of our Teacher Development programs and CEUs to meet their own professional development needs.

(13) Evaluation and Monitoring Systems. In addition to educational indicators identified for the Promise Neighborhoods program, DCPN will utilize multiple observation-based assessments of performance and student surveys to evaluate teacher progress toward DCPN goals.⁶⁶ DCPN will also monitor and report changes in instructional practices and school policies that promote and deliver factors that have been empirically proven to improve teacher retention, quality instruction and student success. DCPN's Efforts to Outcomes monitoring system and evaluation protocols by our research team will take into account data on student growth as well as other factors such as multiple observation-based assessments of performance and ongoing collections of professional practice reflective of student achievement and increased high-school graduations rates; and are designed and developed with teacher and principal involvement.

(14) Use of Student Data. The DCPN and partnering schools will use two systems to capture all of the student data needed to drive both its research priorities and management of students as they move through the pipeline of programs and between grades. The schools utilize the Mississippi Student Information System (MSIS) which provides for the electronic collection and storage of comprehensive detailed data about teachers, administrators, students (PreK to 12), and school board members. MSIS also allows for the electronic transfer of student records from one school district to another, thus offering a unique student tracking system. DCPN Case Managers and partners will also have access to our Efforts to Outcomes data system that will facilitate research on the effectiveness of DCPN initiatives and create a mechanism by which participants

⁶⁶ Kane, T. J., & Staiger, D. O. (2012). *Gathering feedback for teachers: Combining high-quality observations with student surveys and achievement gains*. Policy and practice brief for the Bill and Melinda Gates Foundation.



are tracked and served. Both systems are aligned with state academic standards and promote the continuous use of student data (such as from formative, interim, and summative assessments) to inform and differentiate programs in order to meet the academic needs of individual students.

The only element of the Transformation Model that will not be adopted for DCPN is that of replacing principals, because several of the principals are new hires and teachers across all partner schools have pledged a level of commitment to the DCPN that ensures that school leadership and programs will have swift, comprehensive and direct influence on student achievement and college / career readiness. Existing teachers, principals and administrative staff will be assessed and offered a comprehensive array of professional development opportunities, training, and technical support to improve their skill sets and effectiveness.

C. Implementation Plan

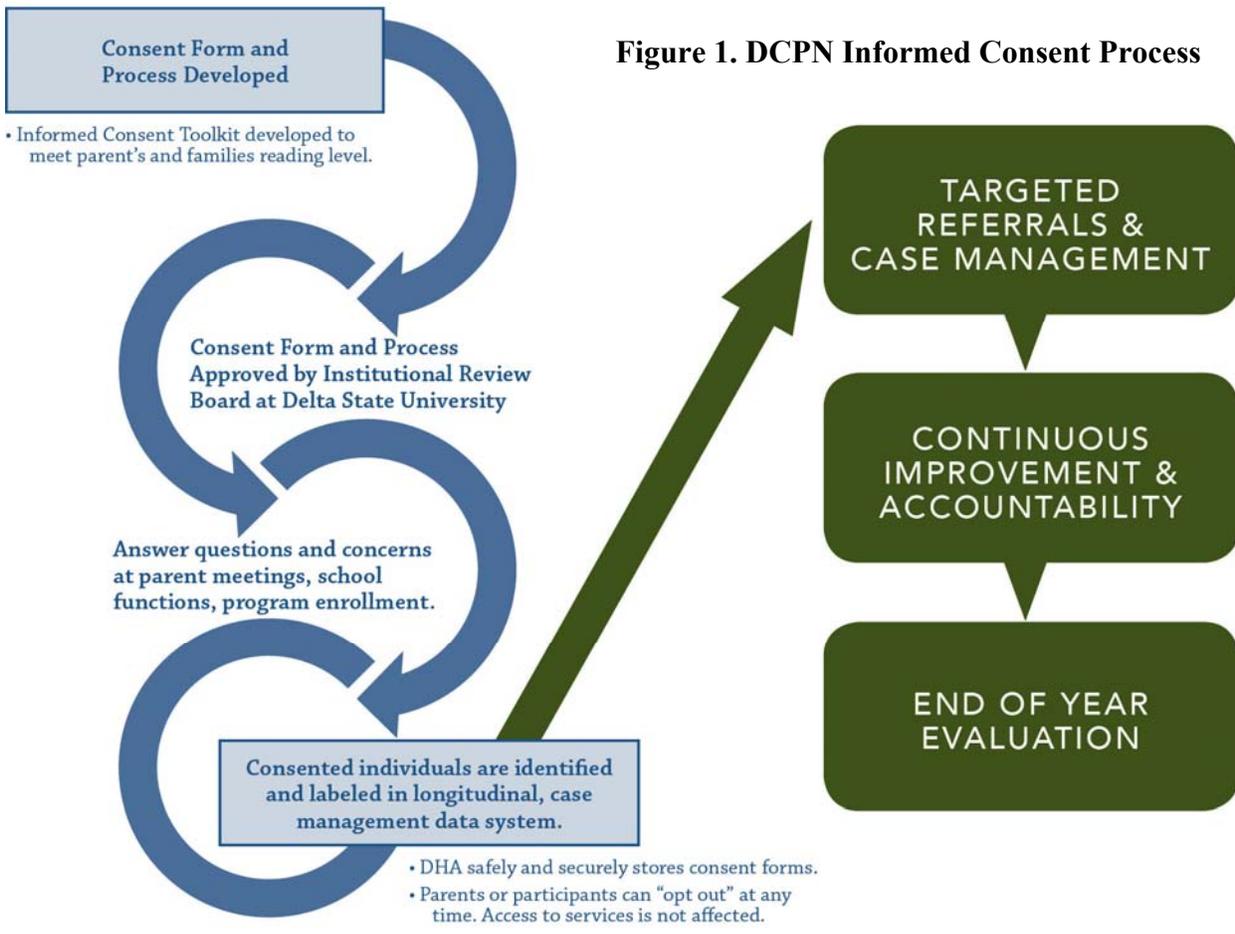
Responding to Community Served. The local community has been closely involved in designing the DCPN to meet the unique preferences and priorities of Deer Creek parents, students, teachers and administrators. To ensure no one falls out of the DCPN pipeline, we will utilize a data system that creates a “**digital passport**” that follows students from birth through each school and even beyond high school graduation. After a participant consents to participate, DHA staff enroll them in a longitudinal case management system supported by **Social Solutions’ Efforts to Outcomes (ETO)** as our organization-wide longitudinal database. DHA’s data-supported system was highlighted as an evidence-based model that works at PolicyLink’s Equity Summit in October 2015. This system involves: (1) monitoring individual progress through the use of one-on-one Case Managers; (2) establishing networking connections that connect all elements of the DCPN pipeline; and (3) collecting and analyzing individual-level data on children and families in real-time to continually improve existing services and develop new strategies to address needs



as they arise. Our ongoing data capture, analysis and evaluation allows the DCPN to be continually “listening” to students and their families and assessing the value and impact of the program from their perspectives. As demonstrated during the needs assessment, DHA enlists a variety of methodologies for soliciting input, engaging individuals and empowering students, families and educators to inform priorities and project design.

Soliciting Parent / Participant Consent. The functionality of DCPN’s longitudinal case management system relies on robust informed consent requirements. Informed consent allows DHA and partner organizations to connect critical pieces of information so that we can provide targeted services to the highest-risk participants, while providing services with the utmost respect and confidentiality. DHA has already designed and implemented formal informed consent protocols, with safeguards to promote data security and multiple triggers that swiftly identify irregular, problematic or unethical behavior or system use. All partners of the DCPN understand that informed consent is an on-going process that involves parents, students, partner organizations and the school district. DHA will work to properly inform all families of the risks and benefits of participating in the project, and provide the training and oversight needed by program partners to reinforce proper informed consent protocols within their own initiatives.

DHA has several years of experience collecting informed consent of at-risk populations. For the IPC, DHA secured the consent of 93% of residents across our continuum of programs, with **the highest consent rates** among all Promise Neighborhood programs. DHA’s transparent informed consent process (**Figure 1**) is monitored by an Institutional Review Board at Delta State University. Our Promise Neighborhood consent form includes the purpose, data and information that will be collected, and risks and benefits for the project as a whole and for the specific initiatives in which they’ll be enrolling. At the beginning of the project, DHA will



coordinate with the school district and partners to provide information on the project and the importance of informed consent and data sharing. DHA has developed an informed consent “summary sheet” for parents and providers that details what the consent form covers, written at a fifth grade reading level. Informed consent forms will be collected and stored at the DHA office in a locked cabinet. Although DHA encourages participants to consent to share data, DHA will not deny services to participants if they choose to opt out.

Case Management and Longitudinal Data System. DHA will expand our current informed consent process and ETO data system to collect and report data from new DCPN partner organizations. At the **program level**, DCPN staff will meet monthly to discuss progress towards performance measure targets. Data will be disaggregated to better understand disparities, which



can then be addressed in our Accountability Meetings. In some cases, individual-level data will be shared in order to make referrals to services that can address concerns. At the **student/family level**, families will be assigned family advocates, or LINKS (Linking Individuals Neighborhoods and Kids to Services) Case Workers, who work with individuals and families to connect at-risk participants to targeted services.

LINKS are individuals who have been recruited from the local community, so they intimately understand the concerns and barriers of the families we serve. At-risk families are identified for the LINKS program by using data collected from the school district through our case management system, prompting contact from LINKS and solicitation of parent consent. After a family is formally enrolled into the LINKS program, a LINKS work one-on-one with parents to set family goals called Service Plans, and connect them with the right programs to support the family's goals. LINKS provide families with referrals to health services, educational resources, social / network supports and other programs. The primary role of a LINKS is act as a support system for families and remove barriers to their success. LINKS are part of a case management system designed to address student issues relating to academics, behavior, health and attendance *as early as possible*, to mitigate the potential negative impact on student outcomes.

The role of the LINKS is to connect families with the right resources from members of the DCPN coalition and other DHA partners, and continually support them along their child's trajectory. LINKS offer both personal connection and firm retention support for families in the DCPN pipeline, because they know the families of the Deer Creek community and the resources available to support them, and they are proactively and strategically focused on continually connecting (and re-connecting) them to appropriate services and interventions that address the family and social factors that contribute to the academic success of their children.



LINKS is based on an existing evidence-based family home visitation model that was developed by the Northside Achievement Zone (NAZ) in Minneapolis, MN. The model is rooted in research that demonstrates that children who come from stable homes do better in school⁶⁷ and have overall better health.⁶⁸ New evidence shows that LINKS may indirectly impact academic performance for students enrolled in the program. A comprehensive evaluation was recently completed by DHA's external evaluator of the existing LINKS model being implemented in the IPC in Indianola, MS. The data suggests students who are enrolled in the LINKS program and begin the school year in the 25 percentile or lower demonstrate significantly more growth in reading than similar participants who do not have a LINKS advocate.⁶⁹

Targeting High Need Children and Children with Disabilities. DCPN will work closely with our partnering schools to identify the triggers, thresholds and indicators that will be monitored to move a child through the continuum and ensure that services increase to meet the needs of students who struggle or fall behind. LINKS specifically target at-risk children from birth to career, identified through the use of school and program data and Early Warning Systems, as well as recommendations from school intervention teams. Students with disabilities and those requiring special education services will be fully included in all DCPN programs. DCPN will also encourage focused teacher professional development to ensure that the schools are implementing current, evidence-based practices for dealing with high need and special need students, including those with behavioral disorders, attention deficit and other issues that directly impact student learning, such as DCPN's evidence-based STAR Academy.

⁶⁷ Davis-Kean, Pamela E. "The influence of parent education and family income on child achievement: the indirect role of parental expectations and the home environment." *Journal of family psychology* 19.2 (2005): 294.

⁶⁸ William CD et al. *Mother and child health: delivering the services.* Oxford University Press. USA. 1994

⁶⁹ Pete Albrecht (2016) End of year LINKS evaluation



Serving Students who do not Attend Partnering School Districts. All residents of Deer Creek communities will be eligible to participate in DCPN programs, although recruitment efforts will target populations at greatest risk as identified by our segmentation analysis. All families will have the opportunity to register for DCPN programs, either through open recruitment during DCPN Week each fall, at the public schools during student registration, in person year-round at DHA’s office in Stoneville, or directly with individual initiatives as they launch their recruitment drives. A concerted effort will be made to ensure that all programs reflect the racial and ethnic make-up of our communities. Summer camp programs and community events will be advertised in all cities, through social media, and in local newspapers and church bulletins that will encourage private school attendees and home schooled students to participate in DCPN programs. All residents will also benefit from new facilities and programs, including the Leland Play Place musical playground, annual Health Fair, and Neighborhood Associations.

Statement of Inclusivity. As is the case with all DHA operations, all DCPN programs will be **open and accessible** to all residents of Deer Creek regardless of race, color, religion, gender, gender expression, sexual orientation, age, national origin, disability, marital status, or military status, in all of its activities and operations. These activities include, but are not limited to, hiring and firing of staff, selection of volunteers and vendors, and provision of services. We are committed to providing an inclusive and welcoming environment for all members of our staff, partner staff, residents, students, volunteers, subcontractors, vendors, and clients.

Promoting System and Policy Alignment. The partners of the DCPN believe in creating a culture of accountability that involves demonstrating quality and impact through the use of evidence-based programming and continuous improvement. The DCPN continuum of solutions were chosen based on: (1) alignment with priority needs as expressed by Deer Creek residents and



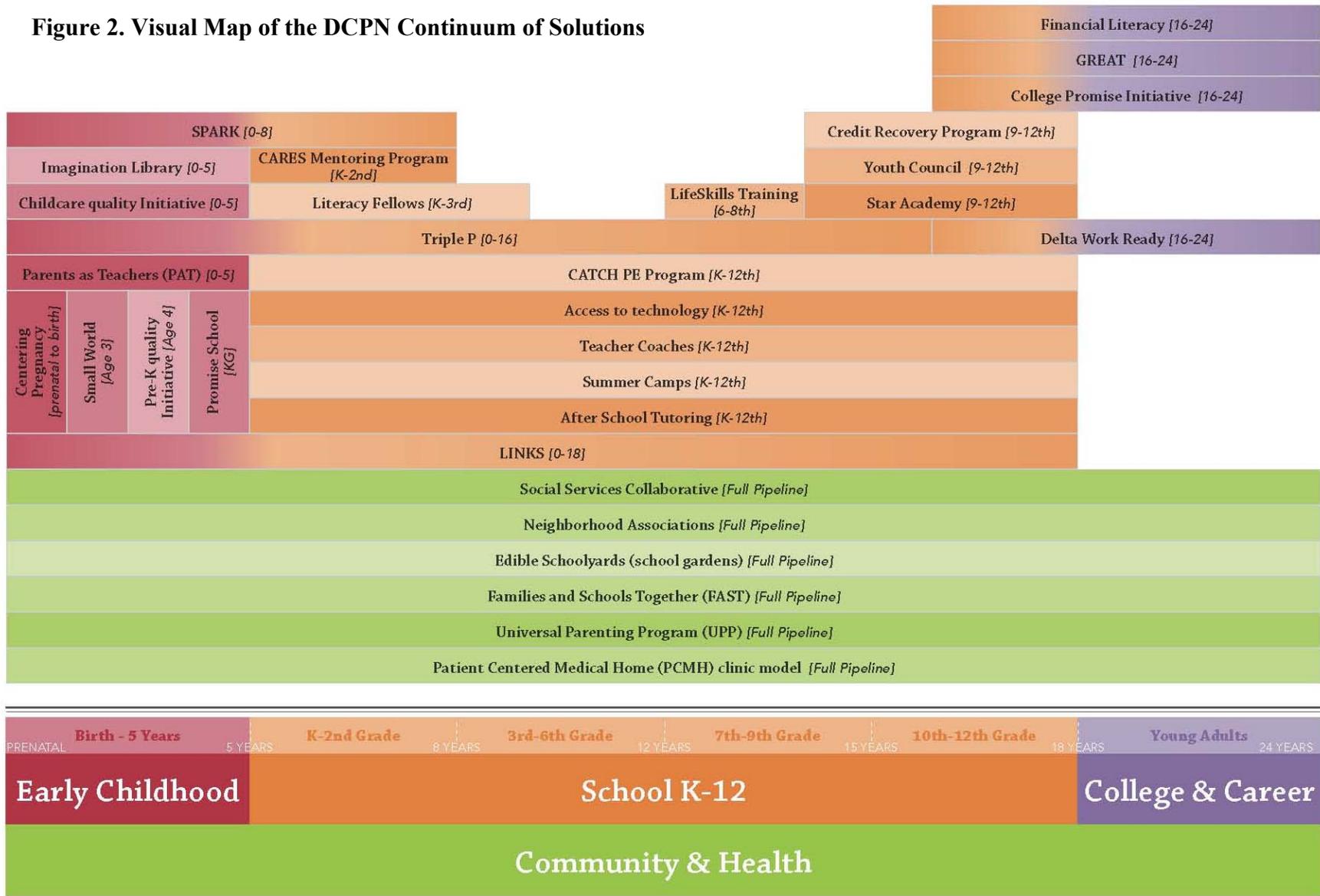
stakeholders; (2) strong evidence base; (3) potential to decrease fragmentation of services; and (4) opportunity to promote and sustain community buy-in.

Five DCPN Intervention Teams (Early Childhood, Academic K-12, College and Career, Health, and Community) will be responsible for managing the implementation and day-to-day operations of the programs under their umbrellas. The construct, protocols and design of these teams are detailed in **Section IV**. Management Plan. Descriptions of the research that comprises the evidence basis, including the **methodology / design, sample size, population studied, detailed findings and full citation(s) of supporting studies are included in Appendix G**.

D. Deer Creek Promise Neighborhood Continuum of Solutions

The 33 interconnected initiatives that comprise our DCPN Continuum of Solutions are all based on empirical evidence, best practices, and first-hand experience of implementing Promise Neighborhoods in Sunflower County, Mississippi. Though advised by IPC implementation, the DCPN is not a simple cookie cutter replication of the IPC. The Promise Neighborhood program requires that the seamless continuum of solutions foster systematic and sustainable changes to the policies, service plans, provider relationships and culture of our communities; and no two communities are exactly alike. Certain highly successful elements of the IPC are being *replicated*, but many of the DCPN initiatives were adapted from other successful programs and designed to address gaps, weaknesses and needs that are unique to Deer Creek, its schools and target families. **Figure 2** (next page) provides a visual map of our Continuum of Solutions. Components of DCPN’s Continuum of Solutions, targeted enrollment, *summary* of key research findings supporting each program model, and relevance of each model are described following Figure 2. **Appendix F** details the **timing of implementation, partner participation, costs and source of funds, number and percentage of children served, and growth plans**.

Figure 2. Visual Map of the DCPN Continuum of Solutions



1. CenteringPregnancy®

Lead Agency: Leland Medical Clinic

Program Model: A prenatal care model developed by a certified nurse midwife that offers a group setting that provides “risk assessment, health promotion, and support.” While providing the traditional prenatal care model, CenteringPregnancy provides group sessions for women at similar gestational periods. Women are offered educational trainings and social support while also learning how to “self-care” during pregnancy. The education sessions included topics such as pregnancy issues, nutrition, exercise, breastfeeding and positive parenting, which together create a strong foundation for kindergarten readiness. The program will be provided through DCPN’s local health care provider partner, Leland Medical Clinic, and will serve as one of the key portals through which pregnant women can enter the DCPN pipeline of services.

Targeted Enrollees: Pregnant women and women with infants. Target Enrollment: Year 1: 50; Year 2: 100; Year 3: 100; Year 4: 150; Year 5: 150. Impacted GPRAs: 1. #/% of children with a medical home and 2. #/% ready for kindergarten. Additional Outcome Measures: %/# children born low birth weight; Pre-/post- test on pregnancy knowledge; compliance on prenatal visits; rate of adoption of breastfeeding. Evidence: Similar target population preferred to receive perinatal care in groups, birth weight was higher, and participants had higher levels of knowledge about pregnancy and were prepared for birth; model improved compliance on prenatal visits, uptake of LARC (long-acting reversible contraceptive) methods, weight gain and increase rates of breastfeeding; offers benefits of clinical care with social support and education. Relevance: Model improves perinatal outcomes for low-income women and their infants through group care. When babies are born healthy, they are more likely to meet developmental milestones and arrive at kindergarten ready to learn. CenteringPregnancy allows mothers to create a trusting relationship



with their healthcare providers and other mothers, and educates mothers on best practice for taking care of themselves and their child throughout the pregnancy and birthing process.

2. Parents as Teachers (PAT)

Lead Agency: Delta Health Alliance

Program Model: Utilizes women *recruited from the local community* and trained as health outreach workers to visit pregnant women and families with young children up to five years of age in their home to promote healthy living and self-sufficiency. Leading by example, they listen to parents' concerns, educate them about nutrition, health and children's development, model positive parenting practices, and provide assistance linking to social services. PAT professionals train parents to better support their children's development and to promote their school readiness. DHA is currently operating the PAT program in Deer Creek in a limited capacity, and will scale up the program for greater enrollment. Targeted Enrollees: Parents with children ages 0-5. Target Enrollment: Year 1: 40; Year 2: 70; Year 3: 70; Year 4: 70; Year 5: 70. Impacted GPRAs: 1. #/% of children with a medical home, 2. #/% children ready for kindergarten, 3. #/% of children in formal early learning programs & 12. #/% of children who are read to 3 times or more a week. Additional Outcome Measures: changes in early detection of developmental delays, #/% child abuse and neglect, %/# children born low birth weight, #/rate teen pregnancy.

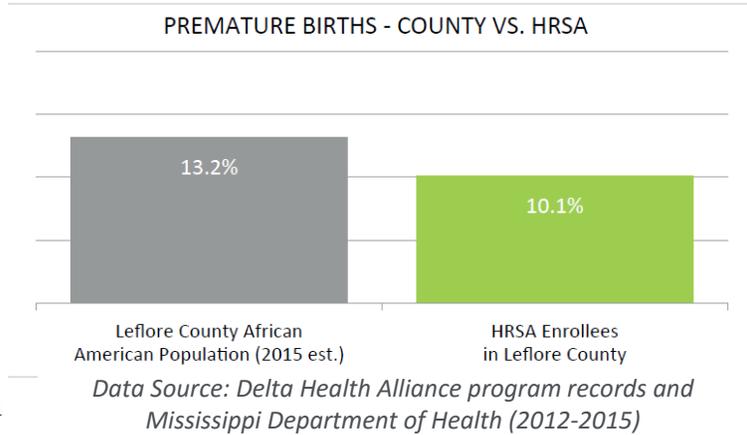
Evidence: Children whose families participate in the PAT program not only have significantly higher school readiness scores than children that did not participate in the program, but also have significantly higher grades in kindergarten than those that did not participate in the program. DHA's experience with a PAT program in the Delta aligns with the outcomes observed in national studies. DHA has operated a PAT program since 2012 in Sunflower, Leflore, Holmes and Humphries counties with funding support from the Health Resources and Services



Administration (HRSA). Local programming has been linked to healthy birth outcomes for participants, compared to other non-participants in the region. For example, when comparing Leflore County PAT participants to the general population, the total rate of low weight births among PAT participant's mothers 2012-2015 was 13% lower than the rate for the black population in Leflore County as a

whole. Similarly, using Leflore County's average non-White premature birth rate 2012-2014 to estimate the rate in 2015, babies

born into the PAT program are born premature 25% less often than non-participants.



Relevance: PAT supports parental involvement and provides parents with child development knowledge and parenting support, provides early detection of developmental delays and health issues, prevents child abuse and neglect, and increases children's school readiness.

3. Imagination Library

Lead Agency: Delta Health Alliance

Program Model: Imagination Library makes it possible for children to receive a free book in the mail each month before they turn five and organizes community readings to increase literacy in the community at large. DHA has participated in Dolly Parton's Imagination Library program for eight years now including serving Deer Creek, working to mail a free, high-quality, new book each month to children from birth to age 5 who live in participating communities. The first book for every child is *The Little Engine That Could* by Watty Piper. After that, all books are age-appropriate. In addition to the free book service, the project coordinator for the Imagination



Library program hosts community reading events at local childcare centers, Head Starts centers, churches, libraries, and Leland Medical Clinic. Local reading events engage a volunteer network of adult readers, and also provide valuable reading and volunteer experience for area students.

Targeted Enrollees: Families with children ages 0-4

Target Enrollment: Year 1: 200; Year 2: 300; Year 3: 400; Year 4: 400; Year 5: 400.

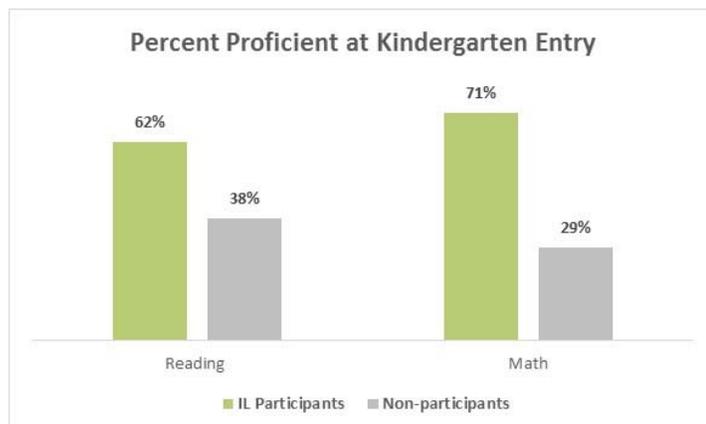
Impacted GPRAs: 2. #/% children ready for kindergarten & 12. #/% of children who are read to 3 times or more a week.

“I read on the weekends and after school. It puts me in different places. I can be in that place in the book. I’m so glad I’m learning to read better.”

- Roger Stephens, 6th grade student in the Delta, graduate of DHA’s IL

Additional Outcome Measures: Measure of Academic Performance (MAP) computerized test results; changes in scores for pre-reading and pre-math. Evidence: Enrolled students were twice as likely to be Kindergarten ready in reading and 2 ½ times more likely to be Kindergarten ready in Math than those not enrolled.

Relevance: This community-wide literacy program supports the early development of reading and literacy skills, and fosters better engagement between low-income parents and their



children through reading together. The program ultimately bolsters kindergarten readiness.

4. Pre-K Quality Initiative

Lead Agencies: Leland and Hollandale School Districts

Program Model: Provides support and technical assistance to teachers providing pre-K instruction and outreach at partnering school districts. DCPN will contract with both School



Districts and the MS Low Income Child Care Initiative (MLICCI) to strengthen the schools' infrastructure and support. MLICCI will provide on-site technical assistance support and training to ensure implementation of evidence-based curriculum and assessment tools, ITERS/ECERS, and Mississippi Quality Rating System (QRS). As a result, we anticipate that number of children enrolled in the public school Pre-K program will increase by 50%. Initial enrollment will include eight teachers and two administrators (one at each Elementary school).

Targeted Enrollees: Teachers and students of Leland and Hollandale Pre-K programs.

Target Enrollment: Year 1: 40; Year 2: 50; Year 3: 50; Year 4: 60; Year 5: 60.

Impacted GPRAs: 2. #/% children ready for kindergarten and 3. #/% of children in formal early

learning/pre-k programs. Additional Outcome Measures: Implementation of the Creative

Curriculum for Preschool, Fourth Edition, Measure of Academic Performance (MAP)

computerized test scores for literacy skills. Evidence: Initiative ensures that Leland and

Hollandale schools implement the Creative Curriculum for Preschool, Fourth Edition, which

meets the Institute for Educational Sciences What Works Clearinghouse (WWC) evidence

standards. The WWC considers the

outcome base for the curriculum to be

medium to large for four outcome

domains—oral language, print knowledge,

phonological processing, and math.

“We must absolutely take care of one another. It does take a village, but we have to be a village first. We have to take care of each other’s children.”

– Ruby Bridges, civil rights activist, born in Mississippi

Relevance: Targeted teacher training and promotion of an evidence-based curriculum will

improve the quality of services provided to children and families and improve students’

preparation for Kindergarten.



5. Childcare Quality Initiative

Lead Agency: MS Low Income Child Care Initiative

Program Model: Provides support and technical assistance to private childcare centers in Deer Creek. DCPN will contract with MS Low Income Child Care Initiative (MLICCI) to provide on-site technical assistance support and training for five (5) local childcare centers, to improve access for disabled children, and work with each center Director to implement their strategic plan. All five existing private childcare centers currently offer **transportation** and will be required to continue that service for participation. In order to accomplish our goals of childcare quality improvement, MLICCI will hold training events with center staff on evidence-based curriculum and assessment tools, ITERS/ECERS, and Mississippi Quality Rating System (QRS).

Targeted Enrollees: Teachers, admin, staff and children at five private childcare centers.

Target Enrollment: Year 1: 100; Year 2: 175; Year 3: 175; Year 4: 175; Year 5: 175.

Impacted GPRAs: 2. #/% children ready for kindergarten and 3. #/% of children in formal early learning/pre-k programs. Additional Outcome Measures: Implementation of the Creative

Curriculum for Preschool, Fourth Edition, Measure of Academic Performance (MAP)

computerized test scores for literacy skills. Evidence: The DCPN Childcare Quality Initiative

will ensure that all participating centers implement the Creative Curriculum for Preschool,

Fourth Edition, which meets the Institute for Educational Sciences What Works Clearinghouse

(WWC) evidence standards. The WWC considers the outcome base for the curriculum to be

medium to large for four outcome domains—oral language, print knowledge, phonological

processing, and math. Relevance: Childcare center professional development is a key ingredient

in making sure centers perform efficiently and effectively. The program improves the quality of services provided to children and families, and strengthens the center's financial viability.



6. Small World

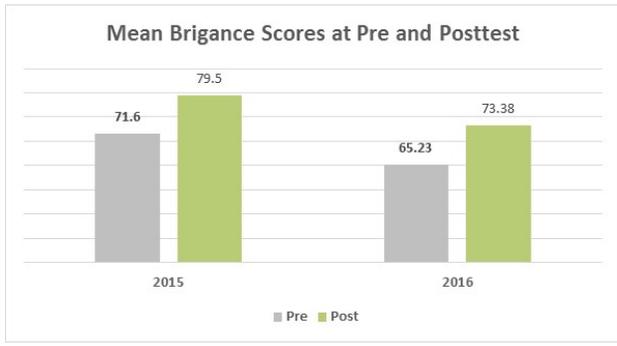
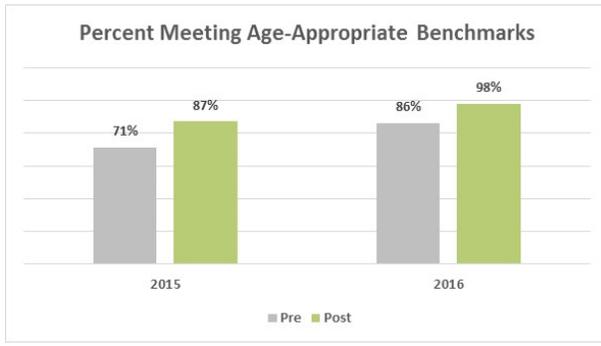
Lead Agency: Washington County Opportunities

Program Model: Summer enrichment program that will be operated in partnership with the Washington County Early Head Start program at their Head Start Centers, focusing on assisting three year olds who have not yet had any type of school experience to be better prepared for kindergarten. All Head Start centers currently offer, and will continue to provide, transportation. For seven hours a day for nearly two months, children from low-income families are taught social, emotional, cognitive and academic skills, all basic concepts for 3-year-old developmental milestones. The teachers, all Early Head Start / Head Start instructors, provide a curriculum that includes creative arts, math, science, language arts, physical fitness, motor skills, and sensory skills. Camp teachers also work closely with the parents, laying the foundation for a strong parent-teacher relationship in the future, and teaching parents what to expect from an academic program, how to interact with their children's caregivers, and how to become more engaged in their children's academic success. DHA has operated programs using this model in Indianola since 2012, and began collecting developmental data for participants in the program in 2015.

