

PROJECT NARRATIVE

I. Strength of IPC's Demonstrated Performance

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 Delta are realizing significant improvement and growth by replicating and building upon the powerful success of other programs (e.g. The Harlem Children’s Zone and DHA’s Delta Health Initiative) and leveraging the singular drive and dedication of their local residents, educators, city leaders, small business owners, and non-profit advocates. The **Indianola Promise Community (IPC)** 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 Indianola, Mississippi in the heart of Sunflower County, Mississippi.



The Indianola Promise Community (IPC) started in 2009 and was selected for funding from the Department of Education Promise

Neighborhood in 2012. 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, highlighting IPC in an article entitled “Passport to Prosperity,” which

“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

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 has more than doubled in three years** (from 25% to 64%), in addition to our significant improvements in the elementary school STAR math and reading assessments and high school graduation rates. On September 15, 2016, DHA hosted the Vice President and Secretary of Education as they visited 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.

A. IPC's Ability to Collect, Track, & Report GPRA Data (For details please see Appendix A)

IPC uses Social Solutions' Efforts to Outcomes (ETO) as our 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.

After an IPC participant consents to participate, DHA staff enrolls them in this regional common data system accessible by all authorized internal and external partner programs.

Each individual in the ETO system has a unique ID which allows IPC *to track consented individuals across programs*

*DHA has years of experience collecting informed consent of at-risk populations, including obtaining informed consents on **93% of Indianola's population, 0 to 18 years old.***

and over their lifetime. Annual reviews of case files have also demonstrated that **zero children enrolled in the program fell through the cracks** or otherwise did not receive referrals and access to programs that met their identified needs – every child identified with needs received some level of remediation with the majority accessing multiple programs and services. IPC's ETO 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 IPC 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. 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. Our ongoing data capture and analysis has allowed IPC to be continually “listening” to students and their families and assessing the value and impact of different programs from their perspectives, enabling each partner to track and run **individualized reports** on demographics, efforts, and assessments while also tracking the **collective impact** when families are enrolled in multiple initiatives. Our extensive experience listening to and working alongside residents of Indianola has resulted in strong community buy-in and engagement with IPC’s pipeline of programs.

IPC’s Record of Collecting, Tracking and Reporting GPRA Indicators. IPC has demonstrated an ability to collect, track and report GPRA data on performance indicators since Day 1 of the Promise Neighborhoods implementation grant. Over the 5-year grant period, IPC has

“The Secretary shall award extension grants under such section on a competitive basis to implementation grantees that have demonstrated the ability to collect, track, and report longitudinal data on performance indicators established by the Department and required to be reported on annually” – *Federal Registrar, Extension Grants Funding Opportunity for FY 2011 and FY 2012 Promise Neighborhoods Implementation Grantees, April 19, 2018*

distinguished itself from other grantees by consistently delivering ***all 15 GPRA indicators***, as defined by the Guidance Document, to the Department of Education through the annual ad-hoc report. For example, while the majority of other grantees failed to complete the

administration of a random-sample neighborhood survey until later years of the grant program, IPC successfully completed the administration and reporting of a random-sample neighborhood

survey during Year 1 of our program. Additionally, IPC continued to administer the neighborhood survey **every year of the grant** – even when the requirement was only for years 1, 3 and 5. IPC leadership know, depend on and adhere to the philosophy that in order for there to be a true understanding of the impact of our strategies there has to be a rigorous discipline to community involvement in data collection and reporting, a commitment we have made and honored since Day 1 of the IPC program and will continue if selected for extension support. Our strong commitment to engaging the community for ongoing surveys reinforces our ability to respond promptly to any unanticipated challenges or concerns that our communities may raise.

Chart 1 to the right indicates the successful record of the collection and reporting of IPC’s GPRA indicators to the U.S. Department of Education through the Ad hoc report. Blue indicates that the GPRA was submitted, per the definition and requirements in the Guidance Document, far surpassing other Promise Neighborhood GPRA collecting and reporting efforts. Yellow that GPRA 7 only was submitted partially due to the inability to collect Part C of that measure.

Chart 1: GPRA Collection and Reporting, 2013-2017

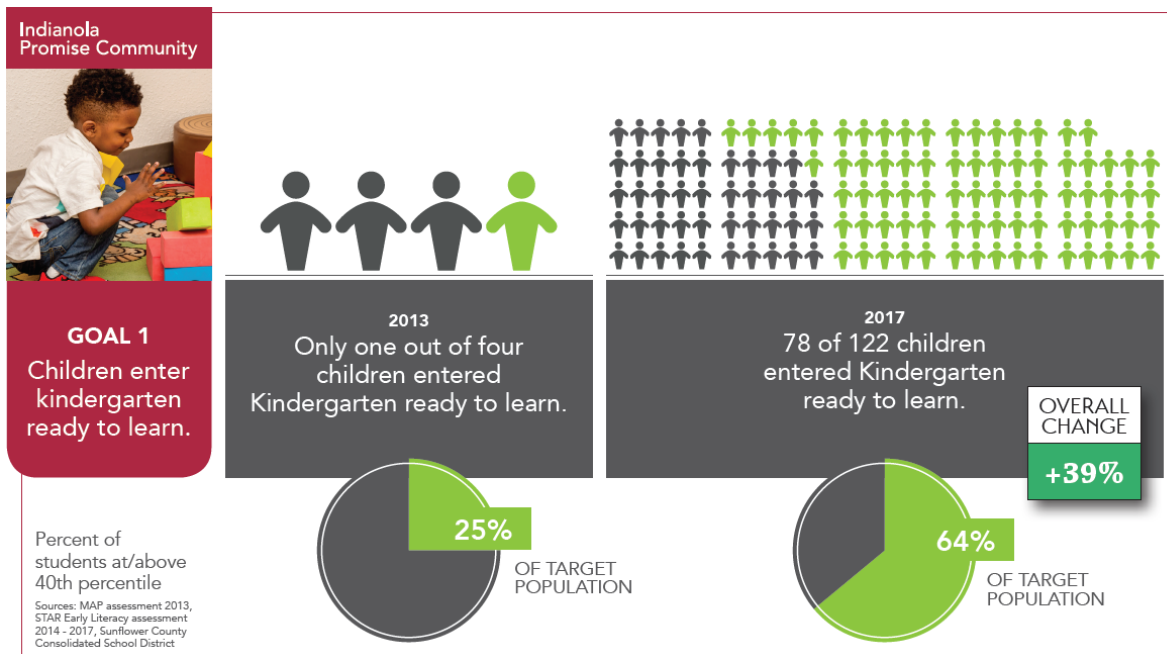
GPRA	Year 1	Year 2	Year 3	Year 4	Year 5
GPRA 1	Yes	Yes	Yes	Yes	Yes
GPRA 2	Yes	Yes	Yes	Yes	Yes
GPRA 3	Yes	Yes	Yes	Yes	Yes
GPRA 4	Yes	Yes	Yes	Yes	Yes
GPRA 5	Yes	Yes	Yes	Yes	Yes
GPRA 6	Yes	Yes	Yes	Yes	Yes
GPRA 7	Partial: Missing Part C	Partial: Missing Part C	Partial: Missing Part C	Partial: Missing Part C	Partial: Missing Part C
GPRA 8	Yes	Yes	Yes	Yes	Yes
GPRA 9	Yes	Yes	Yes	Yes	Yes
GPRA 10	Yes	Yes	Yes	Yes	Yes
GPRA 11	Yes	Yes	Yes	Yes	Yes
GPRA 12	Yes	Yes	Yes	Yes	Yes
GPRA 13	Yes	Yes	Yes	Yes	Yes
GPRA 14	Yes	Yes	Yes	Yes	Yes
GPRA 15	Yes	Yes	Yes	Yes	Yes

Our dedication to data collection and analysis is not limited to the neighborhood survey or other GPRA indicators – IPC has implemented a formal accountability process (details provided starting on page 42) to ensure that the data is not only being collected in a high-quality, frequent manner, but that the data is used to drive decision-making by all stakeholders. All IPC

programs have established goals and performance measures that are collected and reported monthly. The program reports are shared widely – 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 deeper understanding of their program’s goals, performance measures, and strategies. While the accountability process lifts up the “bright spots”, its core goal is to identify concerns or issues with fidelity of implementation so that corrective action can be taken quickly, and results can be accelerated.