Targeted Enrollees: Children, ages 3 years old. Target Enrollment: Year 1: 65; Year 2: 85; Year 3: 85; Year 4: 85; Year 5: 85. Impacted GPRA: 2. #/% children ready for kindergarten.

Additional Outcome Measures: Pre-/post- Brigance early childhood screener scores.

Evidence: In both 2015 and 2016, Small World participants demonstrated significant growth in overall mean Brigance scores. That growth contributes to a significant improvement in the number and percent of participants meeting age-appropriate benchmarks at posttest.



Source: Brigance Screener, Small World, 2015-2016

Relevance: Program combines social and emotional development with interventions for early literacy and numeracy skills.

7. Promise School

Lead Agencies: Leland and Hollandale School Districts

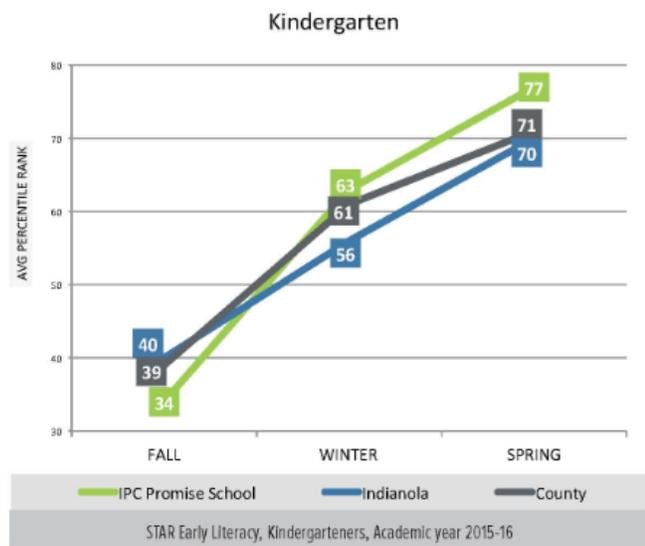
Program Model: School-based summer camp for incoming kindergarteners that includes literacy and numeracy interventions as well as help transitioning into being part of the school system.

Program consists of a 6-week intensive summer education for children ages 4-5 that aims to improve upper and lower case recognition, awareness of print, phonological and phonemic awareness, develop appropriate receptive

language and oral language for communication, improve self-concept and engagement in learning environments, and demonstrate control over emotions and

develop positive relationships with adults and peers. Program also includes teacher development and mentoring programs for

new teachers. Targeted Enrollees: Children



Source: STAR Early Literacy, Sunflower County Consolidated School District, 2015-2016



ages 4 and 5 years old. Target Enrollment: Year 1: 75; Year 2: 90; Year 3: 90; Year 4: 90; Year 5: 90. Impacted GPRA: 2. #/% children ready for kindergarten.

Additional Outcome Measures: Written and oral language skills in 4-5 year old children.

Evidence: Promise School reduced the adjustment period that students face when they arrive at Kindergarten, and they outperformed their peers over the course of the year - even though they start the year a behind. Relevance: Promise School helps children achieve readiness for kindergarten. Existing Head Start programs provide services to less than half of eligible children in Deer Creek due to limited resources, and Promise School will help fill this gap. By employing and offering training to Head Start teachers, the program also improves the quality of instruction in those programs and offers targeted professional development opportunities.

8. Supporting Parents to Assure Ready Kids (SPARK) *Lead: Children's Defense Fund*

Program Model: An effort modeled after similar programs by the Children's Defense Fund/Southern Regional Office (CDF/SRO) focused on improving children's' acclimation to kindergarten through third grade, focusing on children with communication deficiencies like speech or vocabulary deficiencies. Program staff provide afterschool sessions with children in grades K-3 and train parents in how to address specific deficiencies in their children's cognitive development. The intervention aims to promote readiness in children with delays by scheduling school and home visits. Program emphasizes quality improvement in skills development.

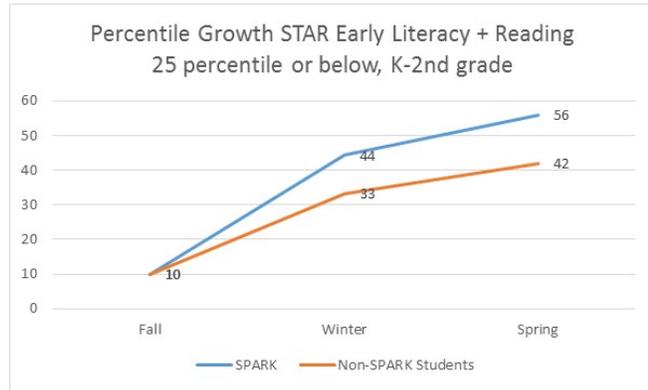
Targeted Enrollees: Grades K-3 with developmental delays. Target Enrollment: Year 1: 90; Year 2: 150; Year 3: 150; Year 4: 150; Year 5: 150. Impacted GPRAs: 2. #/% children ready for kindergarten, 4. #/% of children at or above grade level in math and reading, 12. #/% of children who are read to 3 times or more a week, and 13. #/% of parents who encourage reading outside of



school. Additional Outcome Measures: Pre-/Post- STAR Reading Benchmark scores.

Evidence: According to a seven-state evaluation of SPARK programs, SPARK children outperformed non-participants on measures of cognitive, language, fine motor, gross motor, and socio-emotional skills.

SPARK’s intervention strategies have also been shown to improve reading and literacy performance in high-risk students in the Mississippi Delta.



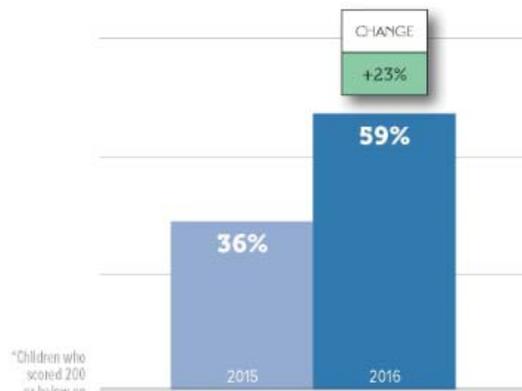
Source: STAR Early Literacy & Reading, grades K-2nd, Sunflower County Consolidated School District, 2015-2016

Relevance: The SPARK program targets children with developmental delays to improve literacy and numeracy skills, to improve attentiveness, self-control, and social ability, as well as to improve age appropriate functioning in literacy and language domains.

9. DCPN Literacy Fellows

Lead Agency: Delta Health Alliance

Program Model: Provides one-on-one and small group literacy intervention to students for one hour each day, five days per week. DCPN’s Literacy Fellows implement the Success for All (SFA) reading, writing, and oral language development program. The intervention will be delivered in small group settings in school settings each day to students are considered struggling readers. Fellows also earn valuable community service hours that can be used for college applications or as job references for their first career.



Source: MKAS, Sunflower County Consolidated School District, 2016



Targeted Enrollees: Third graders at Leland & Sanders (HSD) Elementary Schools.

Target Enrollment: Year 1: 60; Year 2: 60; Year 3: 60; Year 4: 60; Year 5: 60. Impacted GPRA:

4. #/% of children at or above grade level in math and reading. Additional Outcome Measure:

3rd Grade Summative Reading Assessment scores, #/% who successfully transition on time from

elementary school to middle school. Evidence: A similar program “had a positive and

statistically significant impact on all three measures of student reading proficiency;” and reading

tutors helped participating students to achieve one and half to two months of additional progress

in comparison to the control group. Evidence presented by the SFA model study was deemed by

the IES WWC to be medium to large for alphabets, comprehension, and general reading

achievement. DHA piloted the Literacy Fellows program during the 2015-2016 school year at

Carver Elementary School located in Sunflower County, MS. Program targeted 3rd graders who

were at-risk of not passing the 3rd Grade Summative Reading assessment—ominously known as

the “reading gate.” The results were overwhelmingly positive. Compared to the year before, high

risk students were 2.5 times more likely to pass the reading gate assessment on their first attempt.

The overall pass rate for the high-risk participating was 59%, compared to only 36% the year

before.⁷⁰ Relevance: The DCPN Literacy Fellows initiative is a targeted intervention for students

who are the lowest performing on STAR Reading and who are at-risk of grade retention or

failing the 3rd grade reading gate. The program will reach the highest need students in terms of

reading support.

⁷⁰ Annual Performance Report. Indianola Promise Community. US Department of Education (Rep.). (2016).



10. CARES Mentoring Program *Lead Agencies: Leland and Hollandale School Districts*

Program Model: CARES (Children Are Reaching Excellence with Support) Mentoring Program is an in-school program that provides a systematic way for a caring adult to take a holistic approach to providing academic, social, and emotional support based on the individual elementary student’s needs. Teachers at the participating schools complete a behavioral assessment of their students at the beginning and end of the year, which measures hyperactivity, social skills, responsibility, and emotional health. The mentor is assigned to a specific mentee, based upon the needs of that mentee,

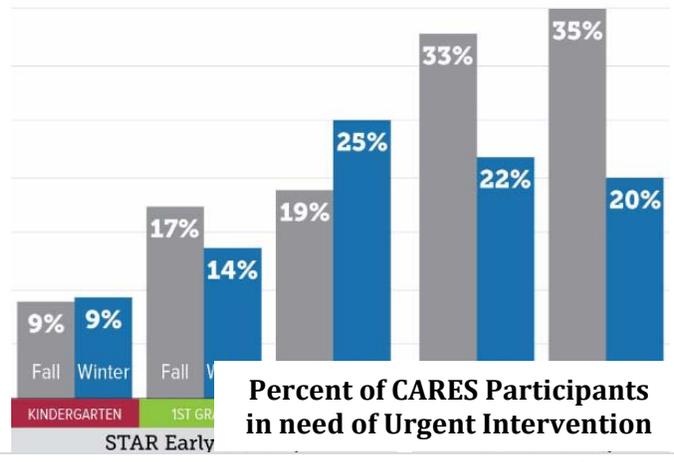
“You don’t build a bond without being present.” –
Actor James Earl Jones, raised by his grandparents in the rural town of Arkabutla, MS

the availability of the mentor, and common interests as determined by a mentee and mentor profile. The mentor and child will then meet once each week, for a minimum

of an hour, during the school day and on school grounds. During the session, the mentor and mentee may talk, play games, walk around the school, or read. Occasionally, the mentor may assist the mentee with homework or other activities, but this will be by mutual agreement. In general, the mentor is to be viewed as an adult friend and not as a teacher and or second parent.

Targeted Enrollees: Students at Leland & Sanders Elementary Schools. Target Enrollment: Year 1: 50; Year 2: 100; Year 3: 150; Year 4: 200; Year 5: 250. Impacted GPRAs: 4. #/% of children at or above grade level in math and reading and 5. Attendance rate for 6th – 9th grade.

Additional Outcome Measures: Changes over time in need for “Urgent Intervention” on STAR early literacy and reading assessments. Evidence: Mentoring





programs improve high school graduation rates and the likelihood of attending postsecondary training or education, as well as reduce instances of teenage pregnancy and rates of delinquency, specifically for at-risk youth. Preliminary outcomes from our local implementation at two schools in Sunflower County show that CARES is having a positive impact on participants' behavior and course performance. Early results show that CARES participants' behaviors improve over the course of the school year. In all but one grade, the CARES program saw a decrease in the number and percent of participants who are in need of "urgent intervention" to move toward the end-of-year benchmark as defined by national percentile cut scores developed by STAR Early Literacy and Reading assessments. Relevance: The CARES mentor becomes another source of caring adult support for the child. The program enhances mentees' self-esteem, improves attendance and academics, and provides intervention at an early age.

11. Afterschool Tutoring

Lead: School Districts & Community Agencies

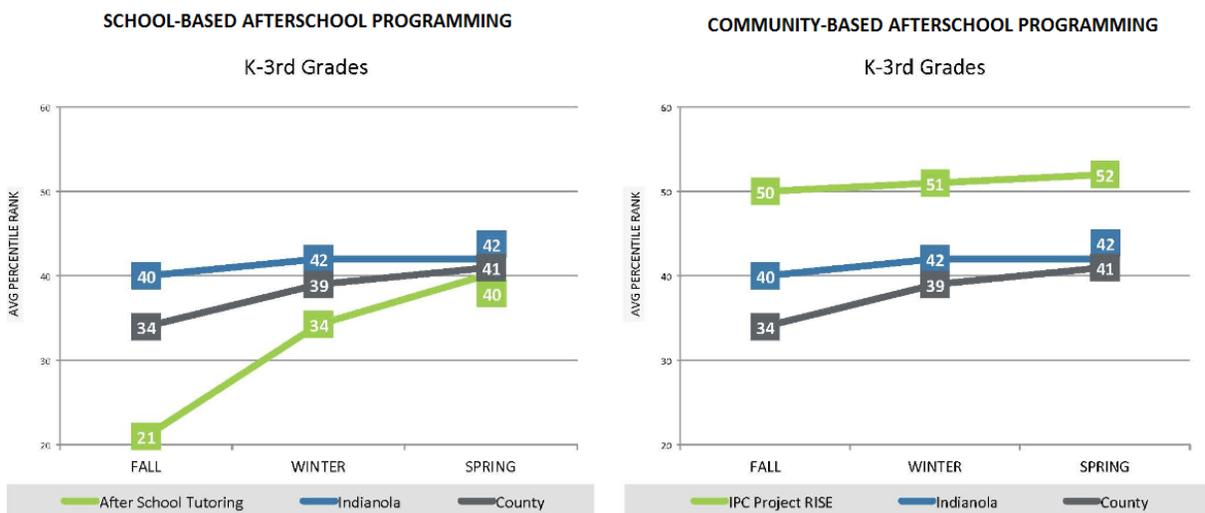
Program Model: Expands upon previously existing after school programs that offer homework help for students. The program focuses on English, Math, and Language Arts for 9 hours per week, and the goal is to build skills to help students become proficient on the Mississippi state assessment and Core Subject Exams. Moreover, a more general goal is that students improve academic performance by increased assignment, test, and final grade scores. The program serves students from kindergarten through 8th grade to improve student outcomes in reading as well as improve health outcomes, increasing physical activity.

Targeted Enrollees: Students of the two elementary schools and Leland middle school, K-8.

Target Enrollment: Year 1: 100; Year 2: 150; Year 3: 200; Year 4: 250; Year 5: 250.



Impacted GPRAs: 4. #/% of children at or above grade level in math and reading and 6. High school graduation rate. Additional Outcome Measures: Core subject exam scores, #/% students transitioning on time from elementary to middle schools, and from middle school to high school. Evidence: Students who were enrolled in an after school program, regardless of the focus, scored higher in math testing than students who were not enrolled; in another study participants showed significant increases in reading, English language arts, and mathematics when compared to non-participants. Even moderate levels of participation contributed to improved scores in each category. DHA has operated afterschool programming in partnership with area public schools and in community settings since 2012. Outcomes from these programs demonstrated that it can be an effective strategy for improving and sustaining academic growth in reading and math. Relevance: Community-based afterschool program allows at-risk students and those with learning and reading infirmities to improve their reading skills to become successful readers in school and after graduation. In addition to addressing the needs of the targeted students, the program assists their parents/guardians in strengthening the necessary skills for success.



Source: STAR Reading, Sunflower County Consolidated School District, 2014-2016



12. DCPN Summer Camps

Lead: School Districts & Community Agencies (TBD)

Program Model: Engages local community-based agencies in providing education and healthy lifestyles activities to young adults in Deer Creek communities. Specific camp topics are chosen through a competitive Request for Proposals process modeled after the system used by DoE and HRSA, in which **local** organizations, faith-based groups, civic groups, etc. can propose summer program concepts for review. All Summer Camps must provide

“Summer camps are like instead of being told everything, we can get to see first-hand and ask questions. That’s what I like. I can’t wait to do that.”
[REDACTED] - rising high school junior
and participant of IPC

transportation or have arrangements to ensure that transportation is not a barrier to access.

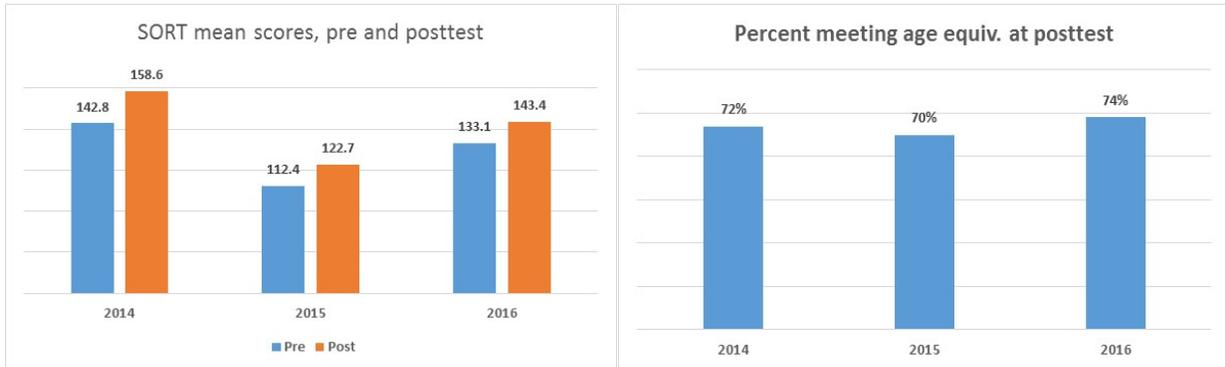
Winning proposals must demonstrate feasibility, impact, effectiveness, and experience.

Targeted Enrollees: Deer Creek residents, ages 3-18. Target Enrollment: Year 1: 200; Year 2: 300; Year 3: 400; Year 4: 450; Year 5: 450. Impacted GPRAs: 4. #/% of children at or above grade level in math and reading, 6. High school graduation rate, and 7. #/% of students who graduate and obtain post-secondary degrees or industry certifications without remediation.

Additional Outcome Measures: Changes over time in summer learning loss. Evidence: Summer reading programs increase students reading levels over the summer, particularly in at-risk youth; participants scored higher on reading achievement tests at the beginning of the next school year than those students who did not participate; as well as “significant improvement on multiple reading outcomes.” Summer reading interventions may be particularly effective for low-income children, who made more significant gains on reading. DHA has implemented and evaluated summer camp learning programs in other counties in the Delta for the last four (4) summers. An independent evaluation of the DHA summer camp programs has shown a statistically significant



reduction in summer learning loss. For example, over the past three years greater than 70% of participants demonstrated **no summer learning loss** in reading and literacy skills.



Source: Slosson Oral Reading Test (SORT), Delta Health Alliance 2014-2016

Students who tested below reading level equivalency at pre-test, on average, grew significantly more than students who were already reading at grade-level.⁷¹ Relevance: Summer reading programs help children retain progress that they made during the school year. The young adult summer programs improve reading and literacy skills and help prevent summer learning loss, as well as foster community building, skill development, career exploration, nutrition and exercise.

13. Teacher Coaching and Development *Lead: Leland and Hollandale School Districts*

Program Model: Program will have two components, and be open to both teachers and administrators of both public school systems. First, it will replicate *Diploma Now*'s nationally recognized, evidenced-based model in which teachers participate in **job embedded professional development** to implement new curricula in Common Core State Standards as well receive support to align and improve instruction with state standards and the ACT. Teachers are guided in the pacing and use of instructional materials that support the rigor of the state standards, state

⁷¹ Summer Camp Report. Delta Health Alliance (Rep.). (2014-2015).



assessments, ACT, and AP courses. Second, the program will replicate the *MyTeachingPartner* model, which has been reviewed by the IES WWC. Through the program, middle and high school teachers and administrators access a video library featuring examples of high-quality interactions and receive individualized, web-based coaching approximately twice per month during the school year. MTP-S uses the secondary school version of the Classroom Assessment Scoring System®–Secondary to define and observe effective teaching practices. The program is flexible enough to align with district and NTC standards.

Targeted Enrollees: Teachers and Administrators of LSD and HSD.

Target Enrollment: Year 1: 25; Year 2: 25; Year 3: 25; Year 4: 25; Year 5: 25.

Impacted GPRAs: 4. #/% of children at or above grade level in math and reading, 5. Attendance rate for 6th – 9th grade, and 6. High school graduation rate. Additional Outcome Measures:

Teacher education skills, teacher retention, student ACT scores. Evidence: Development and mentoring programs for new teachers have been shown to have positive impact on new teachers' educational skills. Teachers who participate in early childhood teacher development programs showed improvement in their teaching behavior and child skills compared to teachers that did not participate in development programs. The IES's WWC has found that the model has an impact on three teacher outcome domains. Participation in teacher induction programs has also been correlated with reduced teacher turnover. During the 2015-2016 school year, DHA offered funding to the Sunflower County Consolidated School District to provide similar teaching coaching efforts to staff at Lockard Elementary. The coaches' efforts focused on Kindergarten teachers. When compared to other schools in the district that did not receive DHA teacher coaching, Lockard demonstrated more growth in the number and percent of Kindergarteners



meeting grade-level benchmarks. **Relevance:** The program delivers an extensive, professional development program for instructional staff of grades K-12 students in the area of mathematics and language arts. It accelerates the effectiveness of teachers and increases student learning and development through improved teacher–student interactions.

14. Access to Technology *Lead Agencies: Leland and Hollandale School District*

Program Model: In response to the community’s need for improved access to 21st century learning tools, the DCPN will provide desktop and laptops to schools, and iPads/tablets to students. DCPN partners, teachers and volunteers will work with students to learn how to use the devices, provide technical support, identify and install apps to improve accessibility for disabled students, and host competitions for students who create literacy works, music, multi-media presentations, art work, and other products using those tools. **Targeted Enrollees:** Students of LSD and HSD, grades 3-12. **Targeted Enrollment:** Year 1: 544; Year 2: 1,062; Year 3: 1,062; Year 4: 1,062; Year 5: 1,062. **Impacted GPRAs:** 4. #/% of children at or above grade level in math and reading and 15. #/% of students with school and home access to internet and computers. **Evidence:** Rural schools have historically not had the ability to recruit and retain high quality teachers when compared to urban and suburban school districts.⁷² Technology is potentially one of the ways rural schools can obtain access to great teachers and tap into resources otherwise not available. Access to technology can also free up existing local teachers’ time and enable high-performing teachers to reach more students and mentor other teachers. **Relevance:** By providing computer and iPad access to all students in the target footprint, DCPN will begin to address the issues and concerns that rural students face—access to technology,

⁷² Monk, D. H. (2007). Recruiting and retaining high-quality teachers in rural areas. *The Future of Children*, 155-174.



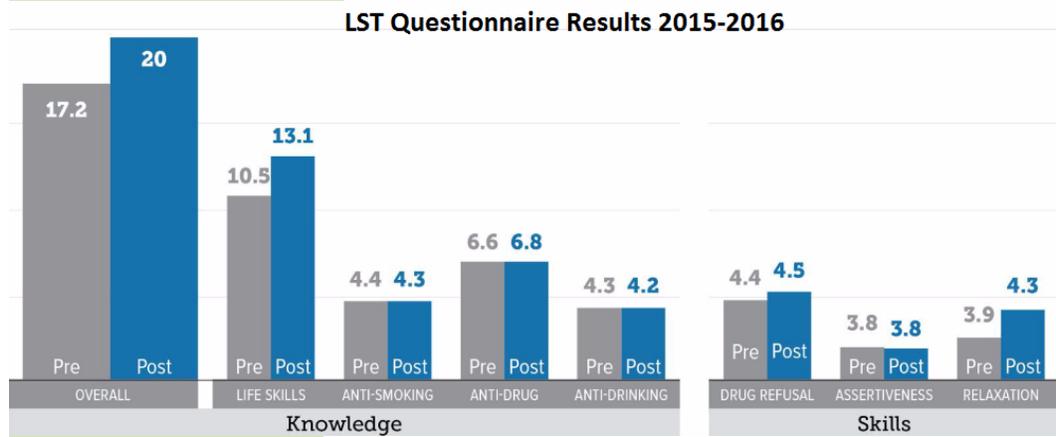
individualized learning, transportation, etc. The technology will allow teachers to supplement the in-person learning experience and help teachers meet the diverse needs of students.

15. LifeSkills Training (LST) *Lead Agencies: Leland and Hollandale School District*

Program Model: LST is an evidence-based program to develop self-management skills that aim to reduce violence, delinquency and use of drugs and alcohol while learning risk-avoidance strategies. It will be delivered in school settings in partnership with the Washington County Sheriff's Department, supported by area volunteers and guest speakers. Program utilizes instruction time and provides skills that help students make healthier choices. Targeted Enrollees: LSD and HSD students, grades 6-12. Target Enrollment: Year 1: 100; Year 2: 200; Year 3: 300; Year 4: 300; Year 5: 300. Impacted GPRAs: 5. Attendance rate for 6th – 9th grade and 10. #/% of children who feel safe at and traveling to school. Additional Outcome Measures: Changes over time in student disciplinary actions, student anger management skills, use of alcohol, tobacco, and/or illicit drugs. Evidence: Participants experienced significant reductions in risky behaviors compared to the control groups. LST significantly lowered the chances of students becoming tobacco users and lowered the risk of students using alcohol; which continued into the future as students progressed through middle school. Elementary-aged participants had higher self-esteem than students in a control group; and students who participated showed much lower rates of delinquency and participation in violent behaviors as well as lower instances of driving violations once students were old enough to operate a vehicle. The program has received a “Proven” rating from the Promising Practices directory. LST is currently being implementing by DHA and community partners at Merritt Junior High School in Sunflower County. Before and after implementation of the curriculum, students are tested on knowledge and skills



questions
related to life
skills,
drinking, drug
and alcohol
refusal skills
and use, and



Source: LST Questionnaire, Delta Health Alliance, 2015-2016

coping skills. During the 2015-2016 school year, participants showed improvements across almost all areas of knowledge- and skill-based questions. Relevance: The program aims to raise the number and percent of students who develop self-esteem, develop problem solving skills, reduce stress and anxiety, and manage anger. Specifically, the program seeks to build effective defenses against pressures to use tobacco, alcohol, and other drugs and understand the consequences of substance use, risk-taking, and media-influence.

16. Youth Council

Lead Agency: Delta Health Alliance

Program Model: The Youth Council focuses on engaging high school-aged teens in their communities while improving their leadership abilities. The Deer Creek Youth Council (DCYC) program is patterned on the National Bridge Builders Program, and involves lessons held once a week for local 15 – 20 year olds. The program includes a series of courses containing lessons on leadership, diversity, business and career etiquette, networking with peers, and how to become involved in local politics; and also provides a direct forum for young adults to participate in local



politics. Pre- and post- tests are administered on specific core content such as leadership training, service learning, communication, civic engagement, citizenship, and Roberts Rules of Order.

“I’m taking back so many things I didn’t know,” [REDACTED] *a junior from Leland High School who attended a DHA workshop on Youth Councils this April.*
“There’s so much encouragement here. It all just makes me want to try harder.”

Targeted Enrollees: Deer Creek residents, ages 15-20. Target Enrollment: Year 1: 20; Year 2: 20; Year 3: 20; Year 4: 20; Year 5: 20. Impacted GPRAs: 6. High school graduation rate, 7. #/% of students who

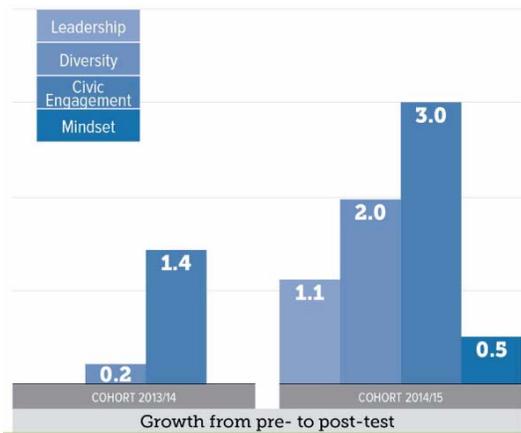
graduate and obtain post-secondary degrees or industry certifications without remediation, and 10. #/% of children who feel safe at and traveling to school.

Additional Outcome Measures: Pre-/Post- leadership and civic engagement scores.

Evidence: Young people who are engaged in activities have increased self-esteem, encounter less risk and show evidence of higher rates of successful transitions into adulthood. Engaged youth had much lower risk for having personal, social, and behavioral problems than youth who were not involved. Involved youth were less likely to partake in risk behaviors including tobacco use, alcohol use, and bullying and were twice as likely to actively participate within their communities. Delta Health Alliance is currently overseeing and providing guidance to a Youth Council program in Indianola, MS. Preliminary data from the first few years of implementation show that the curriculum and implementation structure is a promising model for other Delta communities. DHA’s Indianola Youth Council students took the STAR Reading test in the Fall of 2015 and 70% of the students were at benchmark, an improvement over the 60% goal set by the state. Youth Council students also scored higher on the STAR Reading and Math test than their peers. Over the



course of the 2014-2015 school year, Youth Council members also demonstrated measurable growth in leadership, civic engagement, and diversity scale scores.⁷³



Source: Youth Council Assessment, Delta Health Alliance, 2013-2015

Relevance: The program aims to involve youth in more professional and political matters. Not only is DHA’s existing Youth Council preparing participants to be civically engaged leaders, it is improving the diversity of the student’s peer group. In a largely segregated region, it is not very often that students have the opportunity to share experiences with those different than themselves. Compared to most

programs—where the percent of white students is around 2 percent, DHA’s existing Youth Council is *much more diverse*. The DCPN Youth Council will seek to replicate these results, providing students the opportunity to experience diversity in a youth leadership program. The Council will supplement the larger Deer Creek Advisory Group, offering their advice and recommendations on programmatic matters impacting young adults in the program.

17. STAR Academy

Lead Agencies: *Leland and Hollandale School District*

Program Model: Designed to serve **learning disabled** and **at-risk students**, the evidence-based Star Academy serves students who are 1 to 2 years behind grade-level and allows them to accelerate their learning. This program targets students who are at a high risk of dropping out of school, enabling them to earn up to two years of credits in a single year and giving them an opportunity to **rejoin their peers** and get back on track to graduate from high school. The

⁷³ Annual Performance Report. Indianola Promise Community. US Department of Education (Rep.). (2015).



program reengages students through a student-centered, rigorous progression of instruction that incorporates hands-on learning, individualized instruction, cooperative learning, team-based instruction, and real-world career connections. Students are given responsibility for their learning and are reintroduced to key academic and social skills critical to their continued success in a high school setting. DCPN will utilize the accelerated, self-contained middle school model.

Targeted Enrollees: LSD and HSD students, grades 9-12.

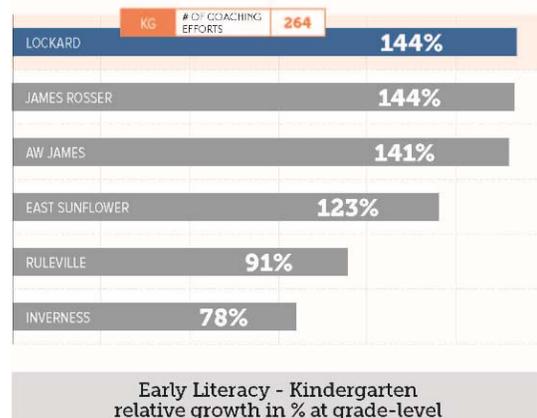
Target Enrollment: Year 1: 20; Year 2: 25; Year 3: 35; Year 4: 40; Year 5: 40.

Impacted GPRAs: 4. #/% of children at or above grade level in math and reading, 5. Attendance rate for 6th – 9th grade, 6. High school graduation rate, and 7. #/% of students who graduate and obtain post-secondary degrees or industry certifications without remediation. Additional

Outcome Measures: #/% detention and/or suspension, 10th-12th Grade Attendance. Evidence:

The IES’s WWC considers the outcome base for the middle school model to be medium to large for keeping children in school and preventing dropout. Accelerated, ‘catch up’ programs are

considered more effective than tutoring; and similar programs have been shown to improve student’s behavior and academic achievement. Since implementation of the program in 2005, 83% of participants have completed the program. A study completed on implementation sites between 2005 and 2008 revealed that 66% of participants



Source: STAR Early Literacy, Sunflower County Consolidated School District, 2015-2016

accelerated to 10th grade from 8th grade over the course of one year. In, 2009 the Star Academy was designated a “Model Program” by the National Dropout Prevention Center, receiving its

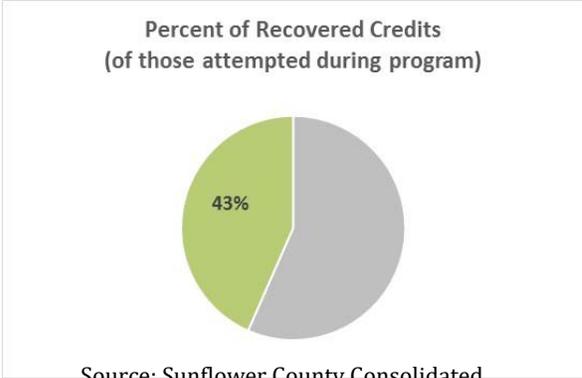


highest ratings available. Relevance: The Star Academy delivers academic core curriculum in a student-centered environment to prevent school dropout and promote high school completion.

Students achieve academic success, develop leadership and communication skills, and ultimately experience a positive change in attitude toward themselves and their future.

18. Credit Recovery Program *Lead Agencies: Leland and Hollandale School District*

Program Model: For many high school students, recovering school credit for failed or withdrawn classes can be an overwhelming task. DHA will provide classwork credit recovery software, counseling and resources as part of its credit recovery program. The Fuel Education credit recovery model allows students to focus on instruction that fills gaps and provides personalized learning experiences. Fuel Education’s online high school credit recovery program will provide the Leland and Simmons High Schools with cost-effective, comprehensive, and flexible tool to help students pass courses and get the credits they need to graduate from high school. This evidence-based program will include both in-school and online options for recovery and allow students to earn course credits that will ensure students complete their diplomas. Targeted Enrollees: LSD and HSD students, grades 9-12. Target Enrollment: Year 1: 60; Year 2: 80; Year 3: 100; Year 4: 120; Year 5: 120. Impacted GPRAs: 6. High school graduation rate, and 7. #/% of students who graduate and obtain post-secondary degrees or industry certifications without remediation. Additional Outcome Measures: # course credits recovered. Evidence: Credit recovery has been demonstrated to be successful at preventing struggling students from falling further behind, and it is a viable way



Source: Sunflower County Consolidated School District, 2013-2014



for at-risk students to chart a path to graduation. Online learning is an effective tool for at-risk students, because it allows for one-on-one instruction and provides a more individualized, interactive process for credit recovery. DHA has experience supporting Delta school districts with credit recovery programs. During the 2013-2014 school year, DHA developed and implemented an afterschool credit recovery program at Gentry High School in Indianola, MS. Over the course of the year, 39 students attempted at least one credit recovery. Participants recovered 23 credits or 43 percent of attempted credits, contributing to 15 additional students being eligible for graduation. Relevance: Only 64.6% of Leland High School students and 85.9% of Simmons High School students graduate on time. One half of all American Americans, Hispanics, and Native Americans do not graduate from high school, and high school dropouts are more likely to live in poverty. Performance in core subjects during the first year of high school is the strongest predictor of high school graduation, but these individualized offerings give students the opportunity to catch up with peers, build self-esteem, and graduate on time.

19. College Promise Initiative *Lead Agencies: Leland and Hollandale School District*

Program Model: College Promise Initiative (CPI) focuses on creating a “college going” culture in Deer Creek communities by aligning college preparatory services and assistance across all programs with participants meeting college track criteria. Based on evidence from college readiness literature, the CPI strives to 1) support the implementation of a rigorous curriculum in middle and high school so that students are prepared for college-level course; 2) ensure that students are actively engaged in developing their own pathways to college success; 3) make sure students have the social, emotional and non-cognitive skills to persist in the face of obstacles;



and 4) give students the opportunity to understand the financial investment of college. In order to do this, the CPI will utilize the existing infrastructure of the pipeline, including:

- Support rigorous curriculum—DCPN will employ teacher coaching and professional development for core subject teachers at all of the middle and high school target schools. The intervention will support the rigorous implementation of the Mississippi College- and Career-Ready Standards in target school classrooms.
- Reinforcing college-going behaviors and developing College Pathways—DCPN will recruit middle and high school students for an afterschool program. The time in the program will focus on developing individual college pathways based on counseling students to research, apply to and attend schools that are a good match for them. Additionally, DCPN will provide school-based college counselors to provide additional guidance to students regarding college pathways. Family advocates, LINKS, will provide information to parents and students on attendance and school engagement in order to reinforce college-going behaviors at home. The LINKS will also provide linkages, or referrals, to supporting programs based on the student’s need.
- Financial Literacy—DCPN will utilize the existing Healthy Wealthy Wise and Money Smart intervention to provide financial literacy curriculum to students and parents. Students will be recruited for the program through other DCPN programs, including Youth Council, GREAT and afterschool programming.

DCPN believes the college readiness strategies outlined previously have the greatest chance of positive impact on students college performance, as opposed to traditional test prep course, because there is little evidence from research that supports traditional test practice and test



strategies—like ACT prep, as an effective strategy for specifically improving ACT scores. The little evidence that does exist finds no more than minimal positive effects and on occasion negative effects. For example, a study completed by researchers at the Educational & Social Research Department at ACT determined that ACT coaching had little to no impact on ACT scores, and that workbooks and test prep courses could produce slightly lower scores. In addition, a study of students attending the Chicago Public Schools reveals that test prep strategies and item practice are not effective mechanisms for improving ACT scores.⁵ Similarly, DHA has implemented Kaplan and A-List college prep classes in a similar Delta community and produced the same results that the literature concludes. Targeted Enrollees: LSD and HSD high school students, grades 6-12. Target Enrollment: Year 1: 95; Year 2: 145; Year 3: 245; Year 4: 245; Year 5: 245. Impacted GPRAs: 6. High school graduation rate, 7. #/% of students who graduate and obtain post-secondary degrees or industry certifications without remediation, and 14. #/% of parents who talk to their child about college and careers. Additional Outcome Measures: ACT scores, # dual credit awarded to students; 9th-12th Grade Attendance; changes over time to # of college applications submitted. Evidence: Earning dual credit in high school had a significant impact on college readiness, specifically in math. DHA’s experience offering College Prep programs in Sunflower County have demonstrated an average 1.3 point increase in the ACT between the average pre-test score of 13.8 (Sept 2015) and official ACT score of 15.1 (Dec 2015) among participating students. Following completion of this program, the percent of students scoring 16 or higher (considered “college ready”) climbed from 28% in pre-tests to 39% on their official ACTs. Relevance: College Promise provides institutional and student pathways



to college for targeted students. It builds the capacity of students to explore their options, including college (if desired), and helps them prepare for the rigors of college at an earlier age.

20. Getting Ready to Excel Achieve and Triumph (GREAT) *Lead: MDCC and Keplere*

Program Model: An evidence-based workforce development initiative that provides young adults with the opportunity to receive their GED or a certification; as well as explore a wide range of careers and career readiness programs. The program focuses on providing workforce training on

“When DHA offered this chance, I just jumped at it,” [REDACTED]
“If we all come together we can have a great impact on the community. Sometimes you just need a little help.”

medical, trade, and cosmetology tracks. DCPN is partnering with other community agencies to offer training in carpentry, welding, phlebotomy, pharmacy technician, and Certified Nurse Assistant (CNA).

Staff assigned to the GREAT program will also work with the MS Department of Education to take advantage of their *New Skills for Youth* grant from J.P Morgan awarded in April 2016, which is providing resources to develop detailed career readiness action plans for graduating high school students.⁷⁴

Targeted Enrollees: Deer Creek residents, ages 16-24. Target Enrollment: Year 1: 25; Year 2: 25; Year 3: 25; Year 4: 25; Year 5: 25. Impacted GPRAs: 6. High school graduation rate and 7. #/% of students who graduate and obtain post-secondary degrees or industry certifications.

Additional Outcome Measures: #/% unemployed 19-24 year olds, #/% 19-24 year olds on public assistance, # vocational certifications, #/% earning their GED. Evidence: Low-income adults and youth participants more likely to be employed, more likely to have higher earnings, and were

⁷⁴ <http://www.mde.k12.ms.us/TD/news/2016/03/30/mississippi-awarded-grant-to-improve-career-preparation-systems-for-students>



less likely to need to receive public assistance. The program was also found to increase labor-force participation rates, particularly among teens ages 16-19, women, native-born residents, blacks, and native born youths. GREAT is currently being implemented by DHA in Sunflower County and includes certification opportunities in Pharmacy Tech, Certified Nursing Assistance, welding, carpentry and barbering. The program has already seen results in the first 12 months: 22 people have enrolled in a program and 3 have successfully completed training.

Relevance: Our goal is to decrease the number of young adults who have not completed any form of post-secondary education or training. This is expected to have an intergenerational

impact, since “improving the educational and employment prospects for parents in the workforce today may also do the same for their children as they enter the workforce tomorrow.”⁷⁵



21. Financial Literacy Workshops

Lead Agency: Guaranty Bank & Trust

Program Model: The Health, Wealthy, Wise & Money Smart program—implemented in partnership with the Mississippi Community Financial Access Coalition (MCFAC), offers a standardized curriculum to assist residents with managing their finances, reducing debt, saving money, establishing or re-establishing credit and learning strategies to change poor financial behavior. This program provides practical skills and training for the unbanked, under-banked, and credit challenged individuals who need to improve credit scores, learn to budget, start saving

⁷⁵ Ridley, N., & Kenefick, E. (2011). Research Shows the Effectiveness of Workforce Programs: A Fresh Look at the Evidence. *Washington, DC: Center for Law and Social Policy, May.*



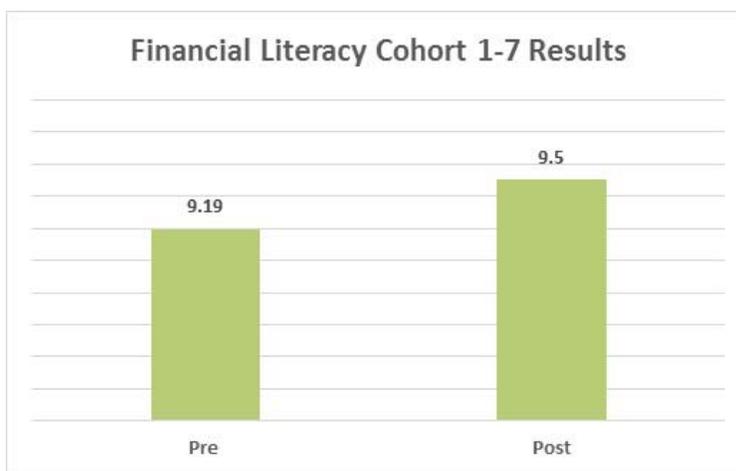
and investing, and begin preparing for home ownership. During the course of the five week evidence-based program, individuals will be provided financial literacy knowledge, as well as tools, strategies, and access to low cost banking products and services that meet the FDIC “Safe Model” requirements, that help an individual build/rebuild credit, and establish the base for overall financial wealth building. Targeted Enrollees: Ages 16+. Target Enrollment: Year 1: 50; Year 2: 150; Year 3: 200; Year 4: 200; Year 5: 200.

Impacted GPRAs: 7. #/% of students who graduate and obtain post-secondary degrees or industry certifications without remediation and 14. #/% of parents who talk to

“Just to know how to write a check, make a deposit, reconcile a bank statement, calculate interest. These are things that sound simple but you’d be surprised at how many of these students don’t even know that you can’t write a check in pencil,”

their child about college and careers. Additional Outcome Measures: Pre-/post- knowledge of financial scams commonly targeting their community, ability to balance a checkbook.

Evidence: Financial literacy courses have been shown to have a positive impact on financial knowledge, as well as financial behavior. Parents’ financial literacy and knowledge have a significant influence upon children’s financial attitudes as well as a moderate influence upon children’s financial behavior.



Since 2013, DHA has partnered with local banks and service groups to provide financial literacy



programs in Sunflower County. For the first seven cohorts, participants have reported an improvement in financial knowledge, attitudes and/or behavior from pre- to post-test scores administered at the start and end of programming.

Relevance: The program teaches financial literacy knowledge and exposes families to practical financial strategies and low cost banking products and services. The program helps individuals in economically distressed communities by providing them with skills to build assets, reduce debt, and increase savings.

21. Patient Centered Medical Home Initiative

Lead Agency: Leland Medical Clinic

Program Model: The Leland Medical Clinic (LMC) is a certified Rural Health Center and a certified Level-2 Patient Centered Medical Home (PCMH) by the National Committee for Quality Assurance (since 2013). LMC has also attested at Stage 2 for CMS’s Meaningful Use program for their electronic health record system (EHR) and currently receives Centers for Medicare and Medicaid incentive payments for their effective use of EHRs for care coordination and disease management. This model encourages patient involvement in all aspects of the primary care process and gives the patients opportunities to become participants in quality

“Having both the physical and psychiatric components together is very unusual and a real bonus,” [REDACTED] a psychiatric nurse practitioner who returned to the Delta from Tennessee to work at LMC. “There is a real spirit of teamwork here and it’s reflected in the care that’s given to these patients.”

improvement, health policy, and research, and it has repeatedly provided more cost-efficient, higher quality care to these patients.⁷⁶ The medical home approach means that a patient’s needs are addressed

⁷⁶ Gilfillan, R. J., Tomcavage, J., Rosenthal, M. B., Davis, D. E., Graham, J., Roy, J. A., & Weikel, K. M. (2010). Value and the medical home: effects of transformed primary care. *The American journal of managed care*, 16(8), 607-614.



through a team approach, utilizing staff members such as a community health worker and dietitian, not normally available in rural primary care clinics. All aspects of a patient's wellbeing will be considered, using enhanced technology, chronic disease management, and care coordination. The Leland Clinic utilizes an EHR system which allows physicians to spend more time with patients and less on record keeping, it provides professional expertise on nutrition, has the technological capability of performing telemedicine including that of psychiatric and psychological counseling, uses a portal for ease of making appointments and other services, and also offers wellness exams, immunizations, physicals, pediatric care, drug testing, and other vital services to maintain the health of children and citizens of the Delta. The clinic is open five days a week with extended hours Monday through Thursday. **Clinic services include:** Wellness Exams and Checkups, Preventive Health, Psychiatric Care, Lab and Drug Testing, Immunizations, Nutritional Services, Pediatric Care, Management of Acute and Chronic Illnesses, Work Injury Treatment, School and Pre-Employment Physicals. Targeted Enrollees: Residents of Deer Creek, all ages. Target Enrollment: Year 1: 750; Year 2: 800; Year 3: 850; Year 4: 900; Year 5: 1,200. Impacted GPRA: 1. #/% of children with a medical home. Additional Outcome Measures: #/% School and Pre-Employment Physicals, # childhood school absences due to asthma. Evidence: In order to meet the growing need for a more efficient and effective health system in the United States, particularly in primary care, the patient-centered medical home (PCMH) model strives to strengthen the foundation of primary care services by improving the patient experience, improving the population's overall health, and reducing the cost of care. The PCMH model can create a lasting and positive impact on health care by lowering costs, improving quality, and creating a healthier American population. For the last four years, DHA



has assisted Leland Medical and other local clinics in adopting the PCMH approach, which has been demonstrated to improve health outcomes of patients (e.g., blood sugar and cholesterol levels). Relevance: Healthy students are better on *all levels* of academic achievement: academic performance, education behavior, and cognitive skills and attitudes.⁷⁷

23. Linking Individuals Neighborhoods and Kids to Services (LINKS) *Lead: DHA*

Program Model: LINKS are part of a case management system designed to address issues relating to academics, behavior, and attendance among students in target schools as early as possible, in order to prevent those issues from adversely impacting student outcomes. LINKS work one-on-one with parents to set family goals called Service Plans, and connect them with the right programs to reach their goals. The primary role of LINKS are to serve as a support system for families and remove barriers to their success. LINKS specifically target at-risk children from birth to career, identified through the use of school and program data and Early Warning Systems, as well as recommendations from school intervention teams. LINKS provide families with referrals to health services, educational resources, and specific programs. DHA has built a similar pipeline of supports from birth through college with 10+ service provider partners and five partner schools as part of the Indianola Promise Community.

“Surround yourself with people who are going to take you higher.”
- Oprah Winfrey, born to an unmarried teenage mother in the rural town of Kosciusko, MS

Targeted Enrollees: Families of Deer Creek.

Target Enrollment: Year 1: 100; Year 2: 200; Year 3: 300; Year 4: 400; Year 5: 500

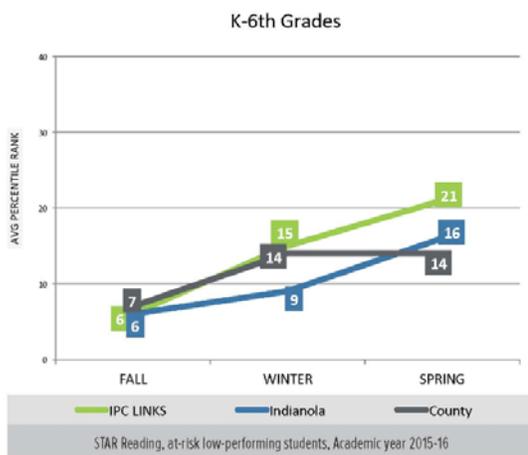
Impacted GPRAs: 1. #/% of children with a medical home, 2. #/% of children ready for kindergarten, 3. #/% of children in formal early learning/pre-k programs, 4. #/% of children at or

⁷⁷ http://www.cdc.gov/healthyyouth/health_and_academics/pdf/health-academic-achievement.pdf



above grade level in math and reading, 5. Attendance rate for 6th – 9th grade, 11. Student mobility rate, 12. #/% of children who are read to 3 times or more a week, 13. #/% of parents who encourage reading outside of school, and 14. #/% of parents who talk to their child about college and careers. Additional Outcome Measures: Changes over time to #/% Unemployed.

Evidence: LINKS was developed based on an existing evidence-based, family home visitation model that was developed by the Northside Achievement Zone. The model is rooted in research that demonstrates that children who come from stable homes do better in school and have overall better health. New evidence shows that LINKS may indirectly impact academic performance, based on a recent external evaluation of



Source: STAR Reading, Sunflower County Consolidated School District, 2015-2016

the existing LINKS model being implemented in Indianola, MS. Students who were enrolled in the LINKS program and began the school year in the 25th percentile or lower demonstrated significantly more growth in reading than similar participants who did not have a LINKS advocate.⁷⁸ Relevance: LINKS are critical to the DCPN pipeline because they will get to know the families of Deer Creek and will serve as an ongoing, connecting thread throughout the *all programs* of the academic and career pipeline.

24. Universal Parenting Place (UPP)

Lead Agency: Leland Medical Clinic

Program Model: UPP centers are locations where parents and children can receive judgment-free professional counseling, information and emotional support for family-related issues or concerns,

⁷⁸ Albrecht, P. (2016). End of Year LINK Evaluation (Rep.).



open to all parents or guardians at no cost. These centers seek to proactively engage parents and provide answers to questions about common challenges and sources of stress that effect children, *before* problems have exacerbated to crisis levels. Professional coaches provide individual counseling, group sessions, brain-focused skills for common problems, strategies for short-term problem solving, and personal referrals to relevant community agencies. The Relational Adverse Childhood Experiences Family Therapy (RAFT) model aids families in achieving more positive familial interactions through short engagements with coaches (licensed therapists) by addressing the stresses of their families of origin and their current familial situation. Programs are customized to meet local needs and community interest. Using the Parenting Sense of Competence Scale allows client families to acknowledge their current parenting values and beliefs, while also providing insight for the client family as these values and beliefs may change throughout the therapeutic process. Each measure and a client family's answers will be processed with the client family to assist them in making connections between their history, relationship patterns, and current parenting practices. The RAFT model integrates evaluation tools into the therapeutic process. They are intended to assist the client family in understanding their progress in their personal work, to reinforce progress, and to aid in identifying new areas they would like to bring into therapeutic focus. Model Design: The Adverse Childhood Experiences (ACE) Center Task Force is a team of 40 leaders from the region dedicated to transforming the way our medical systems and policies address health and behavioral outcomes. RAFT is constructed to serve as a tool to aid in the prevention of Adverse Childhood Experiences (ACEs) in the children of a client family by helping the client family acknowledge



and process their own ACE history, while working on current parenting challenges.⁷⁹ In order to create an intervention that is suitable for short engagement and which is applicable universally, since all families and parents experience parenting challenges, elements of three existing therapeutic modalities were combined to create this model.

Targeted Enrollees: Families of Deer Creek, all ages.

Target Enrollment: Year 1: 200; Year 2: 400; Year 3: 600; Year 4: 800; Year 5: 1,000.

Impacted GPRAs: 2. #/% of children ready for kindergarten, 4. #/% of children at or above grade level in math and reading, 5. Attendance rate for 6th – 9th grade, 10. #/% of children who feel safe at and traveling to school, 12. #/% of children who are read to 3 times or more a week, 13.

#/% of parents who encourage reading outside of school, and 14. #/% of parents who talk to their child about college and careers. Additional Outcome Measures: changes over time to #/% Child abuse/neglect; K-5th Grade Attendance, 10th-12th Grade Attendance. Evidence: UPP is based on the research on adverse childhood experiences done in the original Adverse Childhood

Experiences study using the same survey tool, which has been utilized in over 50 other studies.⁸⁰

The RAFT model is based upon elements of solution-focused brief therapy, family systems theory, and acceptance and commitment therapy. Integrating the ACE questions into the RAFT model helps therapists explore the impact of a client’s family of origin.

Relevance: The need for a family-oriented “safe place” is a direct response to Deer Creek’s high rate of births to teen mothers and adverse childhood experiences in these communities, including domestic abuse and domestic violence, alcoholism, neglect, and family dysfunction. The RAFT

⁷⁹ Universal Parenting Places, <http://aceawareness.org/universal-parenting-places/>, retrieved August 6, 2016.

⁸⁰ ACE Study, Centers for Disease Control and Prevention, <http://www.cdc.gov/violenceprevention/acestudy/>



model allows parents to shield their children from adverse childhood experiences through the exploration of their upbringing and the effects of various parenting practices, while also teaching positive strategies for coping with stressors and challenges. The model is a vehicle for addressing negative family patterns, promoting healthier family interactions and parenting methods, and breaking damaging intergenerational patterns and harmful cycles.

25. Triple P

Lead Agency: Delta Health Alliance

Program Model: Outreach workers and case managers work with parents in one-on-one counseling sessions and group workshops to strengthen family coping mechanisms and strategies. Triple P is an evidence-based intervention designed to prevent and treat behavioral and emotional problems in children and teenagers, aiming to prevent problems in the community before they arise. It also aims to create family environments that encourage children to realize their potential. Targeted Enrollees: Families of Deer Creek with at-risk children. Target Enrollment: Year 1: 20; Year 2: 20; Year 3: 20; Year 4: 20; Year 5: 20. Impacted GPRAs: 5. Attendance rate for 6th – 9th grade, 8. #/% of children who are physically active at least 60 minutes daily, 9. #/% of children who consume 5 or more fruits or vegetables daily, and 10. #/% of children who feel safe at and traveling to school. Additional Outcome Measures: changes over time to student disciplinary actions, K-5th grade attendance, 10th -12th grade attendance, ER visits, child hospitalizations, #/% child abuse/neglect. Evidence: Triple P programs have been shown to strengthen parenting competencies in mothers and improve children’s behavior; reduce the rate of child maltreatment, including child abuse and neglect, child hospitalizations, and emergency room visits; and has also received a “Promising Program” rating by the Promising Practices Network. DHA also has several years of experience implementing the Triple



P program. Data from our Sunflower County Triple P program is collected at the beginning and end of each session cycle. Preliminary data shows that children’s behavior and parent’s anxiety,



Source: Strengths and Difficulties Questionnaire (SDQ); Depression, Anxiety, Stress (DASS), Parenting Survey, Delta Health Alliance, 2013-2015

stress and feelings of depression improve over the course of the program. Parents also demonstrated an improvement in their ability to positively handle their child’s difficult behavior.

Relevance: The program was added to our continuum of services in direct response to the request by Leland and Hollandale school staff and residents to add a program after Parents as Teachers that can specifically work address behavioral and emotional problems in at-risk children and teenagers by increasing the knowledge, parenting skills and confidence of their parents.

26. Families and Schools Together (FAST) Lead: Leland and Hollandale School Districts

Program Model: An evidence-based, collaborative program that brings schools, families and parents together in an effort to prevent substance abuse, child abuse and neglect, violence and school failure. FAST is nationally recognized for its focus on social justice and sensitivity to disenfranchised, ethnic minority communities. The program asks parents to complete eight weekly sessions and continue to help led the monthly booster sessions for two years after completion. Targeted Enrollees: Parents of LSD and HSD students. Target Enrollment: Year 1:



10; Year 2: 25; Year 3: 50; Year 4: 50; Year 5: 50. Impacted GPRAs: 4. #/% of children at or above grade level in math and reading, 5. Attendance rate for 6th – 9th grade, 10. #/% of children who feel safe at and traveling to school, and 13. #/% of parents who encourage raiding outside of school. Additional Outcome Measures: changes over time to #/% child abuse/neglect, #/% tobacco, alcohol and/or illicit drug use; K-5th grade attendance, 10th-12th grade attendance) Evidence: FAST created a social network and normalized family challenges, since the program allowed parents to communicate with other parents to discuss shared experiences. Parents felt the groups were sympathetic and allowed for productive communication about their children’s education. Parent participants were more involved in school events than parents in control groups. Relevance: Parents strengthen their bonds with their young child, as they practice being positive and responsive in free play with their child. With repetition each week and booster sessions, the enactments seem to become habits, which increase child well-being.

27. Parents for Public Schools

Lead Agency: Parents for Public Schools

Program Model: The Parents for Public Schools (PPS) model promotes and strengthens schools by engaging, educating and mobilizing parents. Through this initiative, parents are offered Parent Leadership Program classes where they learn how to: understand educational issues, serve as advocates for their community’s students and provide leadership in the strengthening of schools.

Targeted Enrollees: Parents of LSD and HSD students. Target Enrollment: Year 1: 10; Year 2: 25; Year 3: 50; Year 4: 50; Year 5: 50. Impacted GPRAs: 13. #/% of parents who encourage raiding outside of school and 14. #/% of parents who talk to their child about college and careers. Additional Outcome Measures: changes over time to student disciplinary actions, #/% tobacco, alcohol and/or illicit drug use; K-5th grade attendance, 10th-12th grade attendance. Evidence:



Parent involvement is positively associated with behavioral and cognitive engagement, which in turn impacts academic competence and achievement. Parental engagement in school can also positively impact a student's own perception of their skills and improve motivation to perform well. Relevance: According to our Needs Assessment, parents of LSD and HSD students generally feel that they do not have a voice in the school system. The PPS model provides parents the information, tools and encouragement needed to be engaged in their child's academic career, to actively volunteer in school activities and hold leadership positions at the school.

28. WATCH D.O.G.S

Lead Agencies: Leland and Hollandale School District

Program Model: WATCH D.O.G.S. (Dads Of Great Students) is an innovative father involvement, educational initiative of the National Center of Fathering. The goal of the program is to provide positive male role models for students and to provide an extra set of eyes to enhance school security, reduce bullying, and improve student and teacher perceptions of safety. The program brings together and trains dads to volunteer at school all day for at least one day per school year. The program is overseen by a "Top Dog" volunteer who partners with school administration to coordinate scheduling and identify opportunities to support each school.

Targeted Enrollees: Fathers, step-fathers, and male head of households of LSD and HSD students. Impacted GPRA: 10. #/% of children who feel safe at and traveling to school, 12. #/% of children who are read to 3 times or more a week in families with participating fathers, 14. #/% of parents who talk to their child about college and careers in families with participating fathers. Additional Outcome Measure: % of parents who come to one or more school events each year; % of parents who feel involved in their schools (per annual School Climate Surveys), changes over time to student disciplinary actions, #/% tobacco, alcohol and/or illicit drug use.



Target Enrollment: Year 1: 20; Year 2: 40; Year 3: 40; Year 4: 40; Year 5: 40. Number of children impacted will be 709 in Year One rising to all 1,470 students in Years Two – Five.

Evidence: Engagement of fathers can positively impact child development and student achievement; as well as the social, behavioral and psychological outcomes of their children. A father’s academic support has been shown to positively influence adolescent boys’ academic motivation to try hard in school, feel grades were important, and to place a high value on

education. **Relevance:** Data collected through school climate surveys indicate that only 51.2% of middle and high school students feel safe at school. To address this and the problem of few male role models in community settings, DHA plans to implement an evidence- and school-based safety program. The program combines the positive impact of father-involvement and engagement with the added bonus of improved school security.

29. CATCH P.E. Program ***Lead Agencies: Leland and Hollandale School District***

Program Model: CATCH stands for a Coordinated Approach to Child Health, and the model unites multiple players in a child’s life to create a community of health. The program aims to impact messaging a child receives in physical education, the lunchroom, the classroom, and the home, to form an effective resource that impacts a child’s choices not only in school, but throughout his or her life. CATCH Activity Boxes and PE Trainings arm teachers with the tools needed to increase students’ physical activity, and our curriculum provides teachers with simple suggestions of how to incorporate physical activity into their academic lessons. Special focus is given on accommodating disabled students, and developing inclusive play systems for all students. **Targeted Enrollees:** Deer Creek residents, 5 – 18 years old.

Targeted Enrollment: Year 1: 1,000; Year 2: 1,000; Year 3: 1,000; Year 4: 1,000; Year 5: 1,000.



Impacted GPRAs: 5. Attendance rate for 6th – 9th grade, 8. #/% of children who are physically active 60 minutes daily, 9. #/% of children who consume 5 or more fruits or vegetables daily.

Additional Outcome Measure: changes over time to #/% of students who are obese, K-5th grade attendance, 10th-12th grade attendance. Evidence: CATCH is proven to prevent childhood obesity and reduce overweight and obesity. CATCH schools have increased moderate to vigorous physical activity, reduced gender differences in physical activity engagement and improved nutritional quality of foods served. Relevance: DHA currently operates a CATCH PE program in partnership with the Sunflower County Consolidated School District, which now serves 79% of their students. The aligned program offers a coordinated, systematic approach to promoting healthy behaviors which can improve academic readiness, focus and success.

29. Edible Schoolyards (School & Community gardens)

Lead Agency: DHA

Program Model: Focuses on educating families on how to grow their own fruits and vegetables as well as to increase the number of children in Deer Creek that regularly consume fruits and vegetables.

“It helps the students understand what people do every day to make sure we have fresh fruits and vegetables. We’re part of that now.” [REDACTED] fifth grader at Trigg Elementary School, in Greenville, MS (adjacent to Deer Creek) regarding their DHA sponsored school garden.