B. Positive and Promising Results of IPC To Date

Figure 1. IPC’s Impact to Date on Kindergarten Readiness



Kindergarten Readiness - Since its inception in 2009, the Indianola Promise Community and its partners have worked collaboratively to build a pipeline of services from birth to career, striving for *positive and promising results during our initial implementation grant, emphasizing getting children ready to learn*. The foundation of IPC’s success has been that the earlier children enter the pipeline and can be prepared to learn well, the better their results. Ideally, IPC children enter the pipeline even before their birth through a maternal home visitation

program. The system continues to build and support families 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.

Construction of this early phase of the pipeline began with the Indianola Promise Community Early Education Collaborative (IPCEEC). In 2009, the Delta Health Alliance gave leadership of this initiation of the Indianola Promise Community. The IPCEEC, headquartered in the City of Indianola, is part of the larger and more comprehensive IPC initiative and reflects several programs that support getting children ready to learn. IPCEEC is focused on the early phase of the pipeline, namely children ages 0-8 years old. IPCEEC is made up of several community partners and is a collaborative service delivery model whereby select partners have been engaged to provide early childhood services to children. The goal of the IPCEEC is to create a safe, nurturing, and supportive community where the children are healthy and experience sustained well-being.

In March 2014 our IPC leadership team staff was selected from the group of existing Promise Neighborhood programs to participate in the Annie E. Casey Foundation (AECF) and 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 to accelerate results in Kindergarten readiness. Using the tools of results-based accountability (RBA) and results-based facilitation (RBF), IPC leadership staff began the process of strategically aligning IPCEEC partner contributions around shared goals, performance measures and targets with the **ambitious goal that all children in Indianola arrive at Kindergarten ready to learn.** The group developed a

set of shared targets and strategies that built on this target-setting work, setting the stage for our dramatic outcomes over

time relating to

Kindergarten readiness as

depicted in Chart 2

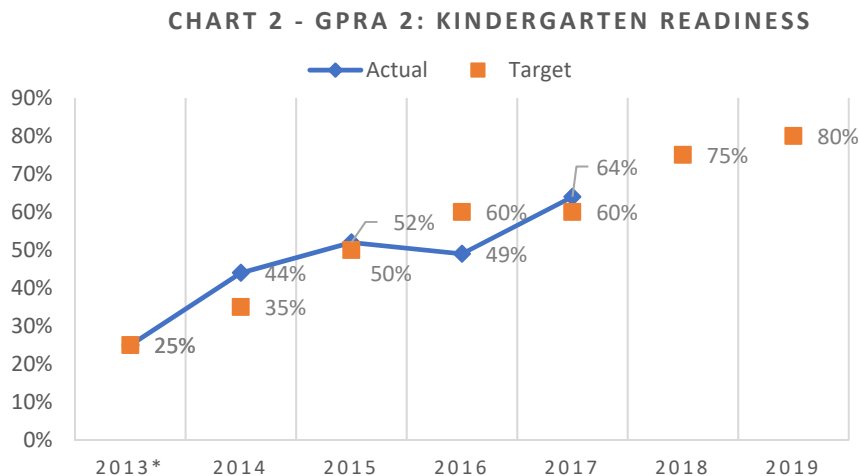
pictured to the right.

After completing

the STAR program and

because of our dramatic

early outcomes, Delta Health



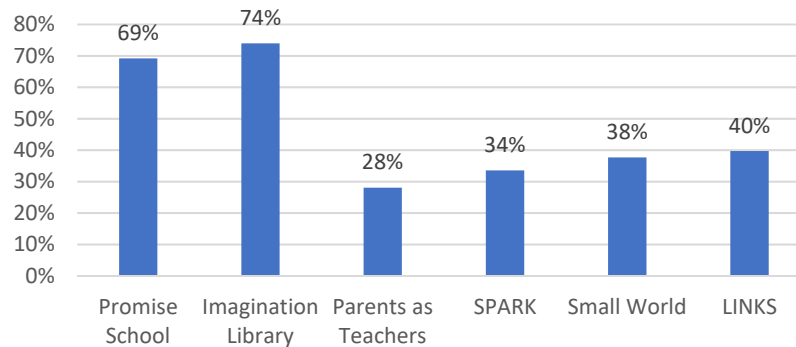
Sources: STAR Early Literacy, Sunflower County Consolidated School District; Measure of Academic Progress (MAP), Sunflower County Consolidated School District

Alliance - along with only 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 was titled S3—Scope, Scale and Sustainability and was 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, the IPC and one other implementation site were selected for the S3 program. Using the RBA tools of data walk and factor analysis thinking – the group developed four key strategies areas: 1) Alignment of evidence-based curriculum and assessment; 2) Communication and outreach; 3) Dual enrollment in multiple programs in response to each individual child’s needs; and 4) High quality summer transition programming.

Today, IPC programs that target the whole population, like Imagination Library and Promise School, serve almost 3 out of 4 students who eventually enter Kindergarten in Indianola. The more targeted and specialized programs, like Supporting Parents to Assure Ready Kids

(SPARK) and Parents as Teachers (PAT), which are developed to serve more at-risk families, still reach over a third of the incoming Kindergarten population.

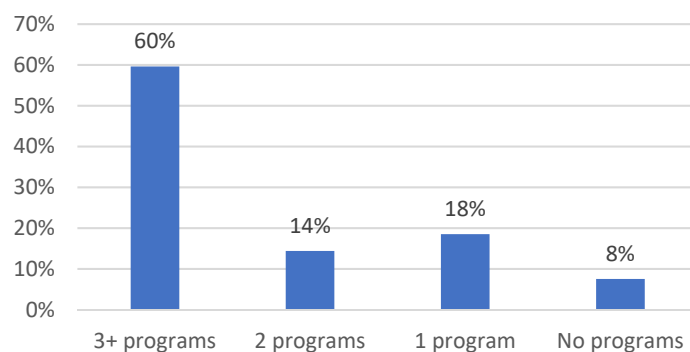
Chart 3 - Percent of Students Enrolled in IPC Programs Before Kindergarten



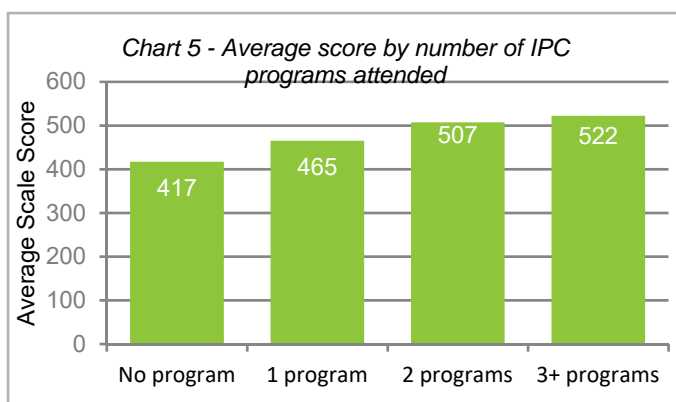
Source: Delta Health Alliance, ETO Database System, 2018

Through the previous work of the early education partners, the IPC understands that children need a variety of high-quality early learning experiences to improve the likelihood of Kindergarten readiness and future academic and life success. Low-income children, especially, experience developmental gains only when they have access to appropriate, high-quality programs and services. Because no single program or service can adequately address all of a family's needs, IPC and its partners in the early childhood portion of the pipeline have strategically offered a variety of services that complement (rather than compete) and build on each other in order to make the strongest impact. When all of IPC's programs and partnerships are considered, more than 9 in every 10 students are enrolled in one or more IPC initiatives by the time they arrive at Kindergarten, ready to learn. And **60 percent are enrolled in three or more complementary programs** before their arrival.

Chart 4 -IPC Enrollment Before Kindergarten



Source: Delta Health Alliance, ETO Database, 2018



Sources: STAR Early Literacy, Lockard Elementary School, Sunflower County Consolidated School District

In addition to program-level outcomes, the IPC understands the effect of enrollment in multiple programs before Kindergarten entry. Preliminary analysis suggests that more IPC programming before Kindergarten could influence performance on the K-

readiness assessment.