The program will work with existing classes to integrate gardening skills into their own course work (mathematic problems calculating yield of harvest, science classes to understand botany, home economics for cooking the garden’s produce, history of agricultural development in the region, etc.) Students will be involved in all stages of the gardens’ development, from planning the plots, deciding what to grow, assisting with the planting, and maintaining the gardens through weeding, watering and feeding. Three gardens will be implemented in Year One,



focusing on school gardens first when possible. Targeted Enrollees: Students at LSD and HSD schools, grades K-12. Targeted # New Gardens: Year 1: 3; Year 2: 4; Year 3: 4; Year 4: 4; Year 5: 5. Impacted GPRAs: 8. #/% of children who are physically active at least 60 minutes daily, 9. #/% of children who consume 5 or more fruits or vegetables daily. Additional Outcome Measures: changes in students' perception of fresh produce, consumption of fresh vegetables, knowledge of sustainable farming techniques and healthy cooking. Evidence: When a household member has participated in a community garden, family members were more likely to consume larger amounts of fruits and vegetables. Youth participation in community gardening garnered favorable results in regards to changes in dietary habits, physical activity, and/or academic scores during and after garden participation. Finally, community gardens foster social connections and provide opportunities to establish and build community relationships. DHA has six years of experience working with area schools, churches and health clinics to establish public gardens, Farm to School programs, and Farmer's Markets in the region in partnership with the Delta Fresh Food Initiative, with over 20 gardens now in operation across our 18 county service area. In August 2016, the Farm to School team facilitated the purchase of 1,000 pounds of watermelons from a Holmes County farm for seven schools in local districts. Relevance: The program will bring together real-life gardening experiences and evidence-base curriculum to improve student's knowledge and attitudes towards gardening, agriculture, botany and life sciences. It also addresses our community's identified need for improved access to fresh fruit and vegetables.

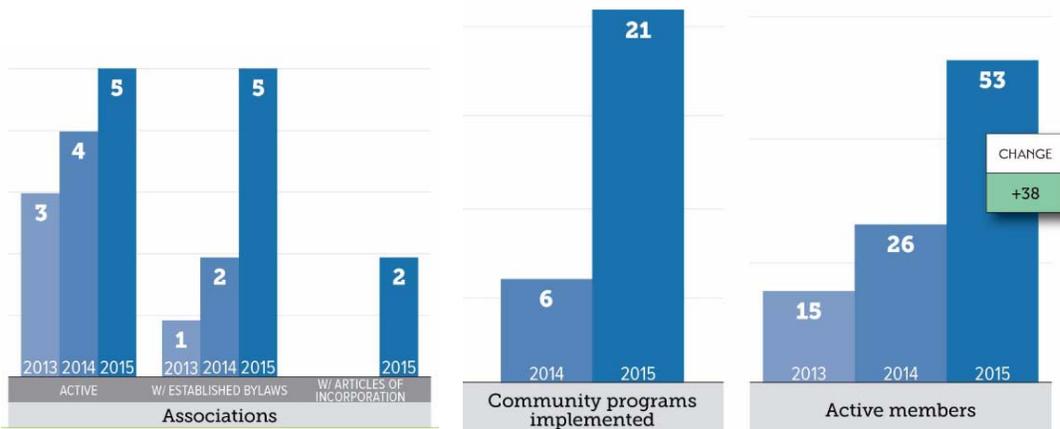
31. Neighborhood Associations

Lead Agency: Delta Health Alliance

Program Model: DCPN partners will facilitate creation of several neighborhood associations. These associations will work to improve the living conditions of their communities and give



local residents an amplified and coordinated voice in managing their own affairs. In addition to community work, associations will assist the entire DCPN initiative with gaining community buy-in, sharing news and information about services and events, and determining new community which can be addressed by DCPN staff and networks. Targeted Enrollees: Residents of Deer Creek, all ages. Targeted # Neighborhood Associations: Year 1: 2; Year 2: 4; Year 3: 4; Year 4: 5; Year 5: 5. Impacted GPRAs: 10. #/% of children who feel safe at and traveling to school and 11. Student mobility rate. Additional Outcome Measure: #/% participation at meetings, # and type of new neighborhood ordinances passed, change over time on property crime rates. Evidence: Neighborhood Associations serve as a critical means for local community members to have representation in community improvement. We have regional evidence that establishing Neighborhood Associations is associated with increased implementation of community programs. These associations are able to collectively communicate to local officials and coordinate an aligned effort when other means of communicating have failed. DHA has been working with cities in the Mississippi Delta since 2013 to form and maintain local neighborhood associations that have actively advised, driven and led vital local initiatives and activities that have improved the health, wellness, stability and quality of life of their neighbors. These associations have grown in size, scope, membership, and number of programs supported per the chart below. Relevance: DHA has relied on Neighborhood Associations to engage and empower local residents and school parents to actively participate in project design, planning and implementation for years. This has been an effective and powerful means for providing the community a voice in formulating approaches to programs, advocacy and service coordination. We are confident this will be a fruitful component of the DCPN continuum in Deer Creek.



Source: Neighborhood Association program records, Delta Health Alliance 2013-2015

32. Social Services Collaborative

Lead Agency: Delta Health Alliance

Program Model: The Social Services Collaborative (SSC) is a consortium of representatives from area agencies which works together to break down the isolation between local, state and federal social services agencies and organizations and brings them together to eliminate duplication of services. There is strong evidence that increasing social services coordination improves outcomes. The SSC will allow the DCPN to be a clearinghouse for information that residents need – a resource and referral agency within itself, where everyone knows what the other is providing. Agencies and groups meet on a monthly basis. The collaboration’s more than 25 partners include: Mississippi Low Income Child Care Initiative, Mississippi Department of Employment Security, Mississippi Department of Health, Mississippi Department of Human Services, Leland Medical Clinic, Mississippi Center for Justice, Leland School District, Hollandale School District, Southgate Neighborhood Association, and Latin Outreach Program.

Targeted Enrollees: Representatives from area/state agencies.

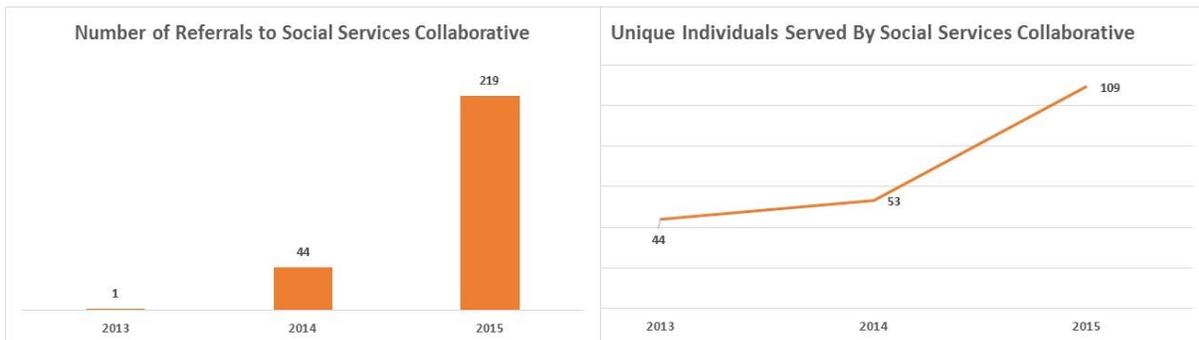
Targeted # Agencies Per Year: Year 1: 25; Year 2: 25; Year 3: 25; Year 4: 25; Year 5: 25.

Impacted GPRAs: 10. #/% of children who feel safe at and traveling to school and 11. Student



mobility rate. Additional Outcome Measure: changes over time on #/% child abuse/neglect.

Evidence: Interagency collaboration among social service agencies has been shown to positively impact communities in many ways. The SCC that operates in Sunflower County serves as the backbone of the Indianola Promise Community. The collaborative, including DHAs social workers, serves individuals who are referred by multiple agencies. The SCC currently plays a vital role of referral and social services linkage for the LINKS case workers in Indianola. After the full implementation of LINKS in 2015 in Sunflower County, referrals to the SCC doubled. The connection between the two initiatives encourages strong case management and has opened up access to the community resources for hundreds of LINKS families. Along with enrollment, referrals to the SSC have dramatically increased since the full implementation of LINKS.



Source: SSC program records, Delta Health Alliance, 2013-2015

Families in Sunflower County are now better connected the resources they need to ensure stable homes and children who can focus on school. Relevance: The formal infrastructure of the collaborative provides DCPN partners the processes, communications infrastructure and accountability framework required to ensure full integration of services and resources.

33. ACT National Career Readiness Certificate *Lead: Washington Co. Economic Agency*

Program Model: ACT National Career Readiness Certificate is an evidence-based career readiness program for young adults that utilizes the ACT Career Curriculum—*KeyTrain*.



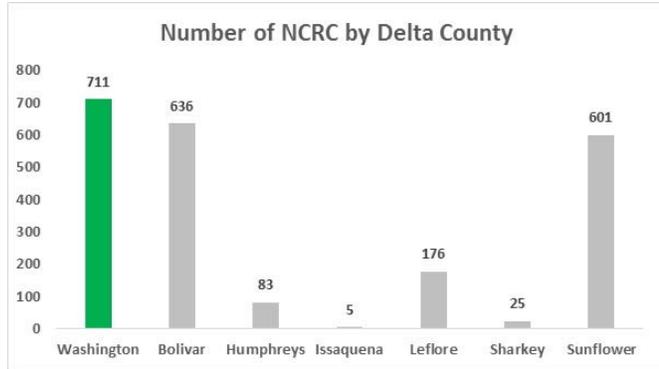
KeyTrain is a complete interactive training system that enhances participants' cognitive skills to help participants reach career readiness. *KeyTrain* courses include: Applied Mathematics, Locating Information and Reading for Information. The curriculum prepares students for the ACT National Career Readiness Certificate (NCRC)—the national standard in certifying workplace skills.⁸¹ The assessment measures a range of essential work skills, including: performing basic math operations, reading and understanding documents, finding information presented in common workplace graphics, and applying information derived from graphics to work-related problems. Targeted Enrollees: Deer Creek residents, 18-24 years old. Target Enrollment: Year 1: 75; Year 2: 75; Year 3: 100; Year 4: 100; Year 5: 100. Impacted GPRA: 7. #/% of students who graduate and obtain post-secondary degrees or industry certifications without remediation. Additional Outcome Measure: changes over time to #/% Unemployment, #/% on Public Assistance. Evidence: Research indicates that you need both foundational, job-specific, and non-cognitive “soft” skills for successful workplace performance. Foundation skills are the fundamental skills that serve as a beginning for the more advanced, job-specific skill development, and cognitive skill development is one of the best predictors of job performance. Studies of the KeyTrain curriculum implementation showed significant gains in post-test mean scores in Applied Mathematics, Locating Information, Reading for Information; increased performance by at least one Level score on all three domains; and an extremely high rate of qualifying for the NCRC at post-test (94%). In the Delta, Washington County is taking the lead on the successful implementation of career readiness strategies with a highly successful ACT National Career Readiness Certificate program operating in nearby Greenville, MS.

⁸¹ ACT KeyTrain®. (n.d.). Retrieved August 19, 2016, from <http://www.keytrain.com/keytrain.asp>



According to 2015 data, Washington County has the largest number of NCRC credentialed participants—and the largest number of “gold” certifications in the region.

Relevance: The program will sharpen the skills of students so that they can thrive in their future career, and participation in training for the ACT National Career



Source: ACT National Career Readiness Certificate (NCRC)

Readiness Certificate and completion of the NCRC will improve career outcomes.

E. Coordination with and Leveraging of Existing Assets and Programs

After identifying our community's needs, the planning committee first looked to what already existed in our service area, what was working and what wasn't, what might be working in a small neighborhood which could be scaled up to the larger community, and what was still left to do. DCPN will support what is already working, leverage funding from existing networks, and utilize the talents and skills of local residents already striving to improve their neighborhoods. DHA will work in coordination with all of the programs listed in **Table 9** (on the following page), through referral agreements, dual enrollment programs, data sharing, collaborative training and joint events.

TABLE 9 Deer Creek’s Existing Neighborhood Assets and School Programs		
Program	Serves	Nature of Services and/or Resources
<i>Early Childhood Development</i>		
Head Start / Early Health Start	Ages 3-5	School readiness program coordinated locally by Washington County Opportunities for children from low-income families. ~ 245 slots annually. Head Start improves readiness, but our needs assessment found that the kinetic learning environment and lack of adequate disciplinary measures fail to adequately prepare children for structured kindergarten.
Private Childcare	Ages 0-5	Five (5) private home-based or center-based childcare centers licensed by the state operate within the DCPN. Total of ~175 slots available



Centers		(with 25 on wait lists), and 18 total staff. Only one has a 1-STAR rating with the state, the others do not qualify for a rating. The four other centers use a self-made curriculum for instruction while the one rated center uses a combination of the State Early Learning Guidelines curriculum with self-created modifications. All five offer transportation.
LSD and HSD Pre-K Program	Ages 4	Both districts operate a Pre-K program serving 12 children at LSD and 28 children at HSD each year. These half-day programs are designed to follow the state's Guidelines and Standards of Early Learning.
Leland Elementary Transitions to Kindergarten Program	Ages 4-5	Leland has a kindergarten transitioning program that lasts three weeks during the month of June. The program operates from 8-11:45 AM. The program does not significantly address <i>academic</i> kindergarten readiness, but does help the pre-k children become more accustomed with the elementary schools' surroundings and <i>social norms</i> (such as bathrooms, teachers, and classes).
K-12		
LSD and HSD Title 1 Funding	Ages 5 - 18	Both districts receive Title I funding annually, to help ensure that all children meet challenging state academic standards. These funds are used to support instruction for student achievement, professional development, and parental involvement/engagement.
School Improvement Grant	Ages 12 - 18	A three-year School Improvement Grant was awarded to Hollandale to support professional development, customization of lesson plans, literacy programs, and leadership training.
LSD Therapy Program	Ages 10-18	School Based Therapy Program (part time; social worker; serves all Leland schools; sessions last about 30 minutes; this program is for troubled youth or kids with behavioral problems; case load of 12 kids.
Superintendent Council	Ages 12 - 18	A student advisory council that operates out of the Hollandale School District, and offers recommendations to the school board.
Robotics Program	Ages 12 - 18	Hollandale Jr./Sr. High School developed and received funding for a grant to engage students in advanced learning opportunities relating to robotics. The school has a Robotics Team of 12-20 students which joins annual competitions across the state.
MS State Extension Office	Ages 12-18	Community Emergency Responder Training (CERT): Disaster Preparedness classes which prepare students and train them on how to handle and provide aide after a disaster.
PTA	Parents	Leland High School is the only one that reports an active PTA.
School-Based After School Programs	3 rd Grade	There are currently no school-based afterschool programs but some teachers begin to stay after school for the students who need attention to study for the third grade reading gate; begins in January of each year (nothing for falls semester); meet third graders on Saturday sometime (volunteer teachers), average number served is about 20.
Hope For Kids	Ages 12-18	A faith-based After-School and homework help program in Hollandale that is held only one day a week and serves ~35 kids.



Grow Your Own	Ages 21+	Program at the HSD that helps teachers to acquire their emergency certificate, whereby Mississippi can grant temporary teaching certificates to individuals who do not meet the ordinary certification criteria in order to fill otherwise unfillable teaching positions.
<i>College Prep</i>		
College Scholarships, Financial Aid and College Prep Summer Programs	Ages 16 - 24	Six colleges serve our region: Delta State University, Mississippi Valley State University, Mississippi Delta Community College, Northwest Community College, Coahoma Community College and Holmes Community College. All offer financial aid assistance and needs based scholarships to in-state residents, although demand typically far exceeds available resources. MVSU also offers a nine-week summer development program for recent high school graduates who do not meet all criteria for admission. Mississippi Delta Community College, a DCPN partner, offers a dual-enrollment program that allows students to be enrolled for MDCC classes while finishing their senior year of high school.
<i>Workforce Development</i>		
Leland Vocational Technical Center	Older Youth and Adults	Certification Programs in Automotive, Metal Fabrication, Construction, Welding and Small Engine Repair. Classes in Early Childhood Development which offers 1st year students opportunity to receive hands-on work experience in elementary schools and 2nd year students receive experience in childcare centers. The Agricultural, Science, Environmental, and Technology Program implements the concepts of science, plant science, environment. Agricultural station in Stoneville (adjacent to DHA's Headquarters) partners with Vo Tech to employ some students that complete the course; Pioneer also partners with Vo Tech to give 15 students the opportunity to work and get hands on experience (an internship). Average number of students to graduate ~ 65 due to rigorous state testing (some can't pass state test and graduate from high school). They also accept students from Hollandale.
Greenville WIN Job Center	Ages 16 - 24	MS Workforce Investment Network oversees a series of workforce training programs and job placement assistance. There are no WIN Job Center in Deer Creek, but there are opportunities ~10 miles away in other communities. Training programs are available at the Capps Center for Workforce Development in Indianola (10 miles to the east), offering <u>43 different job training programs, workshops and certifications</u> . WIA funding fully covers tuition, books, occupational fees, supplies, and tools. Greenville WIN Job Center (10 miles to the west) also helps create or update resumes, conduct job searches and prepare for job interviews. Average training-related employment rate for graduates is 68%. DCPN case managers will refer, follow-up and assist participants in navigating these services.
Small Business	Adults	Delta Electric Power Company provides zero interest, small business loans of up to \$740,000 for up to 10 years available to minority-owned small



Loans		business owners. The MS Development Authority also operates various loan programs including minority business micro loans and capital access programs of up to \$150,000 per borrower. The South Delta Planning and Development District also operates revolving programs which provides loan assistance for small business.
Skills USA	Adults	SkillsUSA–Mississippi is a state association affiliated with National SkillsUSA, an organization serving high school, college and professional members who are preparing for careers in technical, skilled and service occupations. A partnership of students, teachers and industry representatives offer Carpentry Training Workshop for young adults in Leland.
Community/Health		
Warren-Washington-Issaquena-Sharkey Community Action Agency	All	The WWISCAA provides a wide variety of services to four counties including the Deer Creek area such as a weatherizing program for the homes of low-income families; home energy assistance; adolescent offender program; visits to local nursing home residents; foster family referrals; emergency assistance for crisis situations; respite program for temporary relief time for in-home caregivers; home delivered meals for the elderly and disabled; and transportation to healthcare facilities.
Teen Pregnancy Prevention	Ages 12-18	DHA operates a HRSA funded Teen Pregnancy Prevention program in 10 counties, which includes programming for patients and families of the Leland Medical Clinic.
Quality Improvement Initiative	All	The Leland Medical Clinic is in Year One of a three year HRSA grant to implement the evidence-based <i>Lean Model for Quality Improvement</i> program to improve workflows & care coordination
City of Leland	All	Youth League sports (Baseball/Softball/Football) and Volunteer Fire Department
City of Hollandale	All	Volunteer Fire Department
City of Arcola	All	Hosts a Community Athletic Program maintains baseball / softball fields and the Community Learning Center offers classes when funding can be found. Space is available for DCPN programs.
Vacation Bible Schools	Ages 5-12	Offered by area churches across Deer Creek, these are one to two weeks long, half-day summer programs that simply offer faith-based instruction and review of Biblical topics.
Delta Council's Adult Literacy Program	Ages 18 - 24	With ongoing support from the Delta Regional Authority and partnerships with area businesses, Delta Council (DCPN partner) offers a ten-week adult literacy program in nearby Greenville, operating on the philosophy that a literate workforce is a more employable and successful workforce. Historically the average participant has gained 2 - 4 levels in reading comprehension after 10 sessions. Delta Council will offer the program in Leland and Hollandale if requested by a group of 10 or more.
City of Hollandale	All	Neighborhood Watch Group that patrols their community in the evenings.



F. Evaluation Plan - Objective Performance Measures

Delta Health Alliance will capture, analyze and interpret different levels of data to better understand DCPN results as evidenced by program indicators, then building upon those results to replicate what works, improving what needs strengthening, and replacing interventions that are not having a measurable impact. First, DHA will collect performance data reflecting the work of over 33 programs and 15 community partners, using a universal case management data system. DHA staff will track information on participation, program fidelity, and impact, following the training we received at the Annie E. Casey Foundation's Results Based Leadership program.

In addition to program-level data, DHA is focused on population level change in order to strengthen outcomes for all children and families in the Deer Creek community. The team will collect annual data on a set of prescribed 15 population-level (GPRA) indicators. Every DCPN strategy aligns to moving at least one of those indicators in a positive direction. By providing programs that work, it becomes possible to scale, replicate, and sustain successful initiatives. In this way, the DCPN will have the capacity to drive measurable, systemic and lasting change.

The DCPN impact model follows the Promise Neighborhood Results Playbook: First, our focus starts with ten population-level goals. These are the conditions of wellbeing for all members of the Deer Creek community. In order to understand if DCPN is meeting our goals, we will collect 15 GPRA population-level indicator data sets that support those 10 goals. Next, based on the needs of the community, DHA has constructed a continuum of services that we believe will make an impact on these indicators. Because DCPN will want to understand how programs and strategies are contributing to impact on the overarching goals, each program will have its own set of performance measures that measure quantity, quality and impact on program participants.



All of the services proposed align to the projects overarching goals and indicators. Indicator data will be collected and reported on annually. However, in order to make the strongest impact, DHA will collect performance measure data at the program-level on a monthly basis in order to ensure alignment of services to results and to adjust strategies in real-time based on data analysis. To do this, DHA has developed a set of shared program performance measures for each of the GPRA indicators. This data will be collected on program participants and will be reported more frequently than the annual GPRA indicators. **Figure 3** on the following page provides a visual map of how program goals, GPRAs and initiatives interact. In addition to setting targets for annual population-level indicators, **Table 10** on the next page shows how DHA will develop short-term performance targets for each programs' and strategy performance measures.

Figure 3. DCPN Map of the Continuum of Services by Goal, GPRA and Initiative

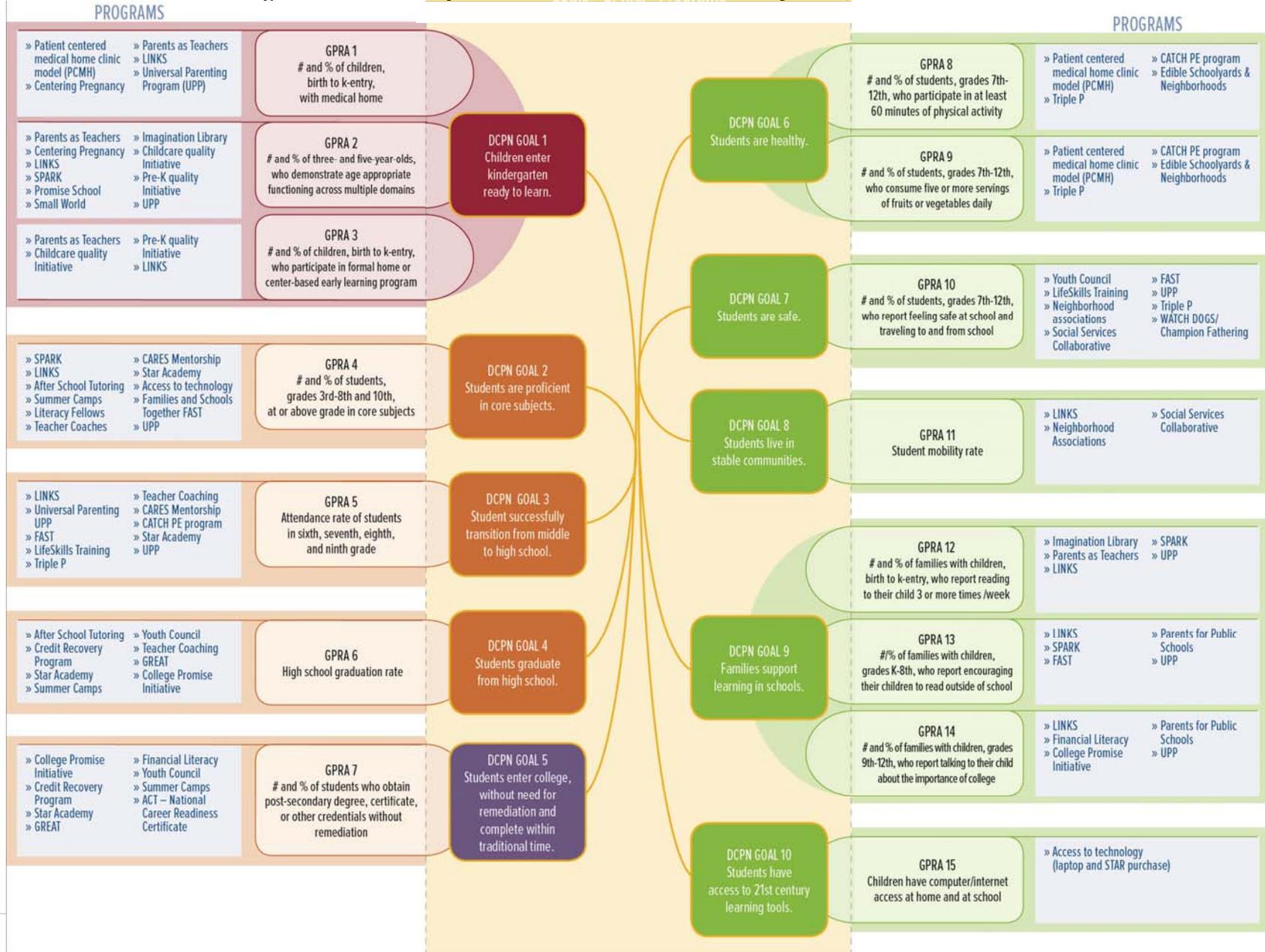


TABLE 10
Goals, Indicators, Programs and Strategies and Shared Performance Measures

Indicators Programs and Strategies	Shared Performance Measures
Goal 1 - Children Enter Kindergarten Ready to Learn	
<p>Indicator 1: Number and percent of children in Deer Creek community, 0 to 5 years old, with access to a medical home.</p> <p><i>Program and Strategies</i>—Patient Center Medical Home (PCMH) Initiative, Centering Pregnancy, Parents as Teachers (PAT), LINKS, Universal Parenting Program (UPP)</p>	<ol style="list-style-type: none"> 1. Number and percent of children enrolled in DCPN programming, 0 to 5 years old, with access to a medical home. 2. Number and percent of children enrolled in DCPN programming, 0 to 5 years old, who receive well child visits 3. Number and percent of children enrolled in DCPN programming, 0 to 5 years old, who are up to date on all required immunizations 4. Number of facilities in target neighborhood that specialize in serving children, ages 0 to 5.
<p>Indicator 2: Number and percent of children in Deer Creek community who demonstrate age appropriate development at 3 and 5 years old.</p> <p><i>Program and Strategies</i>—PAT, CenteringPregnancy, LINKS, SPARK, Promise School, Small World, Imagination Library, Childcare + Pre-K Quality Initiative, UPP, Imagination Library</p>	<ol style="list-style-type: none"> 1. Number and percent of children enrolled in DCPN programming, who are born at low or very low birth weight. 2. Number and percent of children enrolled in DCPN programming, who are born premature. 3. Number and percent of children enrolled in DCPN programming, 0 to 5 years old, who has a parent or family member read to them 3 or more times a week. 4. Number and percent of children who demonstrate age appropriate development at 3 years old. 5. Number and percent of children enrolled in DCPN programming who demonstrate age appropriate development at Kindergarten entry. 6. Number and percent of children enrolled in DCPN programming who demonstrate age appropriate development at Kindergarten entry. 7. Number and percent of children enrolled in DCPN programming, 0 to 5 years old, who are dually enrolled in a home visitation and monthly book program. 8. Number and percent of children enrolled in DCPN programming exhibiting positive social behaviors when interacting with peers at Kindergarten entry.
<p>Indicator 3: Number and percent of children in Deer Creek community, 0 to 5 years old, who attend formal center or home based childcare for at least 10 hours per week.</p> <p><i>Program and Strategies</i>—PAT, Childcare + Pre-K Quality Initiative, LINKS</p>	<ol style="list-style-type: none"> 1. Number and percent of children enrolled in DCPN programming, 0 to 5 years old, who attend formal early childcare before entering Kindergarten. 2. Number and percent of local childcare providers who implement an evidence-based curriculum and assessment tool. 3. Number and percent of childcare teachers who have received the Child Development Associate (CDA) license or equivalent. 4. Number and percent of childcare centers who have received a “C” grade or higher on the state’s Quality Rating System (QRS)



Goal 2 - Students are Proficient in Core Subjects	
<p>Indicator 4: Number and percent of children in Deer Creek community, 3rd-8th grade and high school, who are considered “proficient” in math and ELA according to state assessments.</p> <p>Program and Strategies—SPARK, LINKS, Afterschool Tutoring, Summer Camps, Literacy Fellows, Teacher coaching, CARES Mentorship program, Star Academy, Access to Technology</p>	<ol style="list-style-type: none"> 1. Number and percent of children enrolled in DCPN programming, 3rd-8th grade and high school, who are considered “proficient” in math according to state assessments. 2. Number and percent of children enrolled in DCPN programming, 3rd-8th grade and high school, who are considered “proficient” in English according to state assessments. 3. Number and percent of DCPN 3rd graders who pass the third grade summative assessment.
Goal 3 - Students Transition Successfully from Middle to High School	
<p>Indicator 5: Attendance rate for all 6 – 9th grade students</p> <p>Program and Strategies—LINKS, UPP, Families and Schools Together (FAST), LifeSkills Training, Triple P, Teacher Coaching, CARES Mentorship, CATCH PE program, Star Academy</p>	<ol style="list-style-type: none"> 1. Attendance rate of students enrolled in DCPN programming, 6- 9th grade students 2. Number and percent of DCPN participants who are considered chronically absent 3. Number and percent of DCPN participants, grades 6-9th, who receive 2 or more behavioral referrals per semester.
Goal 4 - Students Graduate from High School	
<p>Indicator 6: 4-year cohort graduation rate</p> <p>Program and Strategies—Afterschool tutoring, credit recovery program, Star Academy, Summer Camps, Youth Council, Teacher coaching, GREAT, College Promise Initiative (CPI)</p>	<ol style="list-style-type: none"> 1. Number and percent of DCPN participants who graduate within 4 years after starting 9th grade. 2. Number and percent of DCPN participants, 9-12th grade, who are considered chronically absent 3. Number and percent of DCPN participants, 9-12th grade, who receive 2 or more behavioral referrals per semester. 4. Number and percent of DCPN participants who obtain ACT score of at least 18 or higher; or high school GPA of 3.5 or higher with an ACT score of 16.
Goal 5 — Students Obtain a Post-Secondary Degree, Certification or Credential	
<p>Indicator 7: Number and percent of all high school graduates who enter and complete post-secondary degree program without need for remediation.</p> <p>Program and Strategies—Afterschool tutoring, credit recovery program, Star Academy, Summer Camps, Youth Council, Teacher coaching, GREAT, College Promise Initiative, and the ACT National Career Readiness Certificate program</p>	<ol style="list-style-type: none"> 1. Number and percent of DCPN participants who graduate from a two- or four-year college, university or vocational certification course. 2. Number and percent of DCPN participants who matriculate to an institution of higher education and place into college-level math and English without need for remediation. 3. Number and percent of DCPN participants who graduate from a two- or four-year college, university or vocational certification completion. 4. Number and percent of DCPN participants who earn industry-recognized certificates or credentials. 5. Number and percent of DCPN participants who obtain ACT score of at least 18 or higher; or high school GPA of 3.5 or higher with an ACT score of 16.



	6. Number and percent of DCPN participants who complete their FAFSA application during their senior year of high school
Goal 6 - Students are Healthy	
<p>Indicator 8: Number and percent of children who participate in at least 60 minutes of moderate to vigorous activities each day.</p> <p>Indicator 9: Number and percent of students who consume five or more servings of fruits and vegetables daily</p> <p>Program and Strategies—PCMH Initiative, Triple P, CATCH PE Program, Edible schoolyards</p>	<ol style="list-style-type: none"> 1. Number and percent of DCPN participants who understand the importance of healthy eating habits. 2. Number and percent of DCPN participants who understand the importance of daily physical activity. 3. Number and percent of DCPN participants who consume 5 or more servings of fruits and vegetables daily. 4. Number and percent of DCPN participants who participate in at least 60 minutes of vigorous physical activity a day. 5. Number and percent of DCPN participants who live within a mile of grocery store, farmers market or community garden. 6. Number and percent of DCPN participants who are a member of a sports team
Goal 7 - Students are safe at school and in the Community	
<p>Indicator 10: Number and percent of students who feel safe at school and traveling to and from school.</p> <p>Program and Strategies—Youth Council, LifeSkills Training, Triple P, Neighborhood Associations, Social Services Collaborative, FAST, UPP</p>	<ol style="list-style-type: none"> 1. Number and percent of DCPN participants who feel safe at school. 2. Number and percent of DCPN participants who feel safe traveling to and from school. 3. Number and percent of DCPN participants with safe transportation (bus, parent, car pool) or pathway (walk/bike) route to school. 4. Number and percent of DCPN participants who report never feeling “bullied” at school. 5. Number and percent of DCPN participants who report never carrying a weapon to school. 6. Number and percent of DCPN participants who report never being in a physical fight on school property.
Goal 8 - Students Live in Stable Communities	
<p>Indicator 11: Student mobility rate</p> <p>Program and Strategies—LINKS, Neighborhood Associations, Social Services Collaborative</p>	<ol style="list-style-type: none"> 1. Number and percent of DCPN participants who enter or exit the school district after official enrollment. 2. Number and percent of DCPN participants who live in temporary housing. 3. Number and percent of DCPN participants who are considered homeless.
Goal 9 - Families Support Learning in Schools	
<p>Indicator 12: For children birth to kindergarten entry, the number and percent of parents or family members who report that they read to their children three or more times a week.</p>	<ol style="list-style-type: none"> 1. Number and percent of DCPN participants whose parents or family member report reading to their child three or more times a week. 2. Number and percent of DCPN participants who are enrolled in the Imagination Library program.



<p>Program and Strategies— Imagination Library, PAT, LINKS, SPARK, UPP</p>	
<p>Indicator 13: For children in kindergarten through 8th grade, the number and percent of parents or family members who report encouraging their child to read books outside of school.</p> <p>Program and Strategies— LINKS, SPARK, UPP, Parents for Public Schools, FAST</p>	<ol style="list-style-type: none"> 1. Number and percent of DCPN participants who whose parent or family member report encouraging their child to read books outside of school 2. Number and percent of DCPN participants who have obtained a library card
<p>Indicator 14: For children in the 9th to 12th grades, the number and percent of parents or family members who report talking with their child about the importance of college and career.</p> <p>Program and Strategies— LINKS, Financial Literacy, CPI, Parents for Public Schools, UPP</p>	<ol style="list-style-type: none"> 1. Number and percent of DCPN participants whose parent or family member report talking to their child about the courses they select in high school. 2. Number and percent of DCPN participants whose parent or family member report talking to their child about the importance of college. 3. Number and percent of DCPN participants whose parent or family member report talking to their child about the importance of career. 4. Number and percent of DCPN participants whose parent or family member completes the FAFSA application. 5. Number and percent of DCPN participants whose parent or family member who attends a college and career night for neighborhood parents.
<p>Goal 10 - Students have Access to 21st Century Tools and Technology</p>	
<p>Indicator 15: Number and percent of children who have school and home access to broadband internet and a connected computing device.</p> <p>Program and Strategies— Access to technology</p>	<ol style="list-style-type: none"> 1. Number and percent of DCPN participants who report having access to internet and computing device at home. 2. Number and percent of DCPN participants who report having access to internet and computing device at school. 3. Number and percent of DCPN participants who report having access to a smart phone.



G. Strong Theory Support for the Deer Creek Promise Neighborhood

The Mississippi Delta is buckling under the weight of a deeply entrenched political, social and economic structure that has yielded deep, persistent poverty; vast socio-economic and health disparities; and systemic disenfranchisement of generations of families. These oppressive systems and structures will not be erased overnight, but models of community transformation and system reform now offer insights into *how* and *where* to apply pressure, invest resources and engage communities so that places like Indianola and Deer Creek can serve as a spark to catalyze broader efforts and offer the “promise” of the Promise Neighborhoods program.

“The beautiful thing about learning is no one can take it away from you.”

– Musician B.B. King, born and raised in the Mississippi Delta

System-Wide Solutions. The trauma and stress of poverty and systemic disparities can significantly damage an individual’s physical and mental health,⁸² as well as the health and development of infants in the womb and young children during critical years of development.⁸³ Disparities in the cognitive ability of white and black children may present as early as two years of age, so that by the time children begin school black students already lag far behind White students.⁸⁴ Even when controlling for other factors like mother’s background and income, the

⁸² Sanders-Phillips, K. et al. (2014). Perceived Racial Discrimination, Drug Use, and Psychological Distress in African American Youth. *Journal of Social Issues*, 70: 279–297.

⁸³ Huang CY, Costeines J, Ayala C, Kaufman JS. Parenting Stress, Social Support, and Depression for Ethnic Minority Adolescent Mothers: Impact on Child Development. *Journal of child and family studies*. 2014;23(2):255-262. doi:10.1007/s10826-013-9807-1.

⁸⁴ Fryer, Roland G., Jr., and Steven D. Levitt. 2004. "Understanding the Black-White Test Score Gap in the First Two Years of School." *Review of Economics and Statistics*, 86(2): 447-64.



gap between black and white students remains.⁸⁵ There have been many attempts to work within school districts to decrease the disparity, but they have left the achievement gap between white and black students almost unchanged over the last 50 years.⁸⁶ Given the influence of family and environment indicators on child development and academic performance, schools cannot be held solely responsible for student achievement. It is now understood that communities and families play a large role in the development of key skills and abilities, which has led many in the field to advocate for place-based initiatives that offer support to parents at birth, in and outside of the classroom, during and after the school day. The DCPN pipeline, case management system, and operational management structure are designed around the concept that children can succeed when they have consistent, seamless access to the resources they need in and out of school.

Evidence-Based Models. First and foremost, DHA will rely on the *Promise Neighborhoods* model of using community-driven, place-based efforts to improve educational and developmental outcomes for children. Many of the programs, policies and management components developed by DHA under the Indianola Promise Community (IPC) have now been recognized by the Center for the Study of Social Policy as Emerging Practices⁸⁷ and contributed to the Urban Institute's development of best practices for the use of Case Management Data.⁸⁸

The Harlem Children's Zone (HCZ), a place-based initiative which provides the framework for

⁸⁵ Jencks, Christopher, and Meredith Phillips. 1998. "America's Next Achievement Test: Closing the Black-White Test Score Gap." *American Prospect*, 9(40): 44-53.

⁸⁶ Kane, Thomas J., and Douglas O. Staiger. 2008. "Estimating Teacher Impacts on Student Achievement: An Experimental Evaluation." National Bureau of Economic Research Working Paper 14607.

⁸⁷ Center for the Study of Social Policy. (2016). *Building a Culture of Results: A Guide to Emerging Practices in Promise Neighborhoods*. Washington, DC. http://www.cssp.org/community/neighborhood-investment/body/Building_a_Culture_of_Results.pdf

⁸⁸ Bogle, M. et. al. (December 2015). *Continually Improving Promise Neighborhoods: The Role of Case Management Data*. The Urban Institute. <http://www.urban.org/sites/default/files/alfresco/publication-pdfs/2000551-Continually-Improving-Promise-Neighborhoods-The-Role-of-Case-Management-Data.pdf>



the Promise Neighborhoods initiative, has been studied by researchers to understand its impact on course performance and attendance. Similar to the DCPN, the HCZ provides participants with a pipeline of services that start at birth and follow children through college and career. HCZ offers a combination of both community- and school-based program and strategies. The HCZ schools provide medical, dental, and mental health services. In a recent study, HCZ students attend more school and perform higher on state tests, compared to other NYC charter schools. In addition to performing better in school, modest estimates suggest that attendance at an HCZ middle school is associated with “4.8 to 7.5 percent increase in earnings”, “2.25 percent decrease in committing a violent crime”, and an “11.25 percent decrease in having a healthy disability”.⁸⁹ This shows that the right combination of community and school inputs can yield positive academic, health and life outcomes.

In light of the pervasive current and historical trauma of intergenerational poverty, DHA will also draw from the *Trauma-Informed Community Building* model, which takes into account residents’ emotional needs and unique life experiences to empower individuals and take a sustained approach to community and school improvement. DHA will engage in an ongoing reflective practice that responds to new developments and knowledge, and will cultivate community leadership through support and skill building.⁹⁰ DHA will leverage the *inner strength and resilience* of our troubled neighborhoods and empower residents to make lasting changes *in*

⁸⁹ Dobbie, W. et al. "Are high-quality schools enough to increase achievement among the poor? Evidence from the Harlem Children's Zone." *American Economic Journal: Applied Economics* 3.3 (2011): 158-187.

⁹⁰ Weinstein, E. et. al. (May 2014). Trauma Informed Community Building: A Model for Strengthening Community in Trauma Affected Neighborhoods. <http://bridgehousing.com/PDFs/TICB.Paper5.14.pdf>



their own communities. Addressing system transformation through a “Race Equity Lens”, DHA will continue to gather and analyze *disaggregated data* and identify *high leverage points* that can induce and reinforce ongoing change in vital sectors and institutions – starting with two local school districts and the communities they serve.⁹¹ DHA has demonstrated its ability to serve as an effective backbone organization to replicate and adapt proven models from other rural communities and actively engage local and regional stakeholders across sectors to design systems that support lasting, population-level change for our residents.

Community partners, organizations and schools of the DCPN believe that:

- Lasting change hinges upon a comprehensive, coordinated, and sustained effort to build strong schools and family and community support services necessary to break the cycle of intergenerational poverty and poor outcomes in Washington County;
- We can improve the educational, economic and health outcomes of impoverished children and families through skilled staff; local input of residents; federal, state, and private funding; best practices and receptive schools, governments and communities;
- Positive changes will be supported through the use of longitudinal data and credible research methodology to identify and address areas of greatest need and engage in continuous quality improvement to refine interventions and drive progress on our goals;
- All partners must be held accountable for their progress on activities and outcomes, while being provided technical assistance and support to improve their processes as needed; and
- Changes will be incremental over time, but each sustainable change will serve to

⁹¹ The Annie E. Casey Foundation. (2015). Embracing Equity: 7 Steps to Advance and Embed Race Equity and Inclusion Within Your Organization. Written in partnership with Terry Keleher. Retrieved from <http://www.aecf.org/resources/race-equity-and-inclusion-action-guide/>.



strengthen the foundation for additional changes that can lead to significant, long-term improvements in the lives of residents of Deer Creek.

All members of the DCPN will work in a coordinated manner to implement a network of services, designed to establish a pipeline of programs that was developed in collaboration with the schools, parenting groups, business and faith-based leaders, researchers and families of our community. The five key segments of our pipeline will each be driven by a targeted Team, linked together through a strong communication network for coordination of programs: (1) Early Childhood Development initiatives, (2) Academic School-Based Reform, (3) Postsecondary or Technical Education & Career Development, (4) Health and Wellness programs, and (5) Community-Based Supports, as detailed in Section V. Management Plan.

Families with infants, children, adolescents and young adults will be guided through this pipeline by LINKS Case Managers who will ensure continuity of services as the individuals' needs evolve over time. Activities will be coordinated from **DHA's Headquarters which is located in Deer Creek**, just 2 miles outside of Leland, Mississippi, providing 3,300 square feet of office space and two meeting/training rooms for DCPN programs. Successful pilot programs from our planning phase will be scaled up to the community at large, existing programs that work will be coordinated with to avoid duplication, and new evidence-based initiatives will be implemented to address unmet needs. Area residents, key stakeholders and local government officials will continue to be involved in all stages of the planning, implementation, evaluation and improvement processes of the DCPN.



Section III – Project Services

A. Expected Improvement in Student Achievement

The aforementioned 33 programs are designed to work in concert to improve the achievement of students in the DCPN population at different stages of the life course, (i.e., at varying segments of the pipeline). These initiatives are designed to improve achievement through enhanced educational opportunities, as well as coordinated support outside of school, including a focus on access to health care, nutrition, family support, community involvement, and much more that aids child well-being and achievement throughout the life course.

Each program is connected to one or more GPRA metrics,

“I always tell my kids if you lay down, people will step over you. But if you keep scrambling, if you keep going, someone will always, always give you a hand. Always. But you gotta keep dancing, you gotta keep your feet moving.”

– Actor Morgan Freeman, resident of the Delta, who did a series of six television PSAs for DHA on a variety of topics relating to children and parents.

thus having a direct effect on the stated goals of DCPN. The narrative that follows describes exactly how the proposed activities will lead to improvements in student achievement.

Goal 1 is for children to enter kindergarten ready to learn. To reach this goal, support at the perinatal stage is key. Educational sessions on pregnancy issues, nutrition, parenting, and breastfeeding are offered to pregnant mothers in the CenteringPregnancy program. A healthy birth and birth weight are essential for future success and achievement in a child’s life. Other programs in the DCPN pipeline that address wellness in the birth to age 5 stage include: Parents as Teachers for prenatal and early home visitation; Imagination Library as an early literacy program in the form of free books each month; Pre-K and Childcare Quality Initiatives to expand slots and improve quality of pre-kindergarten; Small World for literacy, numeracy, social and



emotional development in 3 year olds; Promise School emphasizing literacy and numeracy for rising kindergartners; and LINKS for connecting families to social services. Each evidence-based program addresses the needs of children at different stages from infancy to the beginning of school. Primary measures/indicators will show that progressively more DCPN children are able to demonstrate age appropriate functioning across multiple domains during the project period.

Goal 2 is to achieve student proficiency in core subjects. This will be demonstrated through measures/indicators that demonstrate an increase in the percentage of DCPN Kindergarten through 10th graders who are at or above grade level in core subjects. There are several evidence-based programs in place to support this goal. SPARK targets early literacy in K-3 children; LINKS addresses at-risk students K-6 through a home visitation program to refer students to the appropriate resource when in need; DCPN Literacy Fellows program targets student intervention for those at risk of failing the 3rd grade reading gate; CARES Mentoring is a program that pairs caring adults with at-risk students in need of academic, social, and emotional support; Afterschool Tutoring is a K-12 program providing tutoring in math, English, and language arts; DCPN Summer Camps provide 8 week summer learning spaces for K-12 children designed to reduce summer learning loss; Teacher Coaching is a K-12 program provides one on one instruction to teachers to ensure their instructional materials meet state and national standards; Triple P is aimed at children up to the age of 16 to treat and prevent behavioral and emotional problems; Access to Technology is a program designed to provide current technology such as iPads and laptops to children K-12 to increase standardized test scores and remain current in technological advancements; and STAR Academy targets 7-12th grade at-risk students who are in danger of dropping out of school by regaining school credit and catching them up to their peers.



Goal 3 is for students to transition successfully from junior high to high school. The indicator for success for Goal 3 is the attendance rate of students from 6th through 9th grade. The programs aimed at accomplishing this goal include Triple P to increase attendance through good behavior; LINKS to refer students to the appropriate resources to address their risks; and Life Skills to help students deal with peer pressure, self-esteem, drug and alcohol use.

Goal 4 is for students to graduate high school, measured by the high school graduation rate. Several programs will be in place to accomplish this goal, including Triple P to improve class attendance; LINKS to connect students to resources when barriers exist risking their graduation; Life Skills to help students combat the pressures of drug and alcohol use, peer pressure, and low self-esteem; After School programs which help students struggling in classes such as English and math; and Summer Camps which reduce the learning loss from the previous year of school.

Goal 5 is that more students obtain a post-secondary degree or certificate, measured by the percent of students who obtain a post-secondary degree, certificate, or other credentials without remediation. The College Promise Initiative focuses on college readiness and college prep while our ACT National Career Readiness Certificate program provides assistance with certifications and workforce training.

Goal 6 is that students are healthy, measured by the percent of 7th through 12th grade students participating in at least 60 minutes of physical activity a day, and consuming five or more servings of fruits and vegetables a day. Programs aimed at achieving this goal include CATCH P.E. which engages students in regular physical activity; Community and School Gardens aimed at learning about gardening and consuming more fruits and vegetables; Summer Camps which



promote education and healthy lifestyle activities. Additionally, the Patient Centered Medical Home at Leland Medical Clinic provides interventions and screenings for residents of all ages.

Goal 7 is for students to feel safe at school and in their community. This is measured by the percent of students 7th through 12th grade who report feeling safe at school and traveling to and from school. The programs designed to reach this goal are Life Skills Training to combat drug and alcohol use, peer pressure, and self-esteem issues; Neighborhood Associations to promote neighborhood safety; FAST which brings schools, families, and parents together to prevent violence, substance abuse, and child abuse and neglect; WATCH D.O.G.S. which fosters father involvement, perceptions of safety, security, and reduced bullying; Social Services Collaborative to streamline the use and practicality of social services; Youth Council helps build leadership capacity and civic engagement; and Triple P which gives parents the resources to improve parenting practices and reduce the prevalence of mental and emotional health issues in children.

Goal 8 is to make sure the children in the Deer Creek area live in a stable community. The measurements/indicators of Goal 8 include safety, healthcare, economic, and educational indicators. The evidence-based programs implemented to achieve this goal include Community and School Gardens, which are designed to provide real-life gardening experiences for children and adults and to increase the consumption of fruits and vegetables; Neighborhood Associations empower members of the neighborhood to coordinate an aligned effort to improve the neighborhood; and the Social Services Collaborative to break down the isolation between local, state, and federal services to streamline social services.

Goal 9 is to make families more focused on child well-being and to have access to resources to support optimal development and success. Measurements and indicators designed to reach this



goal includes reading to children at least 3 times per week; encouraging their children to read outside of school, and talking to their children about the importance of college and careers.

DCPN has several evidence-based programs designed to target parents. Parents for Public Schools train parents to become leaders at schools and in the community by engaging, educating, and mobilizing parents and can improve students' behavior, achievement, and motivation. FAST is designed to prevent substance abuse, child abuse and neglect, violence and school failure.

UPP are centers where parents and children can receive free professional counseling and emotional support from licensed therapists. Financial Literacy exposes parents and youth to low cost banking products, teaches financial literacy, discusses different strategies for saving, and reviews common scams that target low-income communities. GREAT provides participants with the training and certification necessary to enter the work force.

Goal 10 is that students have access to 21st Century technology. This is measured by the percentage of students that have access to computer/internet at home and at school. Programs in place to support this mission include the Access to Technology program where DHA provides laptops and iPads to students attending target schools, and desktops for schools in need.

There are 33 initiatives that make up the pieces of the DCPN pipeline, each directly or indirectly targeting student achievement at different stages in the life course. We have successfully implemented many of these programs in other rural communities of the Delta, attaining marked improvement in multiple outcomes. The objective of each program is to reduce adverse experiences in each student's life, thereby increasing the chances of success and achievement for each individual, and consequently at the population level for Deer Creek area children. Potential adverse experiences begin in the womb, thus the DCPN programming begins



with interventions aiming at pregnant mothers and reducing the likelihood of a low birth weight birth. Subsequently, the program interventions prepare children for important markers in life, including preparing them for kindergarten, preparing them to be at third grade reading level, reducing the negative effects of drugs and alcohol in the teenage years, and preparing them for high school graduation and beyond. At each stage, our programs identify children at risk and intervene into their academic, family, and social lives to maximize their chances of success. The methodology by which we evaluate these factors includes using t-tests to measure change over time from pre-test and post-test scores, control groups compared to intervention groups to test the effectiveness of our programs when such comparisons are made possible, and educational assessments that have comparisons built in (i.e., standardized test scores compared to national averages and/or state established benchmarks).

Policy Development. One of DHA’s demonstrated strengths is our ability and experience in creating and effecting policy changes in the Delta, the state of Mississippi, and the United States. DCPN’s Continuum of Solutions must not be operated in a vacuum, particularly since the barriers and challenges experienced by Delta students are so pervasive and systemic. The partners of the DCPN share DHA’s vision for aggressive policy development and influence to realize the true purpose of the DCPN intervention. If any of the proposed outreach programs are to effect sustainable change and long-term improvements, the overarching solutions must yield transformative improvements in the policies, protocols, and systems under which our targeted communities live and work. Simply treating the symptoms of a problem is never enough. DHA plans to leverage its extensive expertise to help create and effect policy development at all levels:

a. Federal Policy Development – Since 2012, DHA has provided briefings and background



information to our Senator Thad Cochran (R- Mississippi, Chair, Senate Appropriations Committee) and other legislators regarding the excellent model and significant impact of the Promise Neighborhood grant program, including providing expert testimony during committee hearings. Due to DHA's high profile dissemination activities and compelling testimony regarding the program's impact, several senators have supported continued federal funding of the Promise Neighborhoods program. Senator Cochran has consistently, due to the close relationship with DHA, been a driving force and vocal advocate for Promise Neighborhoods as a national catalyst for change to transform education in this country. DHA is proud to be a part of this change, particularly for communities of the "other America" referenced by Bobby Kennedy.

In February 2015, DHA's Josh Davis, who will serve as the DCPN Project Director, testified before the U.S. Senate Committee on Health, Education, Labor and Pensions as the Committee was holding roundtable hearings to prepare for the overdue process of reauthorizing the Elementary and Secondary Education Act (ESEA). He provided testimony citing the efficacy of the Promise Neighborhoods model and the innovative approaches DHA has taken to improve academic outcomes for low-income students via the Indianola Promise Community.

b. Statewide Policy Development - DHA leadership are assigned to the following state-wide boards which directly affect statewide policy: Governor's State Early Childhood Council, Mississippi Children's Justice Center Advisory Council, Early Childhood Collaboration Oversight Committee, and Adverse Childhood Experiences Task Force. Through state-wide initiatives and new policies, Mississippi has come a long way in the last ten years toward improving the quality and organization of the services provided to the state's youngest residents, their families, and the professionals that educate and care for them. DHA was



instrumental in working with the MS Department of Health and Mississippi Medicaid to develop a clear step by step plan, commonly agreed upon goals, and governance paired with stable infrastructure to organize early childhood programs and our statewide Health Information Network, and to provide the support necessary structures to ensure that progress continues. DHA has used **evidence based outcomes** to promote and influence legislation for these broad reaching changes in statewide policy, culminating in legislation to accomplish new, far reaching goals, such as in Mississippi's Early Learning Collaborative Act of 2013. (<http://billstatus.ls.state.ms.us/documents/2013/pdf/SB/2300-2399/SB2395SG.pdf>). This legislation establishes six goals which lay out a framework to begin the important work of coordinating efforts across early childhood education, including: (1) Implement high quality standards for early education across the state; (2) Revise and expand the use of the state's QRS system to provide the centers the assistance they need to promote quality improvements statewide and improve access to quality early learning programs; (3) Train and prepare a capable and ready early education workforce; (4) Roll out a statewide kindergarten readiness assessment; (5) Foster and support partnerships and engagement with communities; (6) Implement a statewide early childhood data system.

c. Regional Policy Development - DHA is a member of Delta Council, a partner of the DCPN and our area economic development organization representing the eighteen Delta and part-Delta counties of Northwest Mississippi and active partner of the DCPN. Started in 1935 by a group of far-sighted citizens to provide a medium through which the agricultural, business, and professional leadership of the area could work together. Delta Council now pioneers the effort to solve common problems and promote the development of the economy in the area. Through the



DHA relationship with Delta Council, several regional policies have been developed effecting adult literacy, early learning, health and flood control, which affects housing needs.⁹² DHA has also worked with the City of Indianola to establish a Mayor's Health Council in 2012 which advices the city on health and wellness policy development. DHA staff and partners have also mobilized residents to successfully lobby to pass Smoke Free Ordinances in five cities in the Delta, through our Tobacco Free initiative in partnership with the MS Department of Health.

B. Formal & Informal Partnerships and Unified Visions, Theory of Action and Change

The partners of the DCPN are intrinsically motivated to create sustainable, systemic improvements in the way area families live, learn, and grow, because this is also *their* community. The faculty and staff of our schools, the leadership and employees of social service partners, and the health providers and support staff at the rural health clinic live, work and play in the targeted neighborhoods of rural Deer Creek.

Unified Vision. Our commitment to our communities is a commitment to our own families too, and our dedication to helping each other achieve success is a central part of our culture and heritage. When we meet with parents, administrators and teachers to identify needs and develop evidence-based solutions for Deer Creek, those are **our** schools; **our** childcare centers; **our** social service programs; **our** job training centers; and **our** small businesses. And most importantly, **our** children and **our** future.

Theories of Change and Action. DCPN's overarching Theory of Change: ***the development of a robust infrastructure of shared, integrated systems and high quality, evidence-based***

⁹² Delta Council Policy Resolutions, <http://www.deltacouncil.org/policies--resolutions.html>



programming will result in improvements in academic, health, and economic success for low-income, at-risk students and families. The DCPN starts with the results and moves backwards, towards means. If the DCPN is successful, the Deer Creek community will be transformed into a thriving community where babies are born healthy and arrive at Kindergarten ready to learn, students succeed in school and graduate from high school, and become productive adults. In order to realize the transformation, DCPN partners will need to provide comprehensive services to the entire Deer Creek community. We propose to reach scale—defined as serving at least **65%** of the target population,⁹³ by Year 2 of the grant. Furthermore, by Year 5, we will have the resources and infrastructure in place to serve **85%** of the target population. By reaching this penetration rate, DCPN will serve enough participants to make an impact at the population level. It may take several years to accomplish full transformation, so DCPN has developed a set of indicators (short-term, intermediate, and long-term outcomes) that will be analyzed on a quarterly to annual basis.

Short term Results (1-2 years)	<ul style="list-style-type: none">• Families encourage strong reading habits• Children arrive at Kindergarten ready to learn• Children have access to a medical home• Reduction in chronic absenteeism
Intermediate Results (3-4 years)	<ul style="list-style-type: none">• Students are proficient in core subjects at 3rd grade• Students have healthy eating and physical activity habits• Students have access to technology at school and home

⁹³ Promise Neighborhoods Institute at PolicyLink. (2014). A Developmental Pathway for Achieving Promise Neighborhoods Results. Oakland, CA.



Long-term Results (5-7 years)	<ul style="list-style-type: none">• Students are proficient in core subjects• Families foster a college-going mindset• Students graduate from high school• Students enter and persist through college or career training
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We have utilized DHAs experience implementing the Indianola Promise Community and a white paper completed by researchers from the Harlem Children’s Zone and Promise Neighborhoods Institute at PolicyLink to inform the projected timeline for results.⁹⁴ In order to have an impact on these metrics, DCPN has designed a robust pipeline of solutions that are rooted in a strong evidence-base per the Logic Model included in **Appendix G**.

Disparities in the cognitive ability of white and black children can present as early as two years of age, so that by the time children begin school black students lag far behind white students.⁹⁵ Even when controlling for other factors like mother’s background and income, the gap between black and white students remains.⁹⁶ There have been many attempts to work within school districts to decrease the disparity but they have left the achievement gap between white and black students almost unchanged.⁹⁷ Most of these strategies have only focused on the school reform and school choice. However, most disparity research indicates that the differences in

⁹⁴ Jean-Louis, B., McAfee, M., Cylar Miller, L. (2013). Some Considerations Pertinent to a Promise Neighborhoods National Evaluation. New York, NY

⁹⁵ Fryer Jr, R. G., & Levitt, S. D. (2004). Understanding the black-white test score gap in the first two years of school. *Review of Economics and Statistics*, 86(2), 447-464.

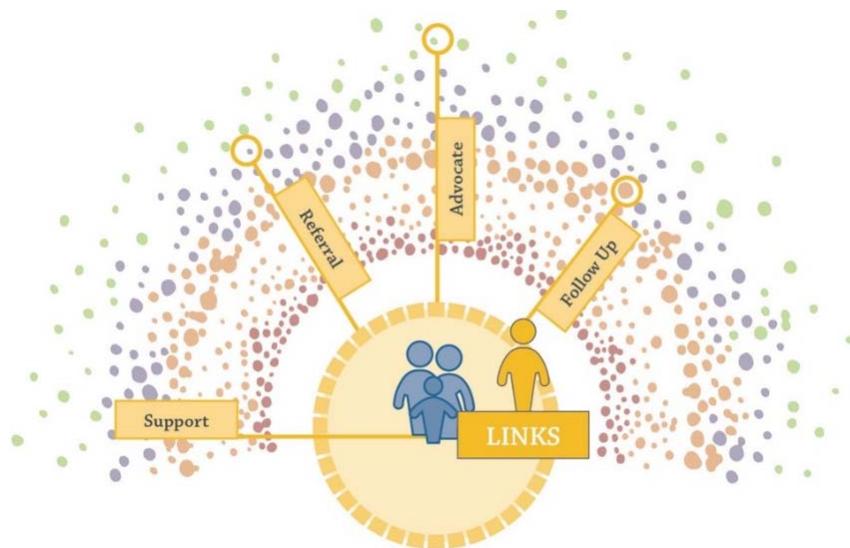
⁹⁶ Jencks, C., & Phillips, M. (1998). America's next achievement test: Closing the Black-White test score gap. *American Prospect*, 44-53.

⁹⁷ Kane, T. J., & Staiger, D. O. (2008). Estimating teacher impacts on student achievement: An experimental evaluation (No. w14607). National Bureau of Economic Research.



cognitive ability occur before students even arrive at school.⁹⁸ These differences can begin to be explained by family and environment indicators. These findings have led many in the field to advocate for place-based initiatives that offer support to parents at birth, in and outside of the classroom, during and after the school day. Although the development of strong schools is essential, it is only one of the ways DCPN works to achieve our goal of academic success for all students. DCPN will also provide supports for building strong families, promoting health, and improving the engagement families and community members. The DCPN pipeline of program supports the notion that when children have access to the resources they need in and out of school, they can achieve great things. While many approaches to improving academic success are stand-alone interventions, DCPN proposes to implement a system of inter-connected programs. The programs build on and complement each other as a child moves through the pipeline, from birth to career. DCPN will utilize Case Managers, or LINKS, recruited from the

Figure 4. LINKS Case Managers



Deer Creek region, to offer individual guidance and support of participants as they move through the continuum. They will serve as the ‘principle cog’ for moving children through the DCPN pipeline.

⁹⁸ Phillips, M., Crouse, J., & Ralph, J. (1998). Does the Black-White test score gap widen after children enter school. *The Black-White test score gap*, 229-272.



However, programs are only as effective as they are implemented with fidelity and guided by a strong continuous improvement plan. DCPN will implement a formal accountability process, using the skills and tools from the results-based accountability (RBA) framework. This process includes working with partners to develop performance measures for each solution in the pipeline. Performance measures will include markers of *quantity*—how much (e.g., number of participants, sessions); *quality*—how well (e.g., dosage), and *impact*—is any one better off? (e.g., changes in knowledge, behavior, attitudes). On a monthly basis, data will be collected, analyzed and reviewed by each program to ensure that the program is identifying what is working and what is not. This process is meant to move people from talk to action and foster a culture of results, rooted in passion and accountability.