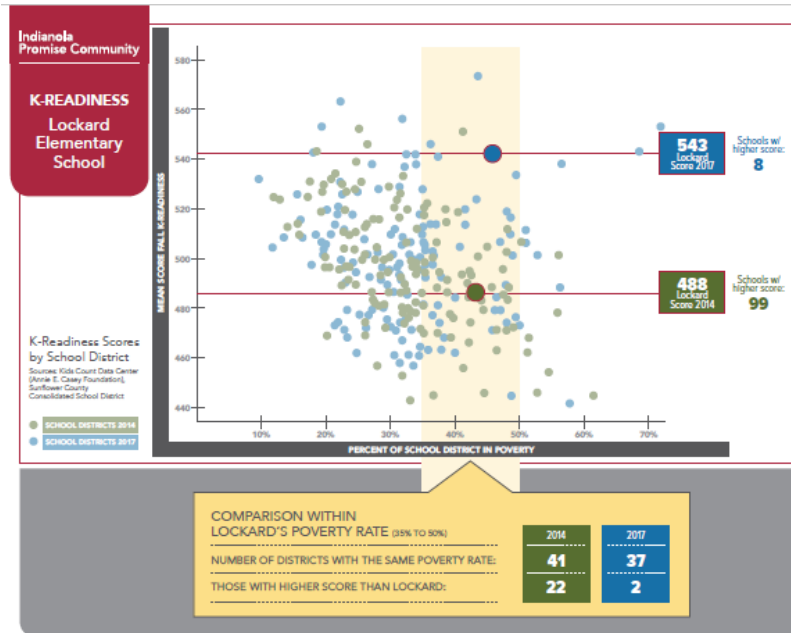
IPC is optimistic that the work of our partners is contributing to improved readiness for Kindergarten. For example, Indianola Kindergarten students have not only closed the gap between other Kindergarteners in the state – but far surpassed them.

In 2014 as IPC’s programs began reaching their full potential, 99 out of all 148 public school districts in Mississippi had higher K-readiness scores than Indianola. By 2017, only 8 Mississippi school districts had higher K-readiness scores than Indianola.

When poverty rates are taken into account, the difference is even greater, as demonstrated in Figure 2 on the following page.

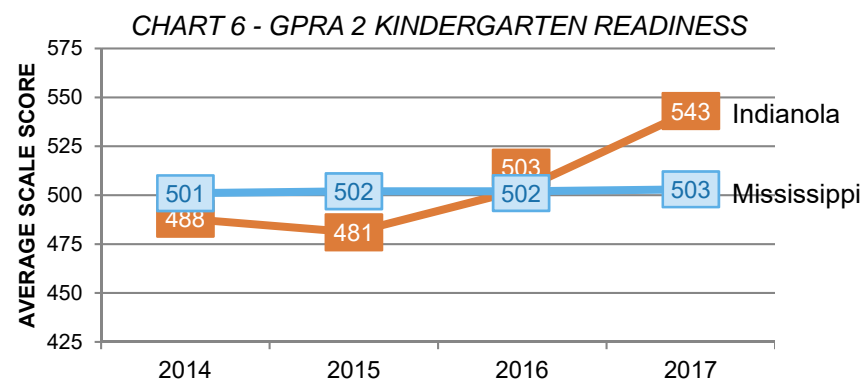
“The Secretary shall award extension grants under such section on a competitive basis to implementation grantees that have... demonstrated the most positive and promising results during their initial implementation grant based on such indicators, emphasizing getting children ready to learn” – *Federal Registrar, Extension Grants Funding Opportunity for FY 2011 and FY 2012 Promise Neighborhoods Implementation Grantees, April 19, 2018*

Figure 2. K-Readiness Scores by Mississippi School District, 2014-2017



In 2014, Indianola's Lockard Elementary was in the **53rd percentile for K-Readiness** among MS school districts with similar poverty rates. By 2017, Lockard had risen to the **8th percentile** when compared to other Mississippi public school districts serving communities with similar poverty rates. Poverty is the most significant influence on school readiness,¹

which is why IPC's approach of addressing students' academic achievement **concurrent with** targeted interventions that address poverty are so important to achieving our ambitious goals.



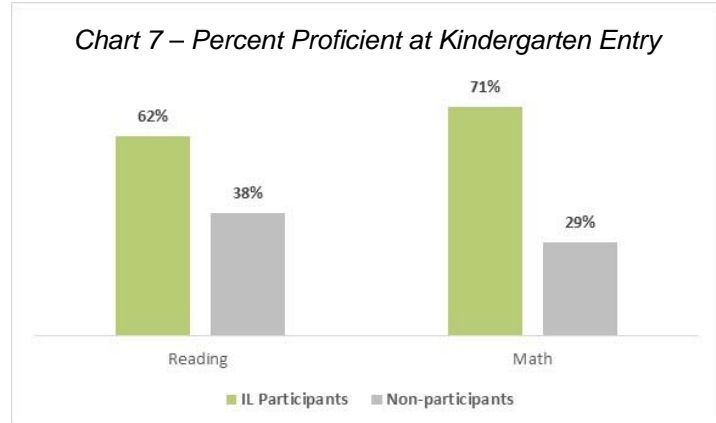
Source: STAR Early Literacy, Mississippi Department of Education, 2014-2017

IPC partner programming is at the heart the community's strategy-level work. Under the **Imagination Library (IL) program**, Delta Health Alliance, in partnership with the Dolly Parton Foundation, mails a free book, each month, to any participating family before their child enters kindergarten. Through the IL program, it is possible for a child to receive 60 early reader and

¹ Isaacs, J. B. (n.d.). *Starting School at a Disadvantage: The School Readiness of Poor Children*. The Social Genome Project.

picture books before ever entering kindergarten!

An external evaluation of the IL project demonstrated that students enrolled in Imagination Library were more likely to have stronger reading habits than non-participants at Kindergarten entry. Additionally, students enrolled in IL before



Source: MAP, Sunflower County Consolidated School District, 2013

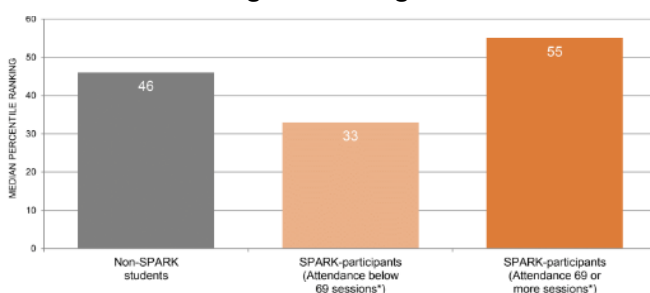
Kindergarten are more likely to be considered “Kindergarten ready” as measured by the school district’s K-readiness assessment. The comparison strongly suggests that the IL program has a positive effect on early language and literacy development and kindergarten readiness. These findings affirm the growing body of evidence that early childhood experiences matter, and that they have lasting implications for kindergarten readiness and subsequent academic achievement. More specifically, the research literature shows that efforts to support the early vocabulary development and pre-literacy skills of infants, toddlers, and young children pay dividends that extend beyond kindergarten entry and extend on into reading development across the first years of primary school. The association between the IL program and the K-readiness assessments suggests a relatively inexpensive and potentially powerful way to making a positive difference in the ability of a young child to enter Kindergarten ready to learn, setting them on the pathway to success in school and life.

SPARK is an effort modeled after similar programs by the Children’s Defense Fund/Southern Regional Office (CDF/SRO) focused on improving a child's acclimation to kindergarten through 2nd grade, specifically on children with communication deficiencies like

speech or vocabulary deficiencies. Program staffers provide home and school-based sessions with children 3 years old to 2nd grade and train parents on how to address deficiencies in their children's cognitive development. The program aims to improve literacy and numeracy skills, attentiveness, self-control, and social ability, as well as to improve age appropriate functioning in literacy and language domains.

An external evaluation of the program was conducted to see if SPARK programming has a positive impact on Kindergarten readiness outcomes – both enrollment in SPARK, as well as dosage of the program. A sample was created using incoming Kindergarten students at Lockard Elementary during the academic years 2013-14 to 2017-18. Robust linear regression models used with fixed effects for academic year. SPARK students score 2.65 Normal Curve Equivalent (NCE) points lower on the kindergarten readiness assessment ($p=.08$). However, the gap lessens and even reverses for the students with high levels of attendance ($p=.04$). Each SPARK session increases K-readiness by 0.10 NCE points. Students who attend at least 69 sessions are estimated to do at least as good or better than the median non-SPARK student.