Finally, the inputs or resources that will go into the program will serve as the foundation and backbone. These include the families and community partners who have helped create the vision for DCPN and are ready to implement. Promise Neighborhood assets, including: funding, expertise, research, and technical assistance will be the investments needed to support the pipeline and push the Deer Creek community in the direction of full transformation.

C. Process for Partner Accountability of Performance and Outcomes

Our Theory of Change and Action pathways will be instrumental in crystalizing how results will be pursued by diverse, multi-sector partners striving to collectively turn the curve on indicators of education, family and community support in the Deer Creek Promise Neighborhood (DCPN). The DCPN partners will represent schools, financial institutions, municipalities, faith-based organizations, workforce development, law enforcement, families, child care centers, housing agencies, clinical settings, and other nonprofits. See **Table 11** for current partners.



TABLE 11
Active Partners of the Deer Creek Promise Neighborhood

Name	Partner Type / Sector
Leland School District	Public school district
Hollandale School District	Public school district
Cities of Leland, Hollandale & Arcola	City governments
Guaranty Bank & Trust	Finance
MS State Extension Services	Community services & education
MS Low Income Childcare Initiative	Childcare advocacy and training
Kepler Institute	Workforce training
Children’s Defense Fund	Childcare advocacy and training
Warren-Washington-Issaquena-Sharkey Community Action Agency	Community Action Agency – social services
Delta Council	Regional economic development agency
Washington County Economic Alliance	County economic development agency
Washington County Sheriff’s Office	Law Enforcement
Annie E. Casey Foundation	Training and Technical Support
Teach For America - MS	Education / Workforce Development
South Delta Housing	Housing
Delta Housing Development Corporation	Housing
Leland Medical Clinic	Healthcare
Washington County Opportunities, Inc.	Childcare services (Early Head Start/Head Start)
Parents for Public School	Parent advocacy agency
Local Childcare Centers (5)	Childcare services (Private)
Jim Henson Museum	Community Events / Tourism
MS Delta Community College (MDCC)	Education
MDCC, Workforce Development Center	Training and assistance building Play Place
Kenner Patton Furnishings	Woodworking craftsmen for Play Place
Leland Deacon’s Alliance	Faith-based organization

Delta Health Alliance employs an effective process for maintaining accountability among partners for performance and outcomes that will be executed in the framework and practices of the Deer Creek Promise Neighborhood. The first formal step in this process is the execution of contracts with partners clearly outlining deliverables and the methods by which we will ensure performance accountability toward desired outcomes. [REDACTED]

[REDACTED]



[REDACTED]

[REDACTED] Prior to the implementation of each DCPN initiative, goals and performance measures are developed jointly, with input from the target population to be served. The data team then creates a data map and an assessment calendar. Both teams review training procedures for ETO and Scorecard utilization and then determine dates and participants for monthly accountability meetings. Baseline data is collected for all identified measures, then once the programs begin serving participants, data is collected by the program staff according to the assessment calendar, which is then analyzed monthly by the data team.

[REDACTED]



On a recurring monthly basis both teams hold an accountability meeting to discuss trend data, set and review meaningful targets, discuss what is or is not working, assign individual action items with a timeline, and schedule the next month’s meeting. The meeting results are recorded in the Scorecard and a report is generated and shared with the DCPN Leadership Team. The reports for each program are transparent and sent via email—shared with program, data and leadership staff, including the CEO. Leadership staff review each program’s report and provide direct feedback to program staff. The process encourages program and partner staff to have a deep understanding of their program’s goals, performance measures, and strategies. While the accountability process will also call attention to and highlight each initiative’s successes, its core goal is to identify concerns or issues with fidelity of implementation so that corrective action can be taken quickly and results for participants can be accelerated.

Section IV – Management Plan

A. Governance Structure

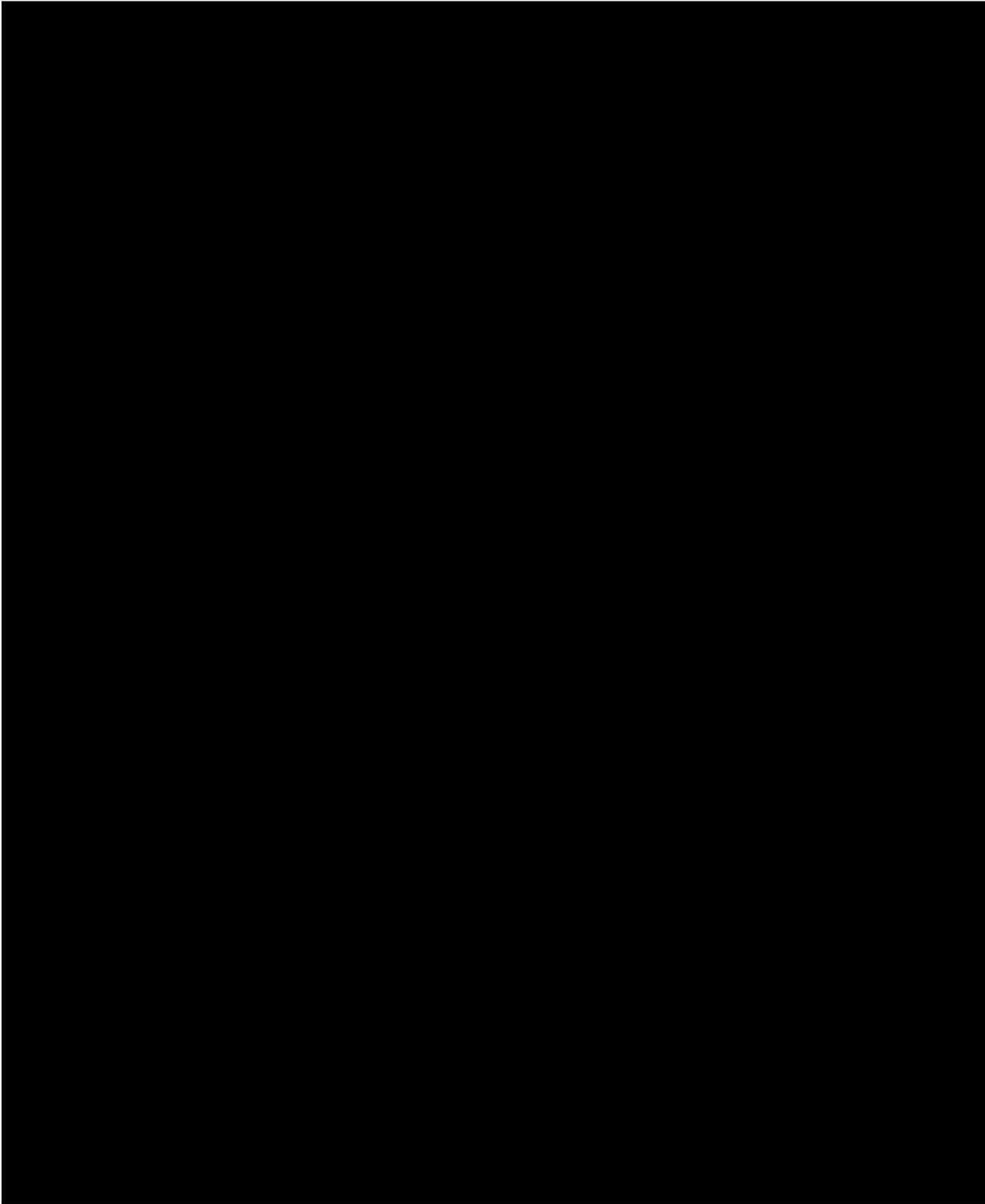
Board of Directors. Delta Health Alliance (DHA) is governed by a five-member board, which represent a cross section of the Delta population and have a long history of policy development and community work in the Delta [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] This diverse and hands-on Board of Directors will also serve as the Governing Board for the DCPN.





The stated mission of our Board is **to improve the health and education of the men, women, and children who make the Mississippi Delta their home.** The Board's bylaws and minutes document their shared vision that if the Delta is going to continue to move forward, efforts to coordinate targeted services and supports must be made for all children. This strong governance structure ensures that the board is able to make decisions, strategically plan and implement policies for the DCPN, and spearhead the coordination of efforts across the system. This robust governance structure will also support future alignment across other systems that support the Deer Creek Promise Neighborhood, such as health and family support services.

Residents' Role in Decision Making. Research suggests that children do better in school when their parents are involved. In addition, parents personally benefit from involvement as well. DHA is already beginning some early childhood interventions in the Deer Creek community which will be expanded with the Promise Neighborhood. A Parent Committee of 12-24 members will be organized and run by parents, recruited from the five schools participating in the DCPN. It will provide a chance for parents to have input into their child's education and work with schools to develop solutions. The Parent Committee will:



- Advise DCPN and school district staff in the development and implementation of local program policies, activities, and services;
- Plan, conduct, and participate in informal as well as formal programs and activities for parents and staff; and
- Participate in the recruitment and screening of Early Head Start / Head Start employees within established guidelines.

The Committee will have regularly scheduled monthly meetings throughout the school year.

Parent Committee Officers. At the first meeting, an introduction to all aspects of the DCPN program is presented by staff and/or local parents. Officers who will help in leading and organizing the meetings are elected. Officers shall be elected annually and early in the program year, in order that those elected can attend the first meeting of the DCPN Advisory Group.

Parent Representatives. Each Childcare Center / Pre-K provider will elect the appropriate number of Parent representatives proportionate to the number of children enrolled in each center. Centers with less than 60 enrolled children are allowed one parent representative. Centers with more than 60 enrolled children are allowed two parent representatives. The elected members must be current center parents and can also be serving as a Parent Committee officer.

Community Representative. Community Representatives will be elected by the Parent Committee. Each childcare center is allowed one representative from their local community (a non-center parent). These committees must also consist of a parent majority (at least 51%) and:

- Are responsible for providing feedback and recommendations on DCPN program direction, program design, operation and goal planning.



-
- Receive appropriate training and technical assistance to assure members understand information they receive and can provide effective oversight and make appropriate decisions which must include: officer training, orientation, and ethics training.
 - Are supported by the program in fulfilling their governance responsibilities by receiving reasonable reimbursement of their expenses for participation.
 - Participate in developing policies and identified program activities to be submitted to the governing body.

Sub Committees. To help increase involvement in specific aspects of the DCPN Program, Parent Committees may choose to form Sub-Committees, such as:

- Education Committee: Assists teaching staff in planning lesson plans, field trips, home activity logs, bulletin boards, classroom activities
- Parent Involvement Committee: Helps to increase parent involvement in the center through notifying parents of meetings, activities, and opportunities
- By-laws Committee: Organizes, and/or amends existing by-laws
- Newsletter Committee: Gathers information, interviews partners and clients, assembles, and produces monthly newsletters.
- Volunteer Committee: Establishes and maintains a current volunteer list, also aids in the recruitment of new volunteers.
- Building and Grounds: Inspects school buildings inside and out for needed repairs, and aids in cleaning public and outdoor spaces.
- Community Involvement: Works with the Family Advocate to help increase public awareness of DCPN, also plans for involvement in community activities.



Parent Committees may choose to develop these or other sub-committees which they feel are necessary. Sub-committees may be filled through elections or through parents who volunteer to serve. Each sub-committee will appoint a chairperson. The sub-committee chairperson will report on the committee's activities at every Parent Committee business meeting.

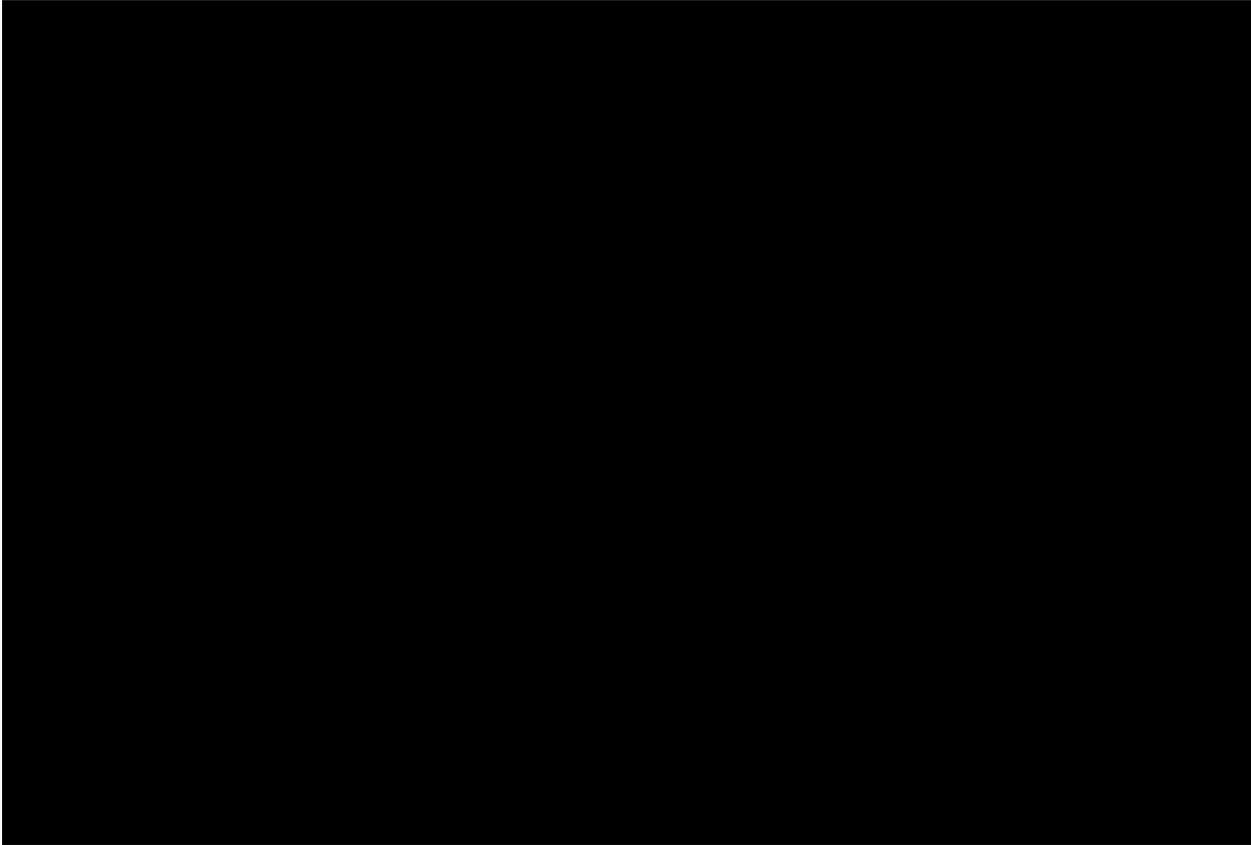
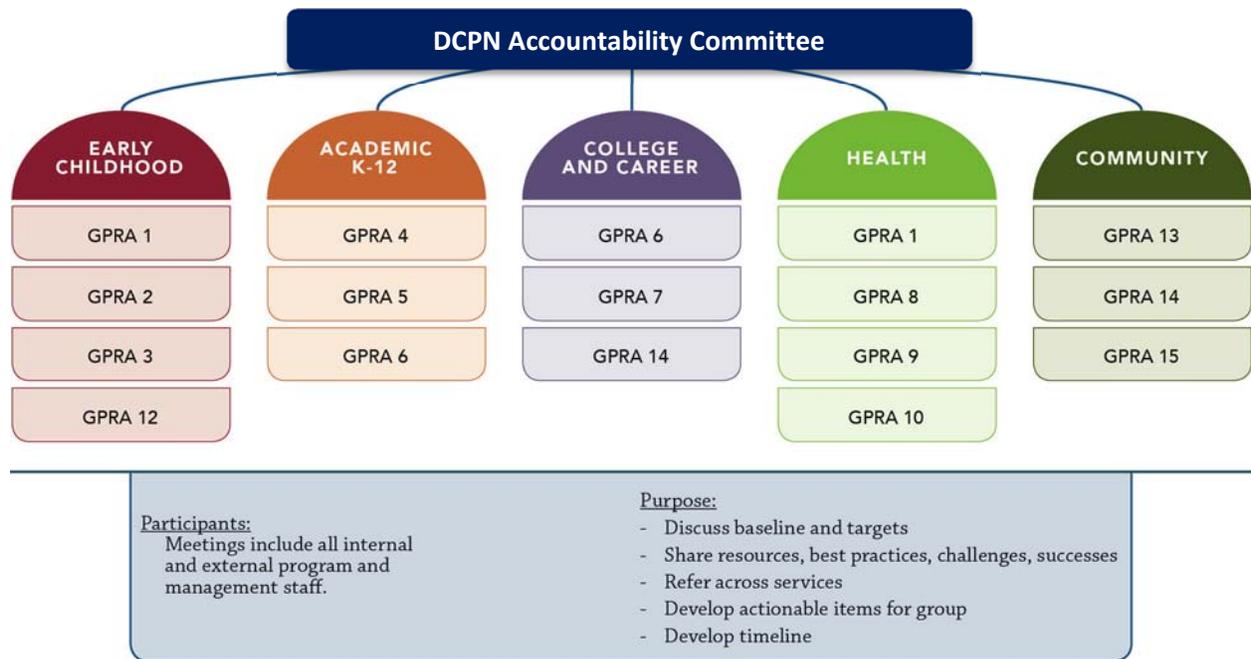
Deer Creek Promise Community Advisory Group. The DCPN Advisory Group was established in a community-wide meeting organized by Delta Council, our region's economic development organization and DCPN partner, with members nominated from the communities in our area [REDACTED]

[REDACTED] The DCPN Advisory Group consists of 13 members, 77% of whom live in the Deer Creek Service Area, 23% of whom are low-income, and 31% of whom are public officials that serve Deer Creek communities. The Advisory Group meets monthly to: (a) receive a report and presentation from DCPN staff on progress made for each of the 15 indicators of the DCPN program, (b) discuss challenges and opportunities faced by DCPN initiatives, (c) identify new needs and new resources that may be developing in the communities, and (d) develop a list of specific recommendations for the Board of Directors and DCPN management.

Accountability Committee. The DCPN Accountability Committee reports to the Advisory Board and is in charge with helping the five DCPN Intervention Teams by removing barriers to progress in the community that might impede the progress of the interventions. The committee consists of some members of the Advisory Committee for continuity and other at large members of Deer Creek neighborhoods. The accountability committee meets during the first week of each month with each of the five intervention teams to receive and discuss a point-by-point update on progress of each DCPN goal and indicator, as depicted in **Figure 6.** [REDACTED]



Figure 6. Process of DCPN Accountability Committee Meetings, Review of Outcomes





DCPN Intervention Teams. The implementation and evaluation plans for the DCPN hinge in large part upon the groundwork done by our five DCPN Intervention Teams, each of which will be focused on one of the five key areas of service of the DCPN pipeline. Each Team will accept responsibility for a specific set of DCPN indicators of education, family and community well-being that are directly linked to their collective efforts. Intervention Teams will be staffed by personnel with expertise in each particular field. All Teams will meet bi-weekly to review progress made over the previous two weeks towards improving each GPRA measure assigned to their group, identify challenges and opportunities for improvement in operations, coordinate the movement of participants and sharing of resources between their programs, then discuss upcoming activities and events. **Figure 7** in the Academic K-12 Team description provides an example of these alignment maps, which serve the Teams by ensuring an accountable structure is adopted for completion of assignments, that the entire group is on the same page and that synergies are formed between all partners involved in this work. Each Team consists of DHA staff with relevant experience, school personnel, program partners and in the case of early childhood, parents and community members. The five Teams include:

Team 1: Early Childhood Team

The DCPN Early Childhood Team’s guiding focus every day will be to ask themselves, “What can I do **today** to move the needle forward on ensuring that Deer Creek children entering kindergarten are ready to succeed in school?” Each bi-weekly meeting for DCPN’s Early



Childhood Team will focus on strategy alignment of early childhood programs for the sake of collectively moving the Early Childhood GPRA's in a positive direction. The meeting activities will specifically address tactics for: increasing dual enrollment of participants across programs, increasing involvement of parents in early childhood programs, child-centric planning between providers who share participants, transitional plans for participants moving from one program to another, stronger alignment of program interventions, curriculums and assessments, plus joint professional development opportunities. This Team will focus on the following GPRA metrics:

GPRA 1: # and % of children birth to kindergarten entry who have a place where they usually go, other than an emergency room, when they are sick or in need of advice about their health.

GPRA 2: # and % of three-year-olds and children in kindergarten who demonstrate at the beginning of the program or school year age-appropriate functioning across multiple domains of early learning as determined using developmentally appropriate early learning measures.

GPRA 3: # and % of children, from birth to kindergarten entry, participating in center-based or formal home-based early learning settings or programs.

This Team will consist of parents and DCPN staff assigned to the following seven projects:

- The Deer Creek Pre-K Initiative
- Childcare Quality Initiative
- Centering Pregnancy
- Parents as Teachers
- Small World
- SPARK
- Promise School

Team 2: Academic K-12 Team

The DCPN Academic K-12 Team holds a special responsibility, as transforming Leland and Hollandale's schools into great institutions of learning *as the centerpiece* of the DCPN model.



The Academic K-12 Team’s guiding focus every day will be to ask themselves, “What can I do **today** to move the needle forward on ensuring Deer Creek students are proficient in core academic subjects, successfully transition from middle school grades to high school grades, and graduate on time from high school?” One of the key responsibilities of this team will be working with the LSD and HSD to assist and track progress on the School Intervention - Transformation Model. Each bi-weekly meeting for DCPN’s Academic K-12 Team will focus on strategy alignment for moving the K-12 GPRA’s in a positive direction. The meeting will specifically address tactics for: reporting on shared performance measures and targets for all Team partners, aligning school-level strategies with those of DCPN partner services, increasing parental involvement in school programs, better understanding how current resources and strategies can support school and district goals for student course performance, behavior and attendance, and developing action items with deadlines for members. This Team’s GPRAs of focus include:

GPRA 4: # and % of students at or above grade level according to State mathematics and reading or language arts assessments in at least the grades required by the ESEA (third through eighth and once in high school).

GPRA 5: Attendance rate of students in the sixth, seventh, eighth and ninth grades.

GPRA 6: Graduation rate from Leland and Simmons High Schools.

This Team will consist of DHA staff, one teacher and one administrator from both the Leland and Hollandale School Districts, and partners’ staff assigned to the following twelve projects:

- Teacher Coaching and Development
- Credit Recovery Program
- LSD and HSD Afterschool Programming
- Parents for Public Schools



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- Deer Creek Summer Camps
 - CARES Mentoring
 - Literacy Fellows
 - WATCH DOGS / Champion Fathering
 - Access to Technology
 - FAST
 - STAR Academy
 - SPARK

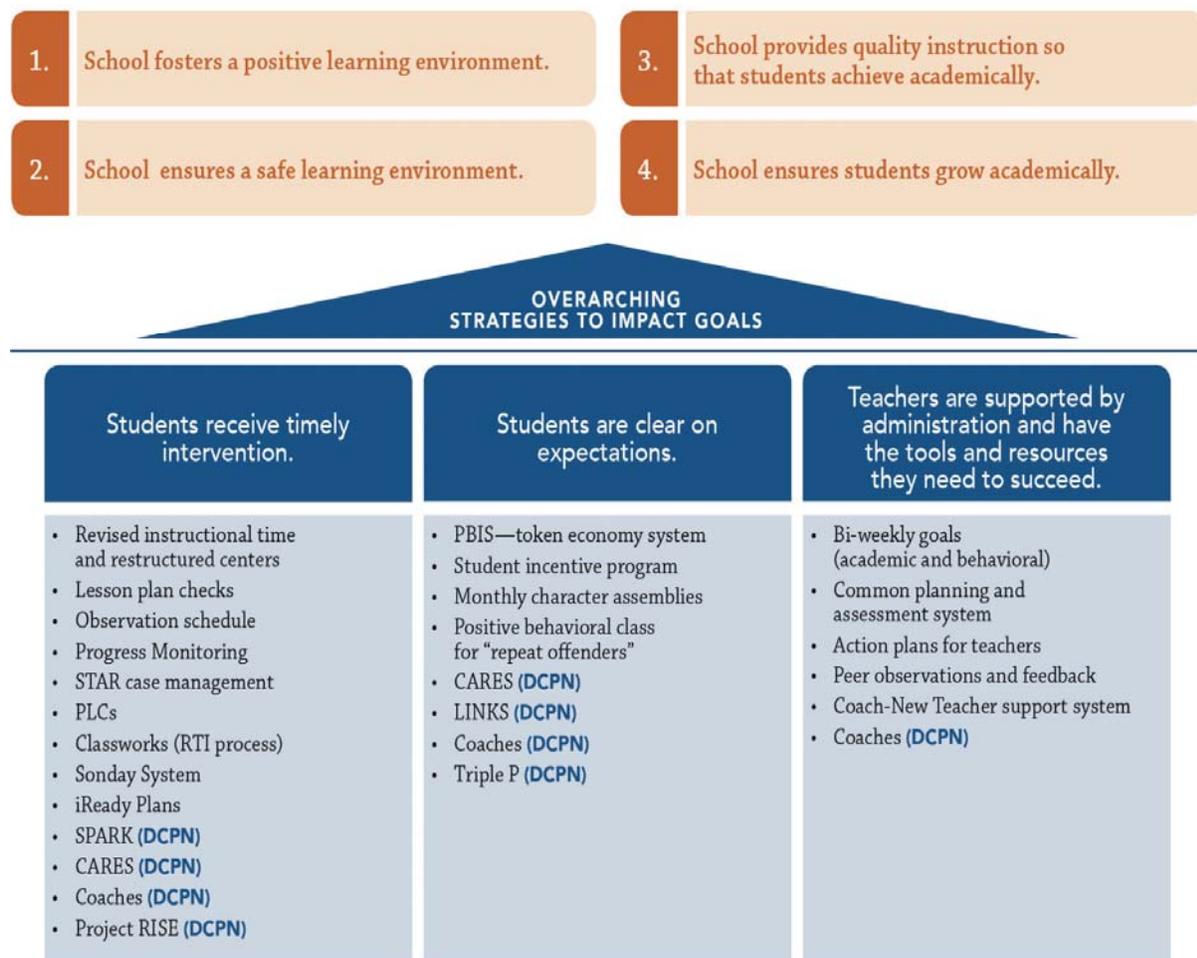
DHA staff on the Academic K-12 Team have completed professional development and skills-based training through the Annie E. Casey Foundation and Promise Neighborhoods Institute's Skills to Accelerate Results (STAR) program. DHA's staff successfully utilized the skills and tools from this training to improve Kindergarten readiness scores in Indianola's Promise Neighborhood two consecutive years and are primed and ready to transfer these skills to the K-12 system in Deer Creek. The DCPN Academic K-12 Team will work closely with the school district (which will have representation on this team) and other K-12 partners to better align school-level strategies and support services. As part of our planning process, DCPN has developed asset maps for each of the schools that identify school goals, shared performance measures, and over-arching strategies. The DCPN Academic K-12 Team will meet with all five schools each month to better understand how current resources and strategies can support school and district goals for student course performance, behavior and attendance.

Upon notification of funding for the implementation program, we will establish meetings with school principals and staff as teams (elementary school team, secondary school team and post-secondary school team) each month to begin the process of alignment and asset mapping. As a team, we want to ensure that existing resources are being utilized efficiently and effectively to produce the greatest impact on student outcomes. The group will start with the school's overarching goals. For each goal, we have developed shared performance measures that could



help determine if we are making progress towards the result. Next we will determine what current strategies are available (school- or community-based) that could make an impact on each of the goals. During this process, the group will identify areas of misalignment or gaps and begin to develop action plans to fill in the holes with existing resources. The monthly meeting structure allows the group to share performance data, align strategies and develop action items on a frequent enough basis that drives better results. **Figure 7** below provides an example of a preliminary mapping that was done for the Elementary Schools, as a component of planning.

Figure 7. Preliminary Elementary School Goals and Strategy Alignment Map





Team 3: College and Career

The DCPN College and Career Team’s guiding focus every day will be to ask themselves, “What can I do **today** to move the needle forward on ensuring that Deer Creek High School graduates obtain a postsecondary degree, certification, or credential?” Each bi-weekly meeting for DCPN’s College and Career Team will intently focus on strategy alignment for the sake of collectively moving the College and Career GPRA’s in a positive direction. The meeting activities will specifically address tactics for: student-centric development of individual college and career pathway portfolios, efficient coordination of support to graduate and enter college or the workforce, strengthening recruitment of participants and building a stronger awareness among residents to improve utilization of existing resources, establishing supportive relationships with colleges and universities that enroll the largest proportion of graduates from Leland and Hollandale School Districts, and developing placement opportunities and internships with leading industries for DCPN graduates. The GPRA’s on which this Team will focus include:

GPRA 6: Graduation rate from Leland and Simmons High Schools.

GPRA 7: # and % of Promise Neighborhood students who graduate with a regular high school diploma and obtain postsecondary degrees, vocational certificates, or other industry-recognized certifications or credentials without the need for remediation.

GPRA 14: For children in the ninth through twelfth grades, the # and % of parents or family members who report talking with their child about the importance of college and career

This Team will consist of DHA staff, one representative of Delta Council, one representative of MS Delta Community College, and partners’ staff assigned to the following four projects:



- College Promise Initiative
- Financial Literacy
- GREAT
- ACT National Career Readiness Certificate

Team 4: Health

The DCPN Health Team’s guiding focus every day will be to ask themselves, “What can I do **today** to move the needle forward on ensuring that Deer Creek children feel safe at school, and have access to and utilize resources to improve their physical health?” Each bi-weekly meeting for DCPN’s Health Team will intently focus on strategy alignment for the sake of collectively moving the Health GPRA’s in a positive direction. The meeting activities will specifically address tactics for: improving access and utilization of existing resources for residents, maximizing participation of partner programs to full capacity by coordinated and strategic recruitment efforts, developing mechanisms and engaging local residents in the development and implementation of wellness and exercise programs, communicating across partners regarding shared participants, working with the MS Department of Health on joint efforts, and identifying opportunities to advance community health, fitness and well-being through shared-use agreements and community engagement to advocate for residents’ needs. The GPRA’s on which this Team will focus include:

GPRA 1: # and % of children birth to kindergarten entry who have a place where they usually go, other than an emergency room, when they are sick or in need of advice about their health.

GPRA 8: # and % of children who participate in at least 60 minutes of moderate to vigorous physical activity daily.

GPRA 9: # & % of children who consume five or more servings of fruits and vegetables daily



GPRAs 10: # and % of students who feel safe at school and traveling to and from school, as measured by a school climate needs assessment

This Team will consist of DHA staff, one representative of the Leland Medical Clinic, and partners' staff assigned to the following five projects:

- Patient Centered Medical Home Initiative
- Triple P
- CATCH Physical Education Program
- LifeSkills Training
- School/Community Gardens

Team 5: Community

The DCPN Community Team's guiding focus every day will be to ask themselves, "What can I do **today** to move the needle forward on fostering family and community support for learning in DCPN schools, and how can I improve student access to 21st century learning tools?" Each bi-weekly meeting for DCPN's Community Team will intently focus on strategy alignment for the sake of collectively moving the Community GPRA's in a positive direction. The meeting activities will specifically address tactics for: raising awareness community-wide about the value of literacy, engaging and empowering residents to make improvements in their own neighborhoods, establishing expectations of community safety and means to secure children, supporting children and families with social/physical determinants of educational outcomes, and accessing resources and support to encourage more high school graduates enroll in college. The Community Team will also take the lead in coordinating the **DCPN's Communication Strategy and Activities**. The GPRA's of the DCPN strategic plan this Team will impact include:

GPRAs 13: For children in kindergarten through the eighth grade, the # and % of parents or family members who report encouraging their child to read books outside of school



GPRA 14: For children in the ninth through twelfth grades, the # and % of parents or family members who report talking with their child about the importance of college and career.

GPRA 15: # and % of students who have school and home access (and % of the day they have access) to broadband Internet and a connected computing device.

The Community Team will consist of DHA staff, one government representative from the cities of Leland and Hollandale, and partners' staff assigned to the following s projects:

- Universal Parenting Place
- Neighborhood Associations
- Social Services Collaborative
- LINKS
- Financial Literacy
- Imagination Library

B. Collaboration of Neighborhood Stakeholders, Schools and Residents

DHA has been successfully implementing and maintaining programs from multiple public and private funding sources since 2006, giving our organization the credibility and expertise needed to manage this continuum of solutions across different agencies and groups.

DHA has already enlisted the support of local officials, business leaders, school administrators and others as they were involved in the development of the vision for the DCPN. This reduces the potential for friction, turf wars or competing local agendas to hinder the launch and progress of the DCPN. Through DHA's experience working in the Indianola Promise Community, we have learned that the vision for the work has to be conceived *by the community* where the work will take place. These local residents were all actively recruited and personally involved in the development of the vision for the DCPN. Thus, they have a stake it seeing it succeed.



As a result of previous Promise Neighborhood work and other outreach programs conducted over the last 15 years in Deer Creek, Delta Health Alliance has extensive experience in working with neighborhoods, communities, residents, federal state and local government leaders and other service providers. Fostering collaboration with residents, coordinating with government agencies and the school system, and aligning efforts with other agencies in the region, as well as identifying new needs as they arise are key. This will be the responsibility of the *Deer Creek Promise Neighborhood Advisory Group*.

In addition to the work of the Advisory Group, *Delta Health Alliance Team Leaders and project staff* will be responsible for maintaining direct relationships with city leadership, law enforcement, Head Start teachers and administrators, school personnel, community leaders as well as social and health providers.

Coordination with the schools will be further enhanced through *monthly accountability meetings with each school district*. Meetings are inclusive of school district personnel, project staff and Delta Health Alliance staff who will work with this project. Monthly status reports are shared and reviewed to determine collaborative solutions to any delays or problems that may arise. During monthly accountability meetings, data will be shared and strategies will be collectively developed to determine what the work will look like moving forward. Individuals will make action commitments to confirm their contribution to the ongoing work.

Coordination with the residential neighborhoods will also be facilitated by a *monthly meeting and training with neighborhood associations* which will allow the DCPN teams and partners to engage community members in identifying needs in their community and becoming



problem solvers and solution seekers to develop strategies to address issues. Associations will also be taught how and assisted with becoming incorporated as non-profit organizations.

Work in the Indianola Promise Community has assisted in gleaning lessons learned about how social services and health organizations need to collaborate to leverage resources and maximize services offered. Through the work of the IPC Social Services Coordinator, the IPC Social Services Collaborative (SSC) was created. The *Social Services Collaborative* is made up of local, state and federal resource agency representatives. These participants meet monthly to:

- break down silos to prevent working in isolation,
- identify duplication of services to better coordinate efforts,
- educate on services/resources that are readily available to families and children, and
- provide internal and external referrals.

Because a large number of our social and health service providers are regional and statewide, the DCPN Social Services Collaborative will use technology-assisted communications to facilitate coordination and will ensure that residents in the DCPN footprint are aware of services that exist and that these services are made accessible to DCPN children and families.

Delta Health Alliance also recognizes the importance of parent engagement in their children's education. Through the Indianola Promise Community work an IPC Parental Engagement strategy was developed to provide parents a separate venue to work in alignment with the school and community to support their children's education. The *Parental Engagement strategy* serves as a link between families, schools, Indianola and the community. The Parent Liaison works with parents of students, promoting their involvement and providing information and/or direction; assisting parents in the educational development of their children; developing a



platform for parental engagement in schools; assist in transition of students and parents; and ultimately facilitate family-school communication, which empowers families to become more active partners in their children's education. The Parental Engagement strategy serves families of children K-12 grades within the district as well as families of children 0-5 within the community who will be transitioning into the Sunflower County Consolidated School District. This same model will be employed in the DCPN to ensure parents are given a voice as well as opportunities to participate in decisions that impact their children's education.

Communication Policy and Structure between Partners. Delta Health Alliance's communication strategy for the DCPN is built on our experience engaging families, partners and decision makers in other large-scale collaborative programs, along with our knowledge of the communities within the DCPN. The following are lessons learned through our 15 years of community service, which will guide the DCPN strategy for communications: (1) the smaller the venue (e.g. rural communities), the more important word-of-mouth and program performance becomes – consequently, the more we can personally engage someone, the more effective our communication will be; (2) the most effective communication strategies target specific messages to specific audiences and ask the person receiving the message to take some action (e.g., join the neighborhood association, sign a petition, mentor a child, or attend a meeting); (3) while the least effective messages are those delivered to a general audience, they can buttress and complement the activities cited in #1 and #2 above; (4) the most effective communication strategies incorporate messages that are coordinated with programs, simple and repeated, and timely. Informing residents and generating interaction with the DCPN will be a long term endeavor and take multiple approaches and multiple venues for people to absorb and retain messages. In that



sense, this communication plan promotes traditional ways of imparting messages about DCPN to the general public, but also devotes resources to neighborhood and community organizing.

Building on our lessons learned, the DCPN Community Team will take the lead in overseeing our *specific communication activities*, which will include: (1) announcement of DCPN grant award and new programs; (2) neighborhood organizational meetings and placement of DCPN banners on power poles to show pride in the promise community and raise awareness; (3) announcement of summer camp opportunities and RFP; (4) announcement of new school year programs; (5) flyers and posters posted in area businesses, restaurants and shops to foster participation in the initiatives; (6) bi-weekly meetings of our five Focus Teams with partners; (7) information shared with Advisory Group and Parent Committees; (8) findings from school data and surveys released; and (9) public service announcements to highlight key education, work training, and health topics⁹⁹ and to remind local families of our 10 goals and progress to date on moving the needle on the 15 GPRAs of the Deer Creek Promise Neighborhood.

Communications Strategy from the Ground Up. Leland, Hollandale, Arcola and Stoneville are small towns and getting residents connected to the DCPN will be linked to either their participation in programs or what they hear from friends and associates about our programs. Our Team Leader for Community Engagement will build these connections to the programs from the ground up by taking the lead on the following community outreach and organizing activities:

(1) **Creating Neighborhood Associations** – using the existing neighborhood watch organizations in both communities, this person will build two new associations in Year 1.

⁹⁹ DHA TV, A Library of Public Service Announcements, <http://deltahealthalliance.org/press-category/dha-tv/>



(2) **Deer Creek Promise Neighborhood week** – replicating a highly effective system that DHA has used since 2014 with the IPC, we will host a week-long series of events that occur the week before public schools start, conducted in collaboration with our cities and all partners of the DCPN. DCPN Week will involve such things as: a family reading night with literacy-based learning games; a college-readiness night for middle and high school students and parents; a community service project sponsored by the DCPN Youth Council; a Kids’ Showcase focusing on students’ talents; a back-to-school night for new students entering or transitioning into the elementary and middle schools; and a community health fair. DCPN Week is an exciting opportunity to saturate the entire community with information about our programs, enrollments for participation and to recruit volunteers, and solicitation of new partners.

(3) **School Families** – because the students in the school system are at the core of the DCPN project, an important audience is the parents of students. This person will work to identify the most effective venues to reach parents and have in-person conversations with them; consider building a separate group of parents of graduating seniors (and perhaps the seniors themselves); and coordinate efforts with DCPN programs that seek to build and strengthen school PTAs.

(4) **Places People Congregate** – identify specific places where they can casually meet people to talk up DCPN, including churches and Sunday school groups (an important venue in black Bible belt communities such as ours), civic clubs, community organizations, neighborhood associations, fraternities & sororities, alumni groups, and professional organizations.

(5) **Posters and Banners** – DCPN will create a series of “Promises Posters and Banners” which outline the ten goals of DCPN framed as promises that we are making and will keep with the communities of Deer Creek. By April 2017, these Promise Posters will be hung in storefronts of



businesses, partners' offices and neighborhoods to raise awareness, foster involvement and promote enrollment in DCPN initiatives.

(6) **Local Officials** – the DCPN Community Team Leader will coordinate efforts to ensure that DHA and partner staff are actively connected to, and in regular communication with, all local officials in the county and city.

The DCPN Community Team Leader will work full-time in the community, meeting one-on-one with individuals or in group meetings, generating connections to DCPN and its specific programs, and getting feedback from community members. If programs are working, if students are engaged and learning differently, then this person will hear about it.

Communications Strategy from the Top Down. To complement and support the Team Leader's efforts, the following initiatives will be undertaken:

(1) **Leland and Hollandale newspapers** – in addition to distributing regular press releases and op-ed columns to the papers, as well as having staff drop by for regular visits and updates, DCPN will submit monthly quarter-page ads that would serve as regular “reports” on the work of the project and will feature one weekly program narrative.

(2) **Radio Outreach** – this will include a daily PSA (6 times/day) that is changed out every month, a 3 minute announcement broadcast twice a day, plus a 15 minute community affairs talk show broadcast two to four times a week.

(3) **Website/Social Media Upgrades** – this will include the expansion of the DHA website to include the DCPN, creation of a DCPN Facebook page, and a DCPN Twitter feed.



(4) **DCPN Data Base** – we will develop a single database of real and email addresses of community members so we can deliver regular updates on programs and activities as well as questionnaires and surveys for individuals to complete and return.

(5) **Quarterly Newsletter** – these four page newsletters will be distributed around town and mailed to a predefined list.

Other communications initiatives will include street signs, hosting neighborhood festivals, and establishment of a week in the fall designated as DCPN Week.

The structure that connects and drives DCPN project partners will replicate the successful model developed by the IPC. Partners will assume responsibility not only for their program performance, but also for positively impacting the GPRA Indicators of education, family, and community support. For each indicator there will be multiple partners contributing to moving the needle in a desired direction. Each partner will know exactly which indicators they are impacting through the initial development of their program specific goals and performance measures, by connecting them to corresponding GPRA measures. On a quarterly basis the groups of partners impacting shared GPRA measures will meet with DCPN staff to discuss baseline and targets, best practices, challenges, sharing of resources, dual enrollment, development of individual action commitments, and establishment of timelines to complete assigned tasks.

DCPN Staff Recruitment. Although DHA and our partners have a significant number of staff already in place and ready to transition to the DCPN if awarded, a variety of additional staff will need to be identified, recruited, and trained to fill the vacancies created by the addition of DCPN interventions. Availability of qualified human resources in the Delta is an ongoing concern, which is why the DCPN chose to make one of its two key foci be the area of college and careers.



Demands from other agencies, for-profits and even other DHA programs coupled with our region's low educational attainment levels and lack of job training have created a potential challenge in identifying, recruiting and retaining a sufficient volume of skilled staff, researchers, educators and clinicians. We will utilize traditional recruitment methods (local newspapers, regional job fairs, and recruitment websites), however we have found success using three key **“grow our own”** strategies to recruitment:

(1) **Recruitment from the Community Served.** All new DCPN-funded positions will be advertised via DHA and partner listserves, websites and/or newsletters, the Leland and Hollandale newspapers, and through regional and state collaboratives and coalitions focused on economic development, education, social justice and health / wellness. DHA addresses the challenge of staff recruitment by identifying local, talented individuals who are passionate about their communities and providing them with the on-the-job training and off-site certifications they need for each position, then providing them ongoing managerial support and oversight as they master core competencies and expand their technical knowledge. In establishing programs across our 17 county service area, DHA has become well-respected as a great place to work with a high retention rate and a diverse staff - 64% of employees are black. The well-integrated nature of our organization gives us credibility with all of the populations that we seek to serve and helps to bridge the gap between different segments of our communities. Many of our management positions are also filled by minorities, including our Director of Social Services, Associate VP of Programs, Associate VP of Education and Outreach, VP of External Affairs and our Project Director for this PCPN program. Staff members of DHA and our partners receive significant support in developing their own careers, which has created an environment that is very appealing



to local residents interested in social justice issues and public service in the Delta. Drawing employees from the communities we serve also enhances their own connections to our outreach programs, strengthens buy-in from local communities, and reduces staff turnover. [REDACTED]

[REDACTED]

(2) **Interns from Area Universities, Community Colleges and Training Programs.** Some of our most valuable employees have started with DHA through our Student Internship program which works with area colleges, including Rhodes, Jackson State University, MDCC, the University of Memphis, and others. DHA routinely employs 3-4 college students each year through **paid internships**, who gain valuable experience with outreach programs while forging strong ties to our local communities. Up to half of our interns each year elect to return to DHA after graduation. [REDACTED]

[REDACTED]

In addition to DHA’s Internship Program, there is a Teach for America (TFA) Institute in Cleveland, Mississippi that will be partnering with DCPN. TFA recruits college graduates who



receive training as a member of the TFA Corps for rural teaching. After a two year period working in Delta Schools, DHA has hired 6 TFAs to stay on in the Delta and work in a variety of educational roles, including operation of our summer camps and as local literacy tutors.

(3) **Internal Promotions.** DHA currently has a staff of 127 individuals working on our wide variety of federally funded grants, foundation supported initiatives, state contracts, and private contracts. Every job opening is first posted internally for three days to give DHA employees an opportunity to pursue positions that would advance their careers and encourage growth. Two-thirds of our executive management team **started with DHA in lower positions** and were promoted over time and trained to their new positions. All qualified staff are routinely given opportunities to grow within DHA and the majority of staff have been with us for many years.

DCPN Staff Training. New DCPN staff will receive small group training and one-on-one support from a supervisor and/or peer trainer in the first 90 days of employment, and then will be included in the ongoing refresher training, information sharing and skill building. Performance reviews will be conducted annually, and will include compliance with SOPs and requirements of the Promise Neighborhood program. Records of training and compliance are maintained by DHA's Human Resources Department. Training for staff members will depend upon the position to which they are hired, their education, and prior experience, but will typically include Standard Operating Procedures (SOPs), Motivational Interviewing¹⁰⁰ techniques, Life Course Perspective,¹⁰¹ culturally sensitive service provisions, and required quarterly training on a variety of HR topics. All DCPN staff will undergo a comprehensive background check upon hiring, and

¹⁰⁰ Miller, WR. et al. (2002). *Motivational Interviewing*. New York: Guilford Press.

¹⁰¹ Solar O, Irwin A. World Health Organization. (2010). *A Conceptual Framework for Action on the Social Determinants of Health*. Discussion Paper Series. Paper 2.



must complete both FERPA and HIPAA compliance training with annual renewal of certifications. Please see Job Descriptions in our **Budget Justification** for additional details.

C. Data Structure for Decision-Making, Improvement and Accountability

For nearly two and a half years, Delta Health Alliance has adopted and utilized Results-Based Accountability (RBA) as a framework for implementation of programs and strategies. Leadership at DHA has been formally trained by the Annie E. Casey Foundation (AECF) in RBA and Results-Based Leadership (RBL) and Facilitation (RBF). From March 2014 – March 2015, DHA management and staff participated in AECF and the Promise Neighborhood Institute’s (PNI) Skills to Accelerate Results (STAR) professional development program. PNI is a partnership between the Harlem Children’s Zone, PolicyLink, and the Center for the Study of Social Policy. The seminars were developed to better equip Promise Neighborhood leaders with the skills and tools needed to accelerate population-level results. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

After completing the STAR program, Delta Health Alliance - along with one other Promise Neighborhood Implementation site, was invited to apply for a continuation of support provided by ACEF in fall of 2015. The new support is titled S3—Scope, Scale and Sustainability and is designed to focus on bringing the results-based skills and tools to other partners in the Promise Neighborhood footprint. Although the STAR program was available to all Promise Neighborhoods, the application process for the S3 program was very competitive. Ultimately, IPC and one another implementation site were selected for the S3 program.



1. Developing a Culture of Improvement + Accountability

Using the tools from RBA, DHA has developed accountability models at the program and population levels to drive results. These models have been shared with project partners, and the accountability structure is embedded in partner MOAs detailing data collection, reporting, financial accounting and targets. Monthly performance meetings and quarterly population accountability meetings are being held to share data, discuss challenges and bright spots and to develop strategies to move key indicators in the right direction.

As a result of these strategies, DHA has developed a culture of accountability in communities where this did not previously exist. A barrier to the development of this culture has been the limited number of potential partners with the organizational capacity to meet such demanding standards. Because of the barrier, DHA has put formal structures in place to provide capacity building for leadership and partner staff, including data system training and “data coaching.” By incorporating a Results Based Accountability framework into partners’ work, we have seen higher levels of commitment from partners, improved understanding of individual contributions to results, and decreases in time between moving from talk to action.

2. Improvement and Accountability Structure and Decision-Making

In January 2014, DHA implemented formal accountability processes for performance management and population-level results that have proven successful with large-scale programs. *Performance Accountability.* Before implementation of any program, the internal data team leads the development of goals and performance measures with program-level and partner staff. After the performance measures are refined, a program Scorecard is developed. A Scorecard is a real-time dashboard that displays performances measures for each DHA program. Staff regularly



collect data for developed performance measures. On a monthly basis, DHA data and program teams meet to discuss progress on performance measures for each DHA program. The program's Scorecard drives this conversation. The team discusses what is going well—according to the data, and scale those efforts up. The team also discusses what is not working—why an initiative is not working, and develop corrective action items. Action items are assigned to specific individuals with a timeline for implementation and assessment. At the next meeting, the team reviews the action items and creates new action items, if needed. This process allows program-level staff to make decisions about the intervention in real-time and make modifications to continuously improve the program, as opposed to waiting until the end of the year for a full-scale formal evaluation.

DHA's perspective on data is far different from a traditional compliance focus. DHA regularly shares data with stakeholders in order to drive community action.

Population-level Accountability. DHA believes that population-level data is key to understanding where we are as a community and where we want to go (e.g., establishing baselines and setting targets). Across the 12 existing U.S. Promise Neighborhood awardees, DHA is the leader in collecting baseline and subsequent year data on all of the prescribed population-level indicators. ***DHA's perspective on data is far different from a traditional compliance focus. DHA regularly shares data with stakeholders in order to drive community action.*** We regularly meet with partner organizations, as well as other stakeholders that contribute to key indicators. These “communities of practice” give partners a space to share lessons learned, resources and best practices. A number of community-led coalitions have been created through these meetings.



Staff Accountability Meetings (SAMs). DHA staff regularly meet to review the accountability of staff, programs and partners. Each month, a number of programs are chosen to present their efforts and results. The CEO, project director, and team leaders are all required to attend. The SAMs process is not intended to celebrate what is going right, but rather to figure out what is not working and fix it. It requires all program-level staff to understand their program's intervention, goals, performance measures, and how their programs connects to continuous population-level improvements in the community.

3. Building Capacity of Data and Program Staff

DHA will build the capacity of the management team by providing data system training, data coaching sessions and development trainings. Data system training is provided to all staff and will be provided for new hires of the DCPN program. Ongoing training is provided quarterly to all internal and partner staff to ensure high quality, frequent data collection.

Beyond collecting and entering data, project management and frontline staff need to understand how they can use data in their specific roles to drive results. In 2015, DHA developed “data coaching sessions”, in which the internal data team provides one-on-one or small group coaching sessions to role-similar staff. The goal of data coaching is to build the capacity of ground-level and program-level staff to use data to make decisions. For example, the data team provided a coaching session with home visitors that focused on how to properly score and use the screeners they were collecting to inform family lesson plans.

In addition to data systems and use training, DHA is committed to developing results-based leaders. A team of 14 DHA staff members have received formal RBF training. After certification, these staff will lead mini training and development courses with internal and



partner staff. These trainings will allow project managers and frontline staff to better understand their contribution to population level results and move them to action.

4. Longitudinal Data System

In 2011, Delta Health Alliance adopted Social Solutions' Efforts to Outcomes (ETO) as the organization-wide longitudinal database. The system is fully operational and is being utilized for existing services and partners. The ETO database is the common data system for all internal and external partner programs. Each individual in the ETO system has a unique ID which allows the DCPN to track consented individuals across programs and over their lifetime.

DHA's ETO database includes individual "sites" for external partners, as well as an internal "site" for DHA programs. Staff at each partner site has been trained by DHA ETO Administrators to enter demographic, attendance, and assessment data for children participating in partner-provided programs. Ongoing training is provided to partner staff on a quarterly schedule in an effort to promote high quality, frequent data collection. The database is used by each partner to track and run individualized reports on demographics, efforts, and assessments.

DHA is currently partnered with seven school districts on a variety of academic achievement, teen pregnancy prevention and wellness programs, including Greenville Public Schools (also in Washington County), West Bolivar Consolidated School District, Sunflower County Consolidated School District, Quitman School District, Coahoma County School District, Carroll County School District and the Yazoo City Municipal School District. DHA receives bi-weekly attendance and behavioral data sets, as well as course performance data on a quarterly basis. DHA also maintains a partnership with one county-wide school district to create



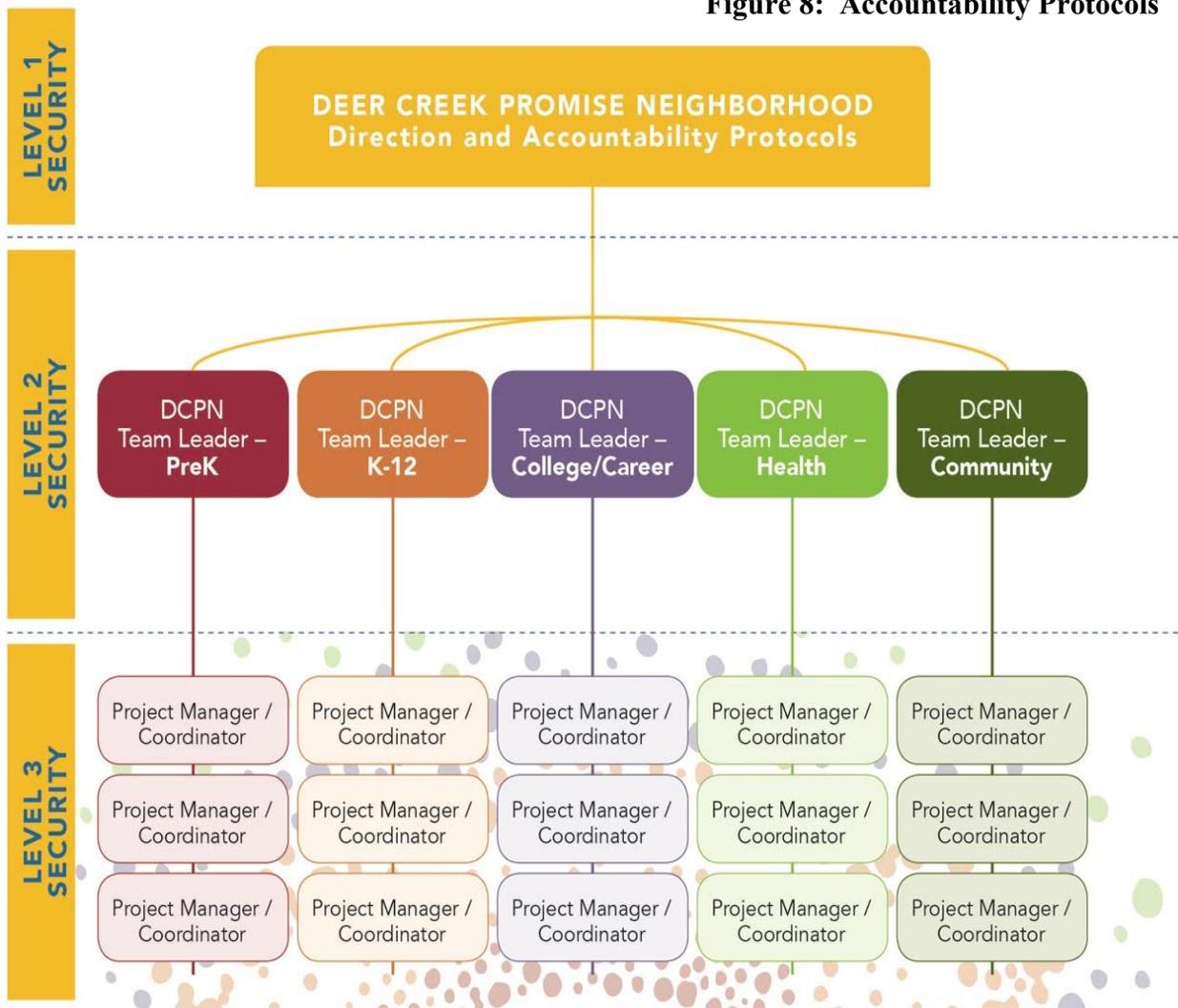
a data “bridge” between the school’s Student Information System (SIS) and ETO. Currently, DHA receives attendance and behavioral records every day.

Since implementation of the ETO data system in 2011, DHA has realized significant success in collecting individual data from core partners. However, there were originally some challenges with partners meeting mutually agreed upon deadlines. Because of this, DHA established formal processes to encourage accountability. Each reporting period, DHA and each of the external partners develop a assessment calendar with administration and deliverable dates. The assessment calendars are included in the legal agreement with partner agencies.

Data Security. The ETO software is HIPAA compliant and equipped with security measures to restrict access based on the purview and responsibilities of the user (per **Figure 8** on the next page). Level 3 Security - Each individual project resides in this zone. Those projects only have access to the data originating from their individual projects. Each project will enter the information and data for each individual involved in their project. The software creates a unique identifier for that individual and links the data to that individual. Level 2 Security - Several individual projects will be managed by a single Team Lead staff member, grouped according to Team (e.g., Early Childhood Programs, College/Career Programs). The Team Lead will have access only to the projects that are his/her responsibility. At this level, the data will be accessible by the unique identifiers only. The software will allow the Team Lead to track and analyze trends to ensure that each individual project is progressing and meeting their goals.



Figure 8: Accountability Protocols



Level 1 Security - All DCPN Team Leads fall under the direction of the Program Director who answers to the President & CEO. These individuals, along with the internal data and research team, will have access to the data from all projects. The data will be accessible by the unique identifiers. At this security level, staff will be able to match unique identifiers to specific individuals. This is required in order to identify needs among specific individual children so that those needs can be addressed by either steering the children into the appropriate program or providing the necessary services.



5. Informed Consent for Individual-Level Data

For this project to be successful, DHA needs to know how children are doing in school, and when and where they need help. DHA has worked with communities in the Delta for the past four years, connecting these pieces of information which allows us to make informed decisions about how to help children learn and achieve. In order to collect and store individual-level data across partners, DHA has implemented an informed consent process. DHA strongly believes that informed consent is an *on-going process* that involves parents, students, partner organizations and the school district. DHA will work to properly inform all families of the risks and benefits of participating in the project. DHA has years of experience collecting informed consent of at-risk populations, including the IPC in Indianola, MS where DHA has secured the consented over 90% of the target population, 0 to 18 years old. DHA will expand the current informed consent process and longitudinal data system to collect and report data from DCPN partner organizations.

Section V – Adequacy of Resources

A. Reasonableness of Costs and Anticipated Results and Benefits

In 2015 school spending in Mississippi averaged \$8,932 per student, while school spending in Hollandale, a “C school,” was nearly double that, at \$15,500.98 per student.¹⁰² The consensus of researchers in Mississippi is that achievement does not follow spending, in that more funding does not equate to improvements in student outcomes. Rather, “innovative solutions and evidence-based, student-centered reforms,” including the power and assets of the

¹⁰² Kittridge, B. *Education Analysis: Do Results Follow the Spending?* Empower Mississippi: Ideas to Action, August, 2015. <http://empowerms.org/education-analysis-do-results-follow-spending/> Retrieved 8/22/16.



community, have been found to help schools achieve. The solutions offered by the DCPN involve precisely these types of reforms. The DCPN addresses solutions at the child's cultural, emotional and mental foundation - outside the classroom in the family and community - where lasting change can be implemented. The anticipated benefits of coordinated, evidence-based support will provide a rock-solid foundation for the classroom instruction.

The Deer Creek Promise Neighborhood was developed to make the best possible use of *existing* personnel, materials, infrastructure, and systems already in place, and leveraging these assets to yield the greatest possible impact of Promise Neighborhood Funding. By Year 5, total number of participants across all 33 initiatives in the DCPN Continuum is projected to be 12,517 (reflecting our residents' enrollment in multiple initiatives and services). **By DCPN's fifth year, projected penetration is expected to be 85%, meaning that 8,905 of our 10,476 residents will be involved in at least one project supported by Promise Neighborhood funding.**

While 85% of all Deer Creek residents will be directly involved in one or more projects, all residents will see indirect benefits through safer neighborhoods, lower crime, lower unemployment, improved community relations, and reduced truancy at area schools. These benefits will also be realized more profoundly by our residents that were shown to have the most dire and complex needs through our segmentation analysis, including single-parent households, residents living below the poverty level, families with children ages 0-5 who are not enrolled in an evidence-based childcare center, and public school students. Students will have the greatest opportunity to be served by DCPN initiatives, and public school students are expected to directly benefit from, or participate in, an average of **seven (7) DCPN programs each**.

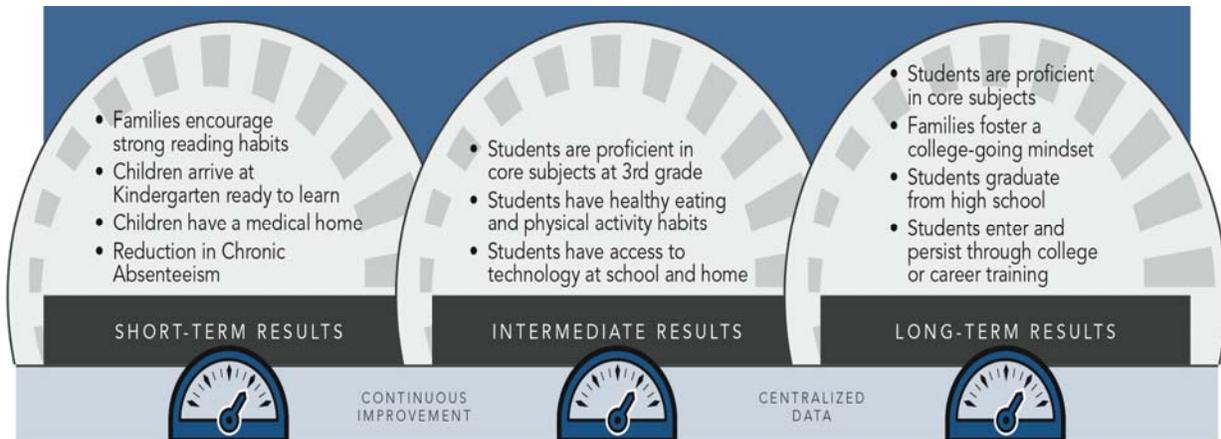


Based upon the results of similar programs that utilize these same or very similar evidence-based initiatives and program design, we can reasonable anticipate the following benefits after five years which will transform long-term outcomes for our residents:

1. 95 percent of babies born to families in Deer Creek are born healthy;
2. 80 percent of Deer Creek children arrive at Kindergarten ready to learn;
3. 75 percent of children are reading at grade level at Leland and Hollandale school systems;
4. 90 percent of students from LSD and HSD graduate high school on time; and
5. 90 percent of students from Leland and Hollandale School Districts enter college or a career training / industry certificate program after graduation.

Our transformative outcomes will be yielded through DCPN results depicted in **Figure 9** below.