Chart 8 – Ranking on Kindergarten Readiness



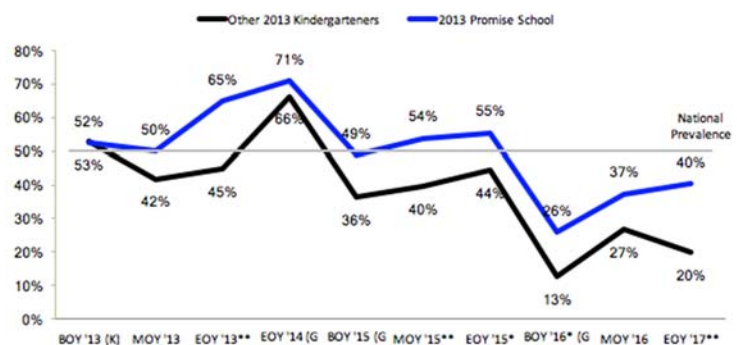
Source: STAR Early Literacy, Sunflower County Consolidated School District, 2013-2017

IPC's Promise School is an intensive summer education program to help children achieve readiness for kindergarten. Due to limited resources, existing Head Start programs in Mississippi provide services to less than half of eligible children and the Promise School helps to fill this gap. By employing and offering supplemental training to Head Start teachers, the Promise School program also improves the quality of instruction in those programs and offers professional development opportunities. This program consists of a 6-week intensive summer

education program that prepares students for kindergarten. Specifically, the program aims to improve upper and lower-case recognition, improve 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.

An external evaluation of the original IPC Promise School 2013 cohort demonstrates that while those Promise School participants arrived at Kindergarten performing on-par with non-participants, **over time** they consistently outperformed non-participants in reading through benchmark assessment as the student progresses through 2nd grade. This affirms the theory that Promise School prepares students for the transition to formal schooling creating students who are **ready to learn**. The lessons and skills learned during IPC’s Promise School program have a lasting impact.

*Chart 9 - Promise School Student Performance Over Time - **Students READY***



Source: Sunflower County Consolidated School District, 2013-2017

The goal of IPC’s **Parents as Teachers** (PAT) program is to provide parents with child development knowledge and parenting support, provide early detection of developmental delays and health issues, prevent child abuse and neglect, and increase children's school readiness. Grounded in the latest research, PAT curricula support a parent’s role in promoting school readiness and healthy development of children. Utilizing women recruited from the local community and trained as health outreach workers, PAT staff 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

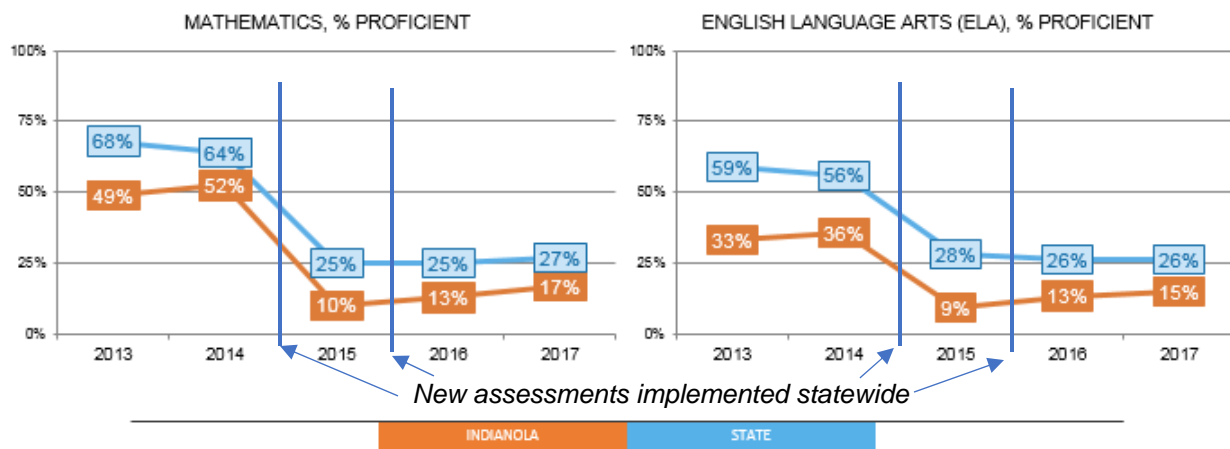
to parents' concerns, educate them about nutrition, health and children's development, model positive parenting practices, and provide assistance linking to social services. The program provides parents with child development knowledge and parenting support, which will subsequently increase children's school readiness and success.

An external evaluation of the program found that when comparing PAT participants and their families to non-participants, PAT participants were significantly more likely to be born to a young (<19 years old), single mother, receiving SNAP benefits, with income under \$10,000. Even though PAT participants are some of the **most at-risk children** we serve and seem to be especially vulnerable compared to other students in our service area, there is **no significant difference in the performance on K-readiness assessment** – after controlling for age, sex, race, and household characteristics. PAT is one of the earliest available interventions in IPC's pipeline and is capturing some very vulnerable children – forming a solid foundation for preparing them to be ready to learn.

Student Proficiency - Similar to the Kindergarten Readiness Results Work Group, IPC and its partners have developed a result work group focused on reading and math proficiency. IPC understands that children need a variety of high-quality learning experiences to improve the likelihood of reading and math proficiency, and future academic and life success. Low-income children, especially, experience developmental gains only when they have access to high-quality programs and services that fit their needs. Because no single program or service can adequately address all of a student's needs, IPC and its partners in the Student Proficiency Results Work Group have strategically offered a variety of services that complement (rather than compete) and build on each other in order to make the strongest impact. Through a series of convenings, our group developed a set of shared targets and strategies that built on the target-setting work submitted and the programs funded through the grant.

IPC partners and staff have found that setting and maintaining targets in these domains have proven to be difficult. The Mississippi Department of Education (MDE) has changed the state assessment for math and ELA twice since the full implementation of IPC began in 2013 – in 2015, from MCT2 to the PARCC assessment and in 2016, from PARCC to MAAP. Both the PARCC and MAAP assessment were *designed to be significantly more rigorous than the MCT2 assessment*. In order to put the proficiency levels into context, we have compared Indianola results to state-level results. Represented by the graph below, since the implementation of a more rigorous assessment, our students have succeeded in decreasing the proficiency gap for Indianola and state students and on average, Indianola has increased math proficiency rates by a relative 70 percent, compared the state rate by 8 percent. And, in ELA, Indianola has increased proficiency rates by a relative 67 percent, compared to the state rate by -7 percent.

Chart 10 - GPRA 4: Student Proficiency Rates [Indianola vs. Mississippi]



Source 2013 and 2014: MCT2, Mississippi Department of Education

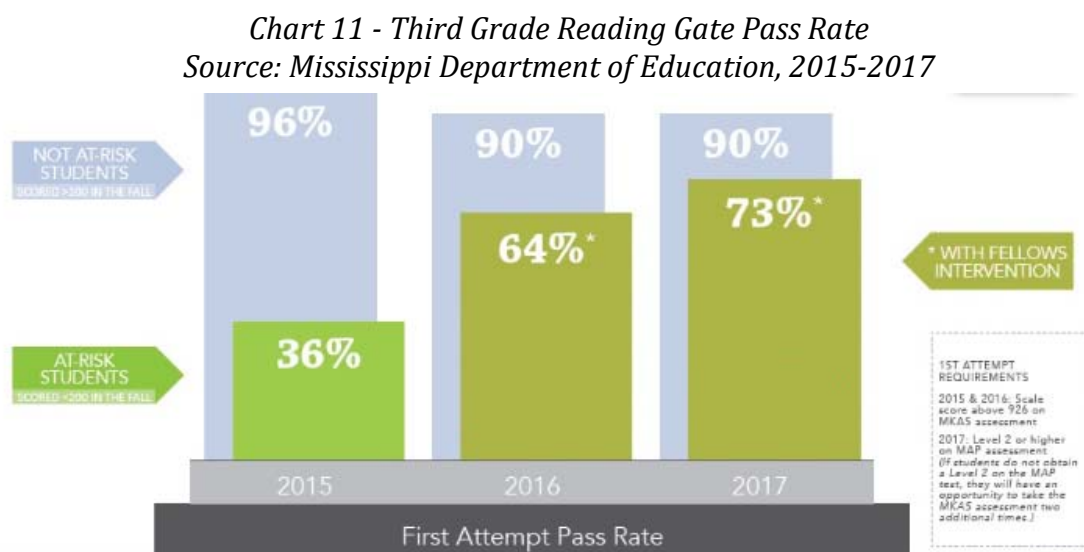
Source 2015: PARCC, Mississippi Department of Education

Source 2016 and 2017: MAAP, Mississippi Department of Education

For at-risk students, IPC will continue its aggressive pursuit to provide support for high quality intervention through the use of teacher coaches and small group daily literacy intervention. Additional services include a family home visitation program, afterschool tutoring and adult-student mentorship program.