Figure 9. Short-Term, Intermediate, and Long-Term Benefits of the DCPN



The cost of incarceration in Mississippi for minimum- and medium-security level inmates is \$24,801.75 per inmate per year.¹⁰³ Approximately \$1.2 billion is also spent on public

¹⁰³ MS Department of Corrections, “FY 2014 Cost Per Inmate Day”, www.peer.state.ms.us/reports/rpt592.pdf



assistance programs, which equates to an estimated \$1,860 spent for every individual living below poverty in our state.¹⁰⁴ Total funding for Mississippi Medicaid in FY2015 was another \$5.58 billion, at an average cost of \$7,173 per enrollee. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

B. Resources and Capability of the Lead Applicant - Delta Health Alliance

Delta Health Alliance, Inc. (DHA) is a rural, community-based 501(c)(3) nonprofit organization located in Washington County, Mississippi (within the service area targeted by this project). Since its inception in 2001, DHA has collaborated with researchers and community stakeholders to develop, implement and evaluate efforts to identify and address social, educational and health needs in the Delta region. DHA has marshalled cross-sector partners to catalyze strategic investments that promote the financial, physical and emotional stability of Delta residents, including the development and maintenance of a regional electronic health record (EHR) system, clinic-based medical homes, care coordination, maternal and infant wellness education and home visits and culturally-tailored outreach programs. Since 2006, Delta Health Alliance (DHA) has administered several multi-year, multi-million dollar grants in addition to many smaller grants, and is currently overseeing externally funded research initiatives in 21 counties of Mississippi. DHA’s current staff of *127 FTE* program specialists, educators, researchers, and support personnel will provide the foundational infrastructure, local

¹⁰⁴ MS State Spending, 2016. http://www.usgovernmentspending.com/Mississippi_state_spending.html



connections, regional networking relationships, and practical expertise required to implement this large-scale, coordinated education and social service effort. DHA programs have directly served over one-third of Delta area residents; reaching over 710,000 individuals in 2015 alone. *Financial Stewardship*. DHA has managed over \$200 million in grant-funded programs from our first award fifteen years ago through the Centers for Disease Control for a collaborative effort with four partners, to a current mix of grant support from federal, state, and foundations; including the Office of Rural Health Policy of the Health Research Services Administration, Office of the National Coordinator for Health Information Technologies, Office for the Advancement of Telehealth, the Agency for Healthcare Quality Research, the Administration for Children and Families, Department of Education's Promise Neighborhood Program, USDA's Delta Health Care Services Program, W.K. Kellogg Foundation, Kings Daughters Circle Foundation, Wapack Foundation (Boston) and Mississippi Department of Health. All of our programs operate in partnership with other non-profit agencies, regional universities, healthcare providers, economic development agencies, faith-based groups, and local communities to jointly develop, implement and sustain programs designed with input from the communities served.

DHA has established policies and procedures for costs in both internal and contractual that allow for income fluctuation. Partner projects, sub-awards and contracts are established, monitored, and closed-out in accordance with federal regulations set forth in OMB Circulars A-110 "Requirements for Grants and Other Agreements with Institutions of Higher Education, Hospitals and Other Non-Profit Organizations" and A-122 "Cost Principles for Non-Profit Organizations," and detailed in DHA's Policies and Procedures handbook in Section 3: Financial and Program Management, Section 4: Property Standards, and Section 5: Procurement



Standards. DHA has the staff and systems in place to draft, execute, and manage partner contracts, process invoices for reimbursement, conduct audits of contractors for deliverables and eligibility of expenses, gather data for progress reports and evaluation outcomes, and oversee all aspects of grant management. Independent audits conducted annually since 2006 have found no significant issues in our accounting systems or fund management, and DHA continues to operate as a non-profit agency in good standing with the state. All procurement transactions of \$150,000 or more utilize an open and free competition among vendors and contractors. Sole source purchases must be justified and deemed eligible in accordance with federal guidelines. DHA also has policies in place to encourage utilization of small businesses, minority-owned firms, women's business enterprises, and businesses or agencies located in the Delta whenever feasible. The Finance and Administration team for DHA is a diverse, multi-disciplinary group that serves all of the grants and grant partners utilizing established operating procedures and standard best accounting practices. Strong inter-department reviews are in place in order to ensure the most effective use of funds toward the goals of the project. Fund accounting software approved by the requirements of the federal circulars is utilized and maintained in order to separate funds and provide balance statements and reports for review.

Strategic Planning and Performance Improvement. To ensure that future planning of our programs is being addressed, a five-year project plan is maintained and presented to DHA's Board each quarter. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

DHA is



also supported by external researchers who will conduct program evaluation to assess progress towards DCPN goals and analyze the effectiveness of the intervention. DHA leverages data yielded from formative evaluation to maintain regular feedback loops with front-line providers, managers, stakeholders and consumers to advise continuous quality improvement.

Collaborations and Networks. DHA has demonstrated experience and proven outcomes yielded from masterful coordination of partners across sectors and settings. DHA has formal collaborative arrangements with over 40 state agencies, local governments, community-based and grassroots organizations, service providers, educators and advocates. A large part of DHA's mission is to utilize project partners for expertise where they exist and encourage their growth in area where they don't. DHA recognizes that long-lasting change comes from within the community we serve. Our project partners range from research intensive universities and government departments to grass-roots, church-based, or community led organizations. DHA facilitates interaction between organizations and helps them find a much broader impact than if they operated alone. DHA project managers work with these organizations to ensure that the organizations understand the required financial and programmatic goals and regulations and provides technical assistance to foster compliance.

Sustainability. DHA began as an entirely CDC-funded entity in 2001, but has since excelled in administering funds from multiple federal granting agencies, private funding agencies, state contracts, and projects that generate program income which can support ongoing operations. Mississippi is one of the poorest states in the union with **no** Fortune 500 companies and limited resources, making sustainability of services extremely challenging. Over the past 15 years, DHA leadership has learned how to create new pathways and funding streams using the



insight and expertise gained from grant activities, making them self-sustaining in order to continue to provide the desired outcomes for DHA goals. Two examples of this are the Electronic Health Records (EHR) system administered by DHA and the Leland Clinic. Our EHR network began completely grant funded as a free-service and research opportunity. The network and research now continues under a self-sustained umbrella of services that DHA provides for a fee to doctors and clinics. The Leland Medical Clinic was established as a partnership between DHA and the City of Leland to provide safety net care using a patient-centered medical home model after the local non-profit clinic closed. DHA leadership turned a defunct clinic into a profitable model for the research and a much needed resource in a rural town. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] As demonstrated by past projects and outcome metrics, DHA can provide *real outcomes* for participants, *quality data* for model dissemination and policy advocacy and *local leadership* to sustain and build on gains realized from funded projects.

C. Financial and Operating Model

Since 2001, DHA has served as the primary backbone / convening organization in the Mississippi Delta region, successfully managing over 50 projects and \$200 million in funding and material support from federal and state agencies, including the Department of Health and Human Services, Department of Education, Department of Agriculture, Mississippi Department of Health and Mississippi Department of Medicaid. [REDACTED]

[REDACTED]

[REDACTED] DHA and its senior leadership team have fifteen years of experience securing funds



to initiate or expand projects and executing plans to sustain efforts in the Mississippi Delta of our most highly effective services. Examples of these instances have varied in project scope, scale and amount of resources necessary to continue effective work.

[REDACTED]

Integration of Revenue Streams. DHA’s Board of Directors, CEO, and Vice President of External Affairs maintain a constant focus on sustaining the organization’s most effective efforts by identifying public and private sources of funding and then developing strategic plans for resource acquisition. Our experience over the last decade has taught us how to follow a disciplined approach in integrating funding streams that foster sustainability of effective services.



The approach involves these steps: (1) Hire the right person, preferably drawn from the service area, to serve as a Project Director; (2) Maintain a laser-focus on obtaining early successes; (3) Learn quickly from early failures and implement course corrections where needed; (4) Share progress and results with stakeholders, policy-makers, local residents, and prospective funders early and often; (5) Continuously monitor and adjust for program performance; (6) Make decisions about dollars invested based on data, outcomes and return on investment; and (7) Share results again. This process and the combined experience of DHA’s Board and senior staff have resulted in successful integration of funding streams from federal, state and private sources for several large-scale initiatives. These successful efforts have allowed us to acquire the funds necessary to support ongoing effective services to residents of the Mississippi Delta.

Our experience learning how to integrate funds and sustain programming for a successful federally-funded Promise Neighborhood (IPC) will easily be transferable for the same task of integrating funds and sustaining the Deer Creek Promise Neighborhood (DCPN). DHA created the Indianola Promise Community prior to being awarded **any** Promise Neighborhoods federal funds, driven solely by the passion and dedication of area residents, school staff, and area partners. After working with area residents to identify the community’s greatest needs, we pursued a variety of funding sources from private foundations, individuals, corporations, state and federal sources to best address those needs. The IPC was originally initiated through federal funding awarded by the Health Resources and Services Administration. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



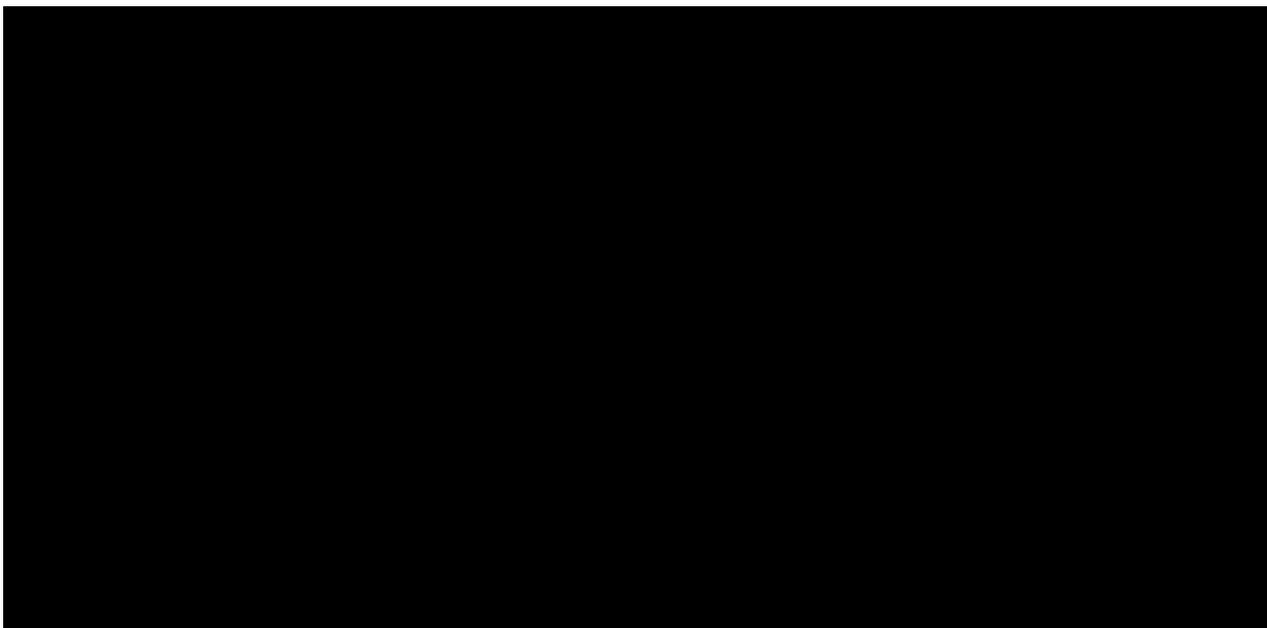
[REDACTED]

[REDACTED] We have also integrated funding from the State of Mississippi to support Maternal Home Visitation by being awarded a pilot project through the Mississippi Division of Medicaid to address population health and pre-term births through better utilization of electronic health records, connecting our IPC residents to a medical home during the prenatal period.

Mississippi Medicaid has also funded a study to examine if our LINKS program can have the



same positive impact on health outcomes as it has had on education measures. All of these funded initiatives began in the IPC and we have now integrated additional funding streams from the local, state, federal and private sectors to sustain our most effective services.



D. Commitment of Partners and Key Stakeholders

Through the Needs Assessment of the Deer Creek Neighborhood and ongoing conversations with current school administrators, out of school providers, childcare centers, churches, city officials and residents, we have determined there is a paucity of “high-quality” programs already existing in the neighborhood to leverage and integrate into the continuum of solutions. Most existing programs that operate with some form of fidelity and systematic standards are currently taking place in school and under the direction of the Leland and Hollandale School Districts. Those include very limited access to: 21st Century Afterschool programs in Leland for 3rd, 4th, and 6th-8th grade students; ACT Prep classes in Leland; workforce certification programs in Leland; and Financial Literacy for students in both districts. The project



will integrate high quality, affordable health care provided by the Leland Medical Clinic operating under their Patient Centered Medical Home model for all DCPN enrollees regardless of insurance status. The attached Memoranda of Understanding demonstrate the tangible commitments of resources and expertise being offered by project partners. We will use Promise Neighborhoods funding to support numerous programs with technical assistance through a dedicated DHA Project Director, funding to improve access for more students and funds to obtain supplies and resources to strengthen the delivery of program content. Promise Neighborhoods funding is critically essential for the development of “high-quality” programs in the Deer Creek Promise Neighborhood, and will create the infrastructure to bridge and unite resources in the area.

“Life is like a movie, write your own ending. Keep believing, keep pretending.”

– Puppeteer Jim Henson, raised in Leland, MS on the banks of the Deer Creek



Competitive Preference Priorities

CPP1: Comprehensive Local Early Learning Network

Recognizing the exceptionally vital role that early childhood development and adequate school preparedness play in the potential future of our residents, the Deer Creek Promise Neighborhood (DCPN) will: (1) improve coordination and alignment among early learning and development systems and service providers; (2) foster and sustain connections between early learning / development systems and elementary education in the Leland and Hollandale School Districts; (3) improve transitions for children along the birth-through-third grade continuum; and (4) improve early learning and development outcomes across *multiple domains* of school readiness for children aged birth to third grade, including language and literacy development. This will be accomplished through the development of a local, comprehensive early learning network, organized to align with the expectations, requirements and structure of elementary education. Modeled after DHA’s previous experience with an Early Education Collaborative and evidence-based models of early learning programs, the ***Deer Creek Early Childhood Learning Network*** will strengthen connections between existing early learning programs; build continuity of services between families and early childhood services; provide training and support to area early learning and development providers; increase families’ access to health, mental health and nutrition providers; and coordinate the activities of community stakeholders that all align with the primary education systems. All DCPN Early Learning programs will be fully accessible to individuals with disabilities, with special accommodations available to ensure access and feasible participation in all initiatives. [REDACTED]

[REDACTED]



[REDACTED]

Existing Early Childhood Providers in Deer Creek. During our 17 month planning process, we conducted a thorough assessment of childcare centers in Deer Creek to determine a baseline for existing resources, needs and quality of care. Four of the five centers in the DCPN footprint provided information and are anxious to join the Network to improve outcomes for their children, and the remaining center expressed interest but did not have the capacity to actively participate in planning. All five centers will be included in DCPN activities. Four of the five centers in Deer Creek are using “self-created” curriculums and assessments, while none of them use congruent curriculums or assessments. The same four also lack alignment of their curriculums and assessments with their feeder school district Kindergarten classes. Only one center participates in the State of Mississippi’s Quality Rating System, and has earned a “1” rating on a scale of 1-5. Two of the centers have waiting lists, and the same two have no daycare credentials. All centers **do** provide transportation. The *Quality Childcare Initiative* is a DCPN program specifically designed to connect private childcare providers with capacity-building resources, facilitate coordination and alignment between programs, and operationalize the connection between DCPN’s early learning network and Kindergarten readiness. Both public school districts also offer a half-day Pre-K program, which will be served and improved by the DCPN’s *Small World* initiative. DCPN’s *SPARK* initiative will address the specific needs of our area Early Head Start and Head Start Centers operated by Washington County Opportunities.



DCPN Early Learning Programs. The design and prioritization of DCPN early learning programs were informed by the results of our segmentation analysis regarding populations of greatest need, the nature of their needs, the evidence basis regarding the programs that would best address those needs (see **Appendix G**), and the number of children needing different types of programs and services. There are approximately 596 children aged 5 years or younger in the target service area per the U.S. Census estimates. All Deer Creek infants and pre-school aged children will be eligible to enroll in at least one formal instructional program and 100 children in Head Start identified as needing supplemental services (e.g. children with disabilities or speech impediments) will also be eligible for **SPARK** and other DCPN programs to improve domains of school readiness prior to entering Kindergarten.

TABLE 15		
Distribution of DCPN Local Early Childhood Learning Programs by Age		
<i>Age Groupings</i>	<i>Ages 0-5</i>	<i>Ages 5 - 11</i>
<i># Children per Group</i>	596	748
Programs Providing Direct Services		
Early Head Start / Head Start	245	
SPARK (new DCPN initiative)	100	50
Centering Pregnancy (new DCPN initiative)	150	
Parents as Teachers (new DCPN initiative)	70	
Pre-K Initiative (new DCPN initiative)	80	
Child Care Quality (new DCPN initiative)	175	
Small World (new DCPN initiative)	85	
Promise School (new DCPN initiative)	90	
CARES (new DCPN initiative)		100
Afterschool for K-6 (new DCPN initiative)		815
# Slots for Early Childhood Programs	955	965
Imagination Library (new DCPN initiative)	430	
DCPN Summer Camp (new DCPN initiative)	175	815



Additionally, the *Imagination Library* literacy program will cover 70% of all children ages 0-5 and the DCPN Summer Camps are projected to serve 74% of each children within each age band (1 year olds, 2 year olds, etc.). All of children served in the 0-5 age group will participate in a health, mental health and nutrition service through Leland Medical Clinic's *Patient Centered Medical Home* program. And all children will be offered case management support through DCPN's *LINKS* initiative as well as referral and transition services provided by the Early Learning Network.

Strategy to Increase Coordination and Outcomes. DHA has demonstrated experience and proven outcomes realized from its previous work serving as a backbone organization for maternal child health services and early learning collaboratives. This work has been done by braiding several funding streams and in full compliance with multiple regulatory agency requirements. The integrity, transparency and quality of DHA's program coordination and convening initiatives have earned the organization an excellent local reputation. In the Indianola Promise Community (IPC), Kindergarten readiness (K-readiness) and passage of Mississippi's Third Grade Reading Summative Assessment (3rd Grade Reading Gate) have improved *each year* since 2013, due to our ability to engage and inspire local community residents, articulate a common vision for schools and families, align resources and bolster connections needed to transform the learning environment for Indianola children ages 0-8. DHA has operated a highly successful Parents as Teachers program in four rural counties of the Delta with funding from HRSA's Division of Healthy Start and Perinatal Services, and we serve as the lead agency for a Head Start Expansion and EHS-Child Care Partnership Grant operating in Sunflower County, supported by the



Administration for Children and Families. In each of these initiatives, DHA has secured the full support and engagement of childcare centers, Head Start, Pre-K providers and school districts.

The DCPN Early Childhood Team will replicate successful strategies from these networks, collaborate with area partners, and to improve early learning and development outcomes by employing a results-based framework for engagement and accountability. In the course of planning for a network or structured collaboration, DHA will hold an initial convening of agencies to set the course for a successful project trajectory. An initial convening allows all parties to contribute to the following activities: (1) share information about resources, curriculums, assessments, relevant efforts and how they currently contribute to preparing our area's children for Kindergarten; (2) engage in conversations regarding implications and value of deliberate alignment of resources, curriculums, assessments and efforts to ensure our children are Kindergarten-ready; and (3) commit to exploring steps toward Kindergarten-ready alignment and joint accountability for achieving the desired result. This disciplined approach to moving from talk to action with laser focus on Kindergarten readiness allows all parties to formulate specific strategies and come to a consensus about participation. We will collectively establish annual Kindergarten readiness targets, which will be reviewed and calibrated with project partners. We have already developed two working groups for the DCPN Early Childhood Team, and have asked partners to identify additional stakeholders to bring to the table. Working Group 1 will focus on developing strategies for alignment of curriculum / assessments, professional development and transition programs. Working Group 2 will focus on developing strategies for outreach, communication, parental engagement and healthy children. Once funding can be secured, we will take steps towards purchasing and using common curriculums, screeners and



assessments for childcare centers, Head Start and Pre-K providers, which aligned with curriculums taught in the elementary education system. The employment of these strategies (e.g., Working Groups) helped us meet our 2015 target for the IPC, learn from our mistakes and successes, and turn our attention towards the 2016 target. For the DCPN we will focus on leveraging and building on the gains in incoming Kindergarten scores by ushering each student into the DCPN pipeline. Additionally, we will focus on expanding the scope and scale of K-readiness strategies to impact more children living outside of the Promise Neighborhood. DHA has gained valuable experience connecting early learning networks with elementary education, and we will apply successful strategies and lessons learned for the DCPN.

The Deer Creek Early Childhood Team Lead will serve as the facilitator between programs, helping to coordinate and deliver improved access to services for residents in the target area. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Members are expected to be instrumental in identifying and reviewing new and changing community assets, unexpected needs that may arise, and potential collaboration with new partners or agencies. Another critical role for members will be the identification of policy barriers to improving outcomes in the target communities; and they will review and utilize the feedback and critique of program participants for continuous quality improvement activities and strategic planning.



Accountability for Early Childhood Outcomes. It has been our experience that when members of the community participate in successful quality improvement activities, the projects become **their** projects, as they see their concerns addressed, their problems solved, and their suggestions integrated into implemented solutions. The DCPN Early Childhood Learning Network will develop a system of monitoring that includes monthly shared information reports, monthly site visits, monthly data meetings and quarterly reporting. All network members will use the Efforts to Outcomes and the Results-Based Accountability scorecard systems to monitor and analyze data points. These platforms allow DHA and our partners to perform real-time internal analysis on a secure system and share data with authorized personnel. The data collection process will be one of many program elements reviewed during performance review meetings to examine the effectiveness of ongoing data collection, identify any unanticipated challenges to data collection, and implement new procedures, if necessary, to ensure that valuable outcome data is captured in a timely and secure fashion.

Early Childhood Network members will view data monthly to understand how their activities are impacting both partner-specific outcomes (program performance) and overall outcomes (population-level results). Additionally, they will engage in discussions regarding quality improvement methods, identification of barriers, defining measures of success, and corrective implementation. All quality improvement activities will be community-based, with residents and stakeholders of the network members invited to the process.

The DCPN focuses resources to strategically support K – 3rd academic achievement, including student transitions from grade to grade. Our longitudinal data system allows us to determine how specific students are performing from year to year, and how the combination of



programs and services may impact their academic success. This system provides the data needed to swiftly identify students showing signs of regression or poor performance, so that timely, targeted services can be offered to address individual student needs. DHA has established a practice of monitoring and supporting the cohorts of students who showed up “Ready” for Kindergarten by tracking them year to year and aligning the interventions they receive through network partners. The assignment of a case manager (LINKS) allows student data to be monitored throughout the school year to identify students who could benefit from summer transitional programs and other support to maintain gains and mitigate lapses. The DCPN plan calls for this same type of monitoring, alignment and support for children from birth through 3rd grade, supported by an Early Learning Network, to improve academic readiness and achievement outcomes for participating children.

Referrals between Early Childhood Learning Initiatives. Using the referral feature of ETO, network partners will be able to make referrals between programs and communicate about shared students and families. As learned through our previous programs, enrollment in multiple programs and strategies yields a synergistic benefit and exponentially improves student outcomes. External referrals will be coordinated through DCPN’s *Social Services Collaborative*, which will coordinate and deliver improved access to services that address social, physical and environmental determinants of educational outcomes. This collaborative also provides a venue for social and health resource agencies to meet, share information, coordinate programs, and discuss community needs. By working through partnerships with members of our social service collaborative, partners will have the ability to refer participants to internal and external services.



DHA’s finance office and program management staff are responsible for ensuring that all appropriate contracts, memoranda of understanding, and other mechanisms are in place to support the linkages developed by partners of the Early Childhood Learning Network. Since 2011, we have successfully executed over one hundred different agreements with local non-profits, faith-based groups, state agencies, vendors, and other organizations to ensure compliance of federal regulations, a clear understanding of program activities and allowable expenses, reporting requirements, budgets, and mechanisms for conflict resolution.

CPP4. Prioritization of Post-secondary or Technical Education and Career Development

As Early Childhood Development would be considered the foundation or start of our continuum of solutions, our focus on post-secondary education and career development is our ultimate end goal. Together these two pieces represent the end caps to our pipeline of programs, and are both equally important in the success of our Promise Neighborhood.

The Deer Creek Promise Neighborhood (DCPN) has had since its earliest planning stages a prioritization of postsecondary and technical education, and career development. **DCPN will increase the number and proportion of high-need students who are academically prepared for, enroll in, or complete on time college, other postsecondary education, or other career**

and technical education. Our College and

Career Team, [REDACTED]

[REDACTED]

[REDACTED] will oversee all

activities that tie into this priority area, and

maintain an overarching strategy implemented through a mix of programs and alignment of

DCPN’s vision is to create a culture of readiness where students expect not only to make it to college or a meaningful career, and are prepared to successfully matriculate through their degree programs.



systems which improves disadvantaged students' access to college readiness information, resources and exposure to campuses, and post-secondary training and certification programs.

Foundations of College and Career Readiness. The DCPN takes a very intentional approach to aligning programs, services and supports to ensure children are academically successful and

College and career readiness starts very early and a strong alignment of services to ensure that no student slips through the cracks is paramount to the success of our young adults.

prepared for entry into the Career and College Completion segment of the DCPN pipeline. Alignment of

services with other programs will include: *Life Skills*, an evidence-based program which aims to target at-risk children in 7th -9th grades to increase their knowledge about drugs, alcohol, tobacco, and other life challenges in order to help them adopt healthy attitudes toward these issues; *Triple P*, designed to prevent and treat behavioral and emotional problems in children and teenagers ages 0-16 years old as well as prevent problems in the community before they arise; and the *Deer Creek Youth Council*, which brings together students from various backgrounds to form a cohesive cohort of student volunteers working together to make their community better. The Youth Council helps students gain leadership skills and techniques, improve civic and political engagement, and build positive life skills while developing college and career pathways. Young adults in the DCPN pipeline will also be offered additional support through summer programming. The DCPN will collaborate with multiple partners to provide camps for students with a variety of interests, needs and ambitions. The primary goal of these camps is to prevent learning loss through educational interventions, but they also include exposures to unique experiences that can improve academics, promote healthy habits, encourage goal-setting for the future, and minimize risky behaviors from summertime boredom.



College Prep Programs. The DCPN's *College Promise Initiative* will offer entrance exam preparation, college tours, high school credit recovery opportunities, mentoring, summer programming and afterschool programming; augmented by additional strategically aligned support services for participants and families. There are currently **no College Prep classes** offered to students in the Hollandale School District and very limited capacity in the Leland School District to offer ACT Prep classes to students. Neither school district currently sponsors college tours. DCPN resources will be used to hire a qualified College Prep instructor(s) in Hollandale and expand the classes in Leland. DHA's previous programs focusing on students' acclimation to college and retention have produced established systems of support with the Offices of Admissions at The University of Mississippi, the University of Southern Mississippi, and Mississippi Delta Community College. These established connections will include college tours for disadvantaged students with school-year, Spring Break and summer trips to southeastern colleges, universities and community colleges. DCPN resources will also be used to assist financially challenged students with college application fees and entrance exam fees. At least once each year the DCPN will host *Deer Creek College Nights* where families will be invited to join their children for informative question and answer presentations with DCPN staff and representatives from area colleges and universities.

With the help of *LINKS* case managers, students as young as seventh grade will start building their individual college pathway portfolios, expanding their knowledge and interests in preferred college entrance requirements, necessary exam scores, financial aid opportunities, campus life activities, degree programs, yearly cost of attendance, and various other details of importance. Out-of-school programming for DCPN students 7th-12th grades will focus on



reading, creative writing, and Science, Technology, Engineering, Agriculture and Mathematics (STEAM) activities. The Initiative will use *College Promise Advocates*, paid college students from nearby colleges, to serve as mentors working with assigned students after school and on Saturdays. College Promise Advocates will help DCPN students 7th grade through 12th grade successfully transition from middle school to high school, while providing guidance about summer programs, test prep, college admissions, and career exploration to their mentees and their families. DCPN will also offer as part of their *Summer Camps* initiative opportunities for middle and high school students to learn more about area colleges, opportunities to earn volunteer hours, and work on college applications. Students' college pathway portfolios will also be developed to contain the classes and additional steps they must take while still in secondary school to reach their goals.

Career Readiness. The DCPN's *ACT National Career Readiness Certificate* initiative will be established in partnership with the Washington County Economic Alliance. This initiative focuses on the “non-college” approaches to well-paying careers and gainful employment. The DCPN will establish workshops and programs to help local residents study, prepare for, and complete ACT WorkKeys assessments. WorkKeys is a skills assessment system that helps employers select, hire, train, develop, and retain a quality workforce. The ACT WorkKeys assesses “hard” skills such as teamwork, workplace observation, business writing, applied technology, and “soft” skills such as fit, work behaviors, and attitudes related to success in the workplace. Scores on three assessments – Applied Math, Locating Information, and Reading for Information – determine if an individual qualifies to earn the National Career Readiness



Certificate. Over 80 different businesses have already signed up to accept WorkKeys Certificates through the Mississippi Development Authority's office in Washington County.

The DCPN *GREAT (Getting Ready to Excel, Achieve and Triumph)* program will offer an additional venue for teens and young adults to learn about meaningful careers. Originally developed for the IPC, the DCPN GREAT program will provide experiential career learning opportunities to provide skills needed for employment of young adults aged 18-24 years old. In Indianola, Mississippi, the GREAT program has realized significant success in reducing unemployment among black young adults, as it exposes students to career and technical education opportunities through Career and Technical Centers. Carpentry, welding, plumbing, automotive, certified nursing assistant and early education certification are a few of the technical skills programs that will be offered.

Workforce and Academic Partners. DCPN has partnered with Mississippi Delta Community College (MDCC), a local comprehensive community college which offers a wide variety of academic, career, and technical courses in day, evening, and on-line classes; as well as workforce training, ABE / GED classes, and continuing education courses. MDCC supports its students with a full range of services including financial aid, counselling, career placement, and on-campus housing. DCPN participants will also have the opportunity to take classes at Coahoma Community College, which offers more than 55 university parallel programs, 8 Health Science programs and 15 Career and Technical Education programs. Classes are offered online, in the classroom and at extension satellite venues.

MDCC also operates the Capps Technology Center which houses the college's Workforce Education Division, and operates one satellite training facility in Stoneville (in Deer



Creek) and their main training center 15 miles east of Leland. The Capps Center is a local resource for industrial groups to meet and promote regional economic development. Its primary purpose is to deliver and coordinate the training, education, and skills improvement needs of business and industry. The Capps Technology Center offers short-term classes, customized training solutions for business and industry, nationally recognized certifications, and job readiness training for those entering the work force. DCPN will work with the Capps Center to provide workforce development training for students who wish to pursue technical career paths.

Ensuring Pipeline Retention for College and Career Success. DCPN's **LINKS** will guide families and individuals through the DCPN pipeline. LINKS are part of DCPN's case management system designed to address issues relating to academics, behavior, and attendance among students as early as possible, in order to prevent them from adversely impacting student outcomes. They will specifically target at-risk youth from birth to career identified through school and program data, as well as recommendations from school intervention teams. LINKS engage all participants and/or families to develop customized goals and craft long-term plans that identify *specific steps* necessary to achieve each student's objectives and final college and career goals. LINKS will provide a consistent, seamless support system to families to help students succeed. They partner with families to illuminate a path to college by continually assessing progress, identifying needs and enlisting support and services along the way, and encourage parents to think about and talk to their children about college and career plans. LINKS work directly with families, schools and DCPN program staff to identify and enroll families in programs that meet their needs and ensure that programs are aligned and integrated to provide a feasible pathway to meeting their college and/or career goals.