IPC's **Literacy Fellows** program is a targeted intervention for students who score below the 25th percentile on the beginning of year reading assessment and who are at-risk of grade retention or failing the 3rd grade summative assessment. The “reading gate” is state-wide law that requires third grade students to score above an indicated cut score on the state’s reading assessment or else they will be retained for another year in third grade. The Literacy Fellows provide one-on-one and small group literacy intervention to students for 1 hour each day, 5 days per week.

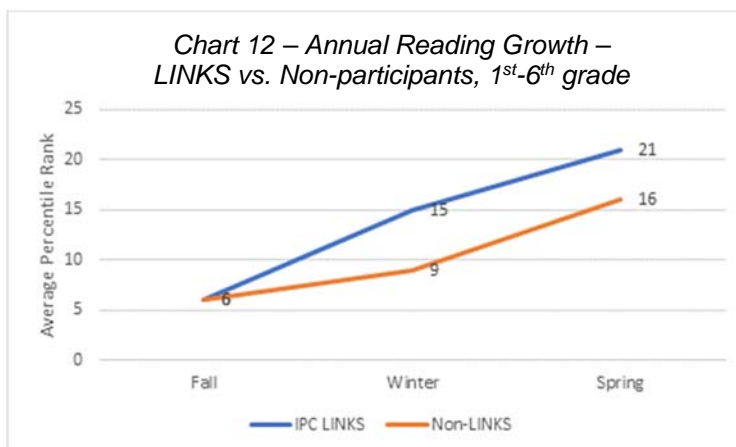
Since the implementation of IPC’s Literacy Fellows program during the 2015-16 school year, at-risk students are 4.8 times more likely to pass the reading gate than before implementation. For example, in May 2015 [pre-implementation of IPC’s Literacy Fellows program] 36 percent of at-risk students passed the reading gate on their first attempt compared to 73 percent in May 2017.



IPC’s **LINKS** program works one-on-one with parents to set family goals and connect them with the right programs to reach their goals. 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 issues relating to attendance, behavior, and course performance among

students in target schools as early as possible, in order to prevent those issues from adversely impacting student outcomes. 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.

An external evaluation of the LINKS program was completed after the 2015-16 school year. Results indicated that LINK students targeted for the program by scoring in the lower 25th percentile on reading at the beginning of the year outgrew similar non-LINKS participants in Indianola, as well as students attending other schools in the district with no IPC touch. Moreover, results indicate that enrollment in LINKS [and the resources that are available to families enrolled in the program] may have an impact on reading growth and proficiency.



Source: STAR Reading, Sunflower County Consolidated School District, 2015-16

IPC's **Summer Camps** program engages local community-based agencies in providing education and healthy lifestyles activities to children in Indianola. Specific camp topics are chosen through a competitive Request for Proposals process, in which local organizations, faith-based groups, civic groups, etc. propose summer program concepts for review. Winning proposals must demonstrate feasibility, impact, effectiveness, a matching commitment, and experience of lead agency. Building capacity over time is also highly valued and encouraged, with six camps now able to provide the majority of their funding needs and requiring less financial and logistical support from IPC staff, fostering their long-term sustainability. Our

summer programs are geared more toward improving reading and literacy skills, preventing summer learning loss, community building, developing new skills, and exercise.

A recent evaluation of the summer camps program has helped answer two important questions: does enrollment in the IPC summer camps program reduce summer learning loss? And, does the enrollment in the IPC summer camps program result in positive educational outcomes over the long term? The answer to both research questions is yes. When comparing

Chart 13 - Reduction of Summer Learning Loss

% of students **above Urgent Intervention level** (weighted percentage of matched sample)

	Before summer	After summer	Amount of net summer learning loss
Enrolled in summer camp	84.2%	77.7%	6.5%
Not enrolled in summer camp	84.3%	72.2%	12.1%

Weighted difference in post-test means significant according to one-tailed t-test, $p=0.014$

% of students **above Intervention level** (weighted percentage of matched sample)

	Before summer	After summer	Amount of net summer learning loss
Enrolled in summer camp	68.4%	54.8%	13.6%
Not enrolled in summer camp	68.2%	49.0%	19.2%

Weighted difference in post-test means significant according to one-tailed t-test, $p=0.027$

Source: Sunflower County Consolidated
School District, 2013-2017

students' performance at the end

of the school year to how they

perform once they arrive for the

next school year – the study

found that summer reading

learning loss is much less among

those who attended camps. And,

camps are especially good at

reducing the extent to which students

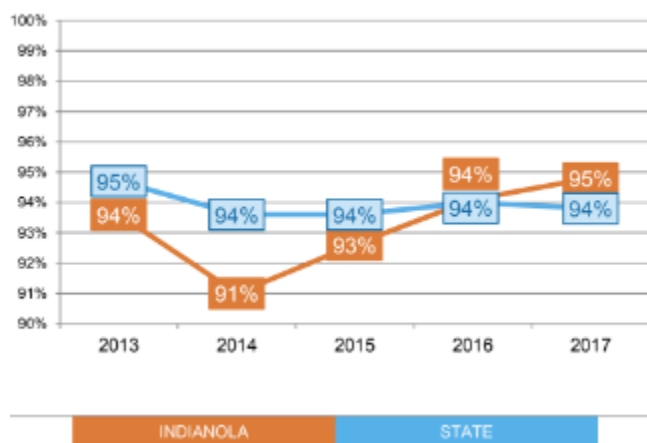
slide into the worst percentiles – reducing disparities among the most at-risk students.

IPC's Summer Camp programs have demonstrated that they are not only effective at curbing summer learning loss in the short-term – they help to produce positive education outcomes in the long-term as well. According to the study, Indianola students who participated in at least one summer camp in 2014, 2015, or 2016 were 1.41 times more likely to be above intervention level for reading in fall 2016 ($p=.072$) and 1.93 times more likely to be above urgent intervention level for math ($p=.009$). And, each summer camp a student attended made them 1.21 times more likely to be above intervention level for reading in fall 2016 ($p=.063$) and 1.50 times

more likely to be above urgent intervention level for math ($p=.010$).

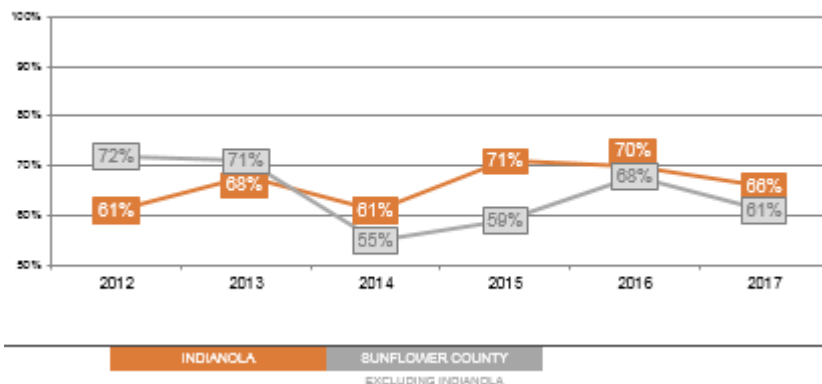
Attendance and School Mobility. IPC and its partners build on the successful work of getting students ready to learn by supporting students as they transition to high school and middle school. IPC programming, such as the LINKS, has supported the improvement in attendance rate for middle school students. Indianola students have outperformed state-wide attendance rates since the implementation of IPC. Since 2014, the attendance rate for middle school students in Indianola has increased by 4 percentage points, compared to 0 percentage points for the state. **And, while high school graduation rates in other schools in the district [outside of the IPC footprint] have declined over the grant period by a relative 11 percent – Indianola’s graduation rate has improved by 5 percent.**

Chart 14 - GPRA 5: Attendance Rate of Indianola’s 6-9th grade students



Source: Mississippi Department of Education, 2013-2017

Chart 15 - GPRA 6: 4-year High School Graduation Rate

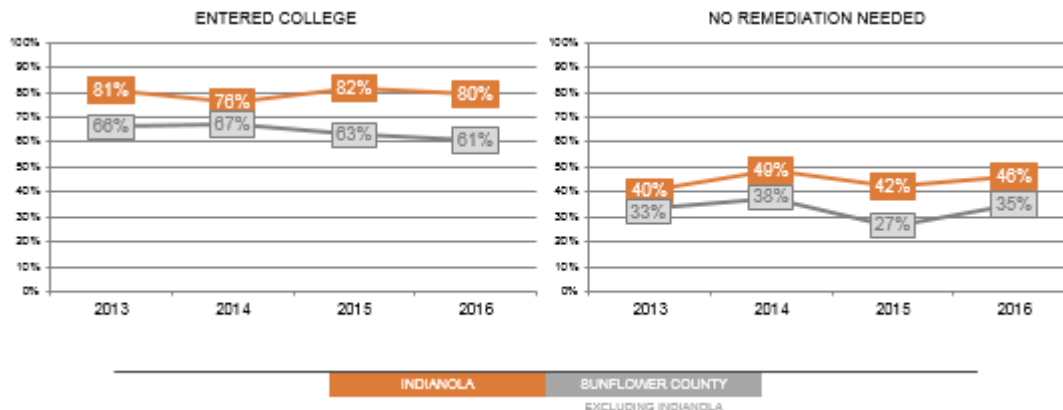


Source: Mississippi Department of Education, 2012-2017

updated report by the LifeTracks system at nSPARC – Mississippi’s longitudinal data system, students in Indianola are enrolling in college and university at an increased

rate compared to high school graduates at other schools in the district. And, they are entering more prepared – in need of no ELA or math remediation.

Chart 16 - College Entry without Need for Remediation



The partners of the IPC are committed to continuing these successful strategies over the next two years in pursuit of our ambitious goals and our shared drive for long-term sustainability.

C. Commitment to Rural, Underserved Communities

Delta Health Alliance (DHA) is a non-profit, community-based organization that serves 17 rural counties of the **Mississippi Delta** in northwest Mississippi

“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

- one of the historically poorest, underserved regions of the United States. The communities of our service area share similar characteristics: they have high levels of poverty, high unemployment, low educational attainment and have relatively high percentages of African Americans, making them particularly vulnerable to the disproportionate economic and health burdens that accompany our nation’s existing racial and ethnic health disparities. After generations of failing academics, poor health outcomes, and struggling economies, many of our residents feel trapped in a system that breeds disparities, impoverishment and hopelessness. DHA’s **commitment to ambitious goals for Mississippi’s most underserved and under-resourced rural areas is fundamental to what we do**, reflected by our mission “to improve the

health and education of the men, women, and children who make the Mississippi Delta their home.” Since our founding in 2001, DHA has continued to serve rural, impoverished communities in partnership with universities, workforce development programs, community agencies, state and local governments, businesses, and faith-based groups. Four commitments formally declared by DHA’s Board of Directors and IPC’s Steering Committee articulate this quality of our organization:

- *We are committed* to seeking to understand the fundamental causes of poor health, poor outcomes and lack of educational opportunities in underserved communities of the Delta through comprehensive analysis of relevant data and statistics.
- *We are committed* to supporting programs that are built on the latest medical, public health, and education research.
- *We are committed* to regularly assess the performance of these programs on the basis of objective measures that are produced and recorded as part of these initiatives – and we make improvements and refinements to our programs based on those outcomes.
- *We are committed* to do our work through community organizations, recognizing that long-lasting change occurs only when it is nurtured and supported by local residents.

The Indianola Promise Community is one such example of our collaborative commitment to underserved neighborhoods of the Delta. IPC serves the rural town of Indianola, which is quite literally **the poorest town in the poorest state of our nation**,² earning this dubious distinction in a recent nationwide ranking conducted by *24/7 Wall Street* based on income data, poverty rates, and SNAP participation. As noted in that report, a typical Indianola household “earns just \$26,479 a year compared to the median income in Mississippi of \$40,528 a year and the median

² Stebbins, S. and Sauter, M., 24/7 Wall Street, May 2, 2018. “The Poorest Town in Every State”, <https://247wallst.com/special-report/2018/05/02/poorest-town-in-every-state-3/6/> Accessed 5/4/18.

income nationwide of \$55,322 a year. Because so many residents live on so little, many depend on government assistance to afford food. Some 32.3% of households in Indianola receive SNAP benefits compared to 18.0% of Mississippi households and 13.0% of American

“The Secretary shall award extension grants... to implementation grantees that have... demonstrated a commitment to operating in the most underserved and under-resourced, including rural, areas” – *Federal Registrar, Extension Grants Funding Opportunity for FY 2011 and FY 2012 Promise Neighborhoods Implementation Grantees, April 19, 2018*

households nationwide.”³ Indianola’s Sunflower County is also ranked 19th nation-wide in a listing of rural counties with the highest poverty.⁴ More than four of every five (83.6%) Indianola residents are black as compared to 37.7% for Mississippi, and 13.3% for the U.S. Nearly a third (31.8%) of Indianola residents live below the poverty level as compared to 20.8% for Mississippi, and 12.7% for the U.S. Unemployment in the county (7.6%) is higher than the U.S. rate (4.1%), and more than one in five Indianola adults are without health insurance (20.6%) compared to the U.S. rate of 13.9%. The percentage of adults who are high school graduates in Indianola (77.3%) is also significantly lower than the U.S. rate (87.0%).

Table 1: Demographics of Targeted Service Area Compared to State & National Figures

	2016 US Census Population	Percent Black / African American	Percent non-Hispanic Caucasian	Adults High School Graduates	Population under 5 years age	Percent Individuals Below Poverty	Per Capita Income, in U.S. dollars	Persons without health insurance, age 25+	Unemployment Rate, March 2018
Indianola city	9,655	83.6%	14.3%	77.3%	8.0%	31.8%	\$17,208	21.9%	n/a
Sunflower county	26,407	73.6%	24.1%	72.5%	5.8%	35.1%	\$14,111	15.3%	7.6%
Mississippi	2.99M	37.7%	56.9%	83.0%	6.3%	20.8%	\$21,651	13.9%	4.5%
U.S.	325.7M	13.3%	61.3%	87.0%	6.2%	12.7%	\$29,829	10.1%	4.1%

Sources: U.S. Census, <http://factfinder.census.gov>, U.S. Department of Labor <http://www.bls.gov/lau/>

³ Ibid.

⁴ “Poverty Rate Jumps in Rural America” *Main Street Economics*, Nov 23, 2009. <http://www.dailyonder.com/poverty-rate-jumps-rural-america/2009/11/23/2466> Accessed 5/4/18.

II. Quality of the IPC Project Design

For additional detail, please see Appendix B. Detailed Project Plan and Resumes of Key Staff

II.A. Goals, Objectives, Outcomes and Design of IPC's Extension Projects.

There are eight (8) projects included in this request for an extension of support for the Indianola Promise Community, selected for their demonstration of 1) an ability to collect, track, and report longitudinal data on performance indicators; 2) yielding the most positive and promising results during their initial implementation grant emphasizing getting children ready to learn; 3) commitment to operating in the most underserved, under-resourced rural areas of Mississippi; and 4) ability to pursue even more ambitious goals during this two-year proposed extension period. The start date for all projects is July 1, 2018, with an end date of June 30, 2020.

1. Linking Individuals Neighborhoods and Kids to Services Lead: Delta Council/DHA

Program Model: Linking Individuals Neighborhoods and Kids to Services (LINKS) is a collaborative system that is part of IPC's case management system designed to address issues relating to academics, behavior, attendance, poverty, housing, and employment for families of students in target schools as early as possible, in order to break the cycle that adverse social issues continue to play in adversely effecting students' long-term outcomes. LINKS Associates work one-on-one with parents to create family goals called Service Plans and connect them with the right programs to reach their goals. The primary role of LINKS is 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

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

services, educational resources, and specific programs.

Ambitious Goals: The goal of the LINKS program is to improve chronic absenteeism, behavioral referrals and course performance for the most at-risk students in the IPC pipeline. LINKS coordination of services and its **impact on 11 of our 15 GPRA**s makes this IPC initiative an unparalleled strategy in serving communities that have historically been economically and academically disenfranchised for generations. Over the course of the school year – LINKS participants will demonstrate more growth in reading and math as measured by the school’s benchmark assessment, than similar non-LINKS peers. This goal is ambitious because LINKS targets the most at-risk students in our target schools – who have performed significantly lower than their peers prior to the program’s availability. Using a strategy rooted in targeted universalism, the LINKS program will create equitable results for those most at-risk of falling further behind in school.

Targeted Enrollees: Individuals residing in Indianola, MS with one or more children (ages 0-18) at home. The program specifically targets students who are at risk in one of the following categories: a) demonstrates chronic absenteeism; b) chronic behavioral issues; and/or c) scoring below the 25th percentile in reading or math at the beginning of the school year.

Target Enrollment: July 1, 2018 – June 30, 2019: 95; July 1, 2019 – June 30, 2020: 100.

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 above grade level in math and reading; 5. Attendance rate for 6th – 9th grade; 6. Four-year cohort graduation rate; 7. College entry without need for remediation and completion rate; 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 is an evidence-based, family home visitation model which 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 evaluation outcomes from its use 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.⁵

Relevance: LINKS are critical because it allows staff to get to know our families and serves as an ongoing, connecting thread throughout *all programs* of our academic and career pipeline.

Milestones, Benchmarks, Responsibilities and Timeline: Workplans are provided in *Appendix B*.

II.A.2. Parents as Teachers (PAT)

Lead Agency: DHA

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.

Targeted Enrollees: Parents with children ages 0-5.

Target Enrollment: July 1, 2018 – June 30, 2019: 140; July 1, 2019 – June 30, 2020: 140.

Ambitious Goals: The goals of the PAT program are to significantly increase healthy births and support on-track child development for children at ***greatest risk*** for long-term academic success. PAT participants will be more likely to have a healthy birth than similar non-participants. Over

⁵ Albrecht, P. (2016). End of Year LINK Evaluation (Rep.).

the program year, high-risk PAT participants will demonstrate at least as strong developmental gains, math and reading skills than low-risk, non-participants. The goals for our PAT program are ambitious because the families targeted for the program are at the highest risk for pre-term or low-weight births which studies have shown make a huge difference on life outcomes. By making a significant difference for these families, we can turn the curve on the whole population.

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. Local programming has been linked to healthy birth outcomes for participants, compared to other non-participants in the region. Relevance: PAT supports parental involvement and provides parents with child development knowledge and strategies for effective but safe discipline, provides early detection of developmental delays and health issues, prevents child abuse and neglect, and increases children's school readiness.

Milestones, Benchmarks, Responsibilities and Timeline: Workplans are provided in *Appendix B*.

II.A.3. Imagination Library (IL)

Lead Agency: DHA/Dollywood Foundation

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 continuous service in Sunflower County, 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, Indianola's Henry Seymour Library, and the Indianola Family Medical Group 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: July 1, 2018 – June 30, 2019: 780; July 1, 2019 – June 30, 2020: 800.

Ambitious Goals: **90 percent** of the target whole population will be enrolled in Imagination Library before entering Kindergarten. IL participants will demonstrate stronger family reading habits than non-participants. Impacted GPRAs: 1. #/% of children with a medical home.; 2. #/% children ready for kindergarten; and 12. #/% of children who are read to three times or more a week. 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. Parents with low educational attainment are also given the resources and support they need to improve their own literacy skills. The program ultimately bolsters kindergarten readiness.

Milestones, Benchmarks, Responsibilities and Timeline: Workplans are provided in *Appendix B*.

II.A.4. Supporting Parents to Assure Ready Kids (SPARK)

Lead: CDF-SRO

Program Model: An effort modeled after, and operated in direct partnership with, 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 from the Children's Defense Fund provide in and out of school 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: July 1, 2018 – June 30, 2019: 180; July 1, 2019 – June 30, 2020: 180.

Ambitious Goals: Over the course of the school year, SPARK's at-risk participants will demonstrate **significantly more growth in reading** as measured by the school's benchmark assessment, than similar non-SPARK students. This goal is ambitious because historically SPARK participants have been significantly behind their peers at baseline assessment – a gap that will be completely closed through participation in our targeted SPARK intervention.

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 Measures: Pre-/Post- STAR Reading Benchmarks.

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.

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.

Milestones, Benchmarks, Responsibilities and Timeline: Workplans are provided in *Appendix B*.

II.A.5. IPC Literacy Fellows

Lead Agency: DHA

Program Model: Provides one-on-one and small group literacy intervention to students for one hour each day, five days per week. IPC's Literacy Fellows implement the Success for All (SFA) reading, writing, and oral language development program. The intervention will be delivered by Teach for America alumni in small group settings in school settings each day to students are considered struggling readers. Fellows also earn valuable community service hours.

Targeted Enrollees: Second, third and fourth graders at Carver and Lockard Elementary Schools.

Target Enrollment: July 1, 2018 – June 30, 2019: 85; July 1, 2019 – June 30, 2020: 85.

Ambitious Goal: Over the course of the school year – Literacy Fellows participants will demonstrate more growth in reading as measured by the school's benchmark assessment, than similar non-Fellows peers. At least **75% percent of IPC Literacy Fellows participants will pass the third-grade reading gate on their first try**. This goal is extremely ambitious – in 2015 only 36% of at-risk students passed the reading gate on their first attempt.

Impacted GPRAs: 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: The use of Literacy Fellows “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 Institute of Education Science

What Works Clearinghouse (IES WWC) to be

medium to large for alphabets, comprehension,

and general reading achievement. IPC’s Literacy

Fellows program premiered during the 2015-2016

school year at Carver Elementary School, targeting

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.⁶ Relevance: The IPC

Literacy Fellows initiative is a targeted intervention for students who are the lowest performing

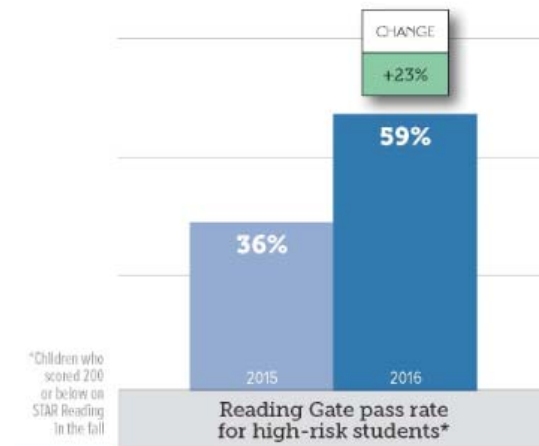
on STAR Reading and who are at-risk of grade retention or failing the 3rd grade reading gate.

The program will utilize this two-year extension period to reach the highest need students in

terms of reading support and to put in place mechanisms for the program’s ongoing sustainability

utilizing alumni and graduates of the Teach For America program.

Milestones, Benchmarks, Responsibilities and Timeline: Workplans are provided in *Appendix B*.



Source: MKAS, Sunflower County Consolidated School District, 2016

⁶ Annual Performance Report. Indianola Promise Community. US Department of Education (Rep.). (2016).

II.A.6. IPC Summer Camps

Lead Agency: DHA

Program Model: The overarching goal of our Summer Camps program is to mitigate summer learning loss and ensure that Indianola’s students return in the fall ready to learn. Our program engages local community-based agencies in providing education and healthy lifestyles activities to children, adolescents and young adults in underserved Indianola 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

“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.”

– Anna Oswalt - rising high school junior and participant of IPC

must provide transportation or have arrangements to ensure that transportation is not a barrier to access. Winning proposals must demonstrate feasibility, impact, effectiveness, a matching commitment, and experience.

Targeted Enrollees: Indianola residents, ages 3-18.

Target Enrollment: July 1, 2018 – June 30, 2019: 450; July 1, 2019 – June 30, 2020: 450.

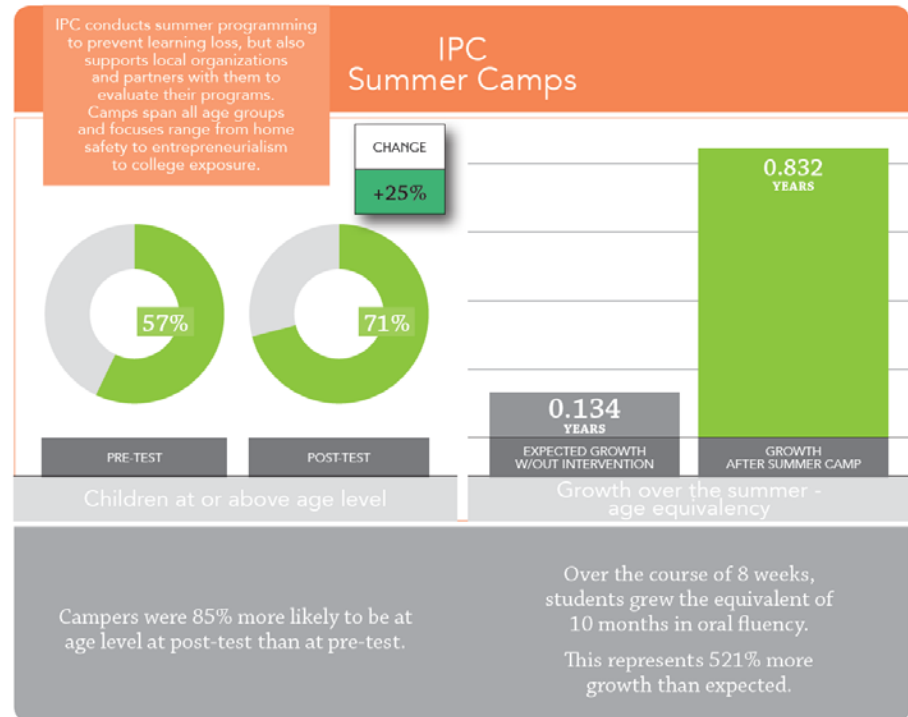
Ambitious Goals: Over the course of the summer – camp participants will demonstrate significantly more **growth (20% or higher) in reading and math** as measured by the school’s benchmark assessment, than similar non-camp students. 75% of camp participants will demonstrate no summer learning loss in reading. This goal is ambitious because, on average, students typically lose about one month’s worth of school-year learning over the summer.

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. An

independent evaluation of our IPC 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. Students who tested below reading level equivalency at pre-test, on average, grew significantly more than students who were already reading at grade-level.⁷ 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.

Milestones, Benchmarks, Responsibilities and Timeline: Workplans are provided in *Appendix B*.

⁷ Summer Camp Report. Delta Health Alliance (Rep.). (2014-2015).

II.A.7. Project RISE

Lead Agency: CDC On Track

Program Model: Project RISE 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 3rd grade to improve student outcomes and reinforce their literacy, vocabulary, writing skills, and wellness through creative and fun programs such as poetry, drama/theater production, spelling bees and arts enrichment. Project RISE is comprised of two components: Project RISE After School Enrichment Program, with classes running from 3:30pm to 6pm with a nutritious supper served, and Project RISE Summer Camp Program, operating from the end of May to the end of July from 8am to 2pm with lunch served. Both components include a Volunteer Service Program to engage with volunteers from the communities we serve and to foster sustainability. Targeted Enrollees: K-3 students at Carver and Lockard Elementary

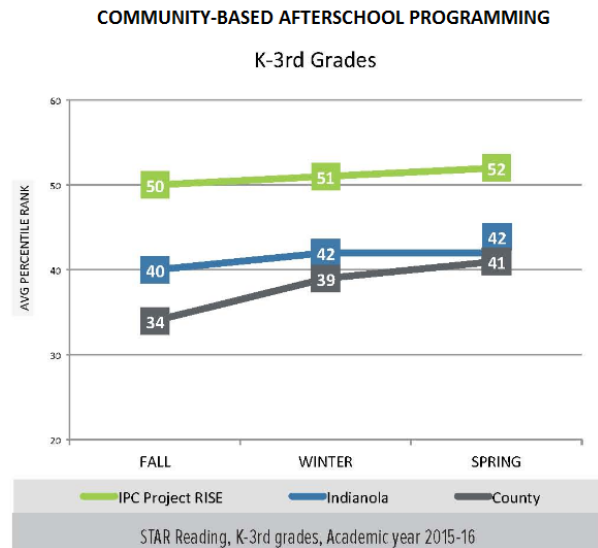
Target Enrollment: July 1, 2018 – June 30, 2019: 220; July 1, 2019 – June 30, 2020: 220.

Ambitious Goals: Over the course of the school year – IPC’s RISE participants will demonstrate 20% more growth in reading and math as measured by the school’s benchmark assessment, than similar non-RISE peers. Impacted GPRA’s: 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: 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.



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

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.

Milestones, Benchmarks, Responsibilities and Timeline: Workplans are provided in *Appendix B*.

II.A.8. Teacher Development Lead Agency: Sunflower County Consolidated School District

Program Model: IPC's Teacher Development Program has two components open to both teachers and administrators of Indianola's public-school systems. First, it will continue to utilize *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 assessments, ACT, and AP courses. Second, the program will

continue to utilize 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 Carver and Lockard Elementary Public Schools. Target Enrollment: July 1, 2018 – June 30, 2019: 25; July 1, 2019 – June 30, 2020: 25.

Ambitious Goals: Over the course of the school year, public school students who receive instruction from teachers involved in coaching will demonstrate significantly greater growth in reading and math as measured by the school’s benchmark assessment, than similar peers. This goal is ambitious because we expect that scale scores for public-school students will improve by at least 25% over the course of the school year.

Impacted GPRAs: 4. #/% of children at or above grade level in math and reading.

Additional Outcome Measures: Teacher education skills and teacher retention.

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.⁸ During the 2015-2016 school year, IPC’s Teacher Development coaches’ efforts focused on Kindergarten

⁸ Smith, T.M., and R.M. Ingersoll. “What Are the Effects of Induction and Mentoring on Beginning Teacher Turnover?” *Educational Evaluation and Policy Analysis*, vol. 26, no. 3, 2004, pp.681-714.

teachers. When compared to other schools in the district that did not receive DHA teacher coaching, participating schools demonstrated more growth in the number and percent of Kindergarten 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.

Milestones, Benchmarks, Responsibilities and Timeline: Workplans are provided in *Appendix B*.

II.B. IPC Project Design - Targeting High Need Children and Children with Disabilities. IPC will continue to 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 targets 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. Project RISE and SPARK also have several initiatives and services designed specifically to address literacy, math and social concerns of disabled students. Students with disabilities and those requiring special education services will be fully included in all IPC programs. IPC also encourages 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.

II.C. IPC Project Design - 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. IPC's Continuum of Solutions will never operate in a vacuum, particularly since the barriers and challenges experienced by Delta students are so pervasive and systemic. The partners of the IPC share DHA's vision for aggressive policy development and influence to realize the true purpose of IPC's intervention. If any of IPC's 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 will continue to leverage its extensive expertise and connections 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. DHA's IPC program has also frequently briefed and provided background information to Senator Lamar Alexander (R-Tennessee, Chairman of the Senate Committee on Health, Education, Labor and Pensions) to raise awareness of the need for and impact of the Promise Neighborhood program, with the hopes of replicating our successes in other impoverished, rural communities. 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 served as IPC's 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 Advisory 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 IPC and our area economic development organization representing the eighteen Delta and part-Delta counties of Northwest Mississippi and active partner of IPC. Started in 1935 by a group of visionary 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.⁹ DHA has also worked with the City of Indianola to establish a Mayor's Health Council in 2012 which advises 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 eighteen communities in the Delta, through our Tobacco Free initiative in partnership with the MS Department of Health.

III. Quality of IPC's Management Plan *Please also see Responsibilities, Timelines and Milestones for each individual IPC project in Appendix B – Project Design*

A. Governance Structure of the IPC

Board of Directors. Delta Health Alliance is governed by a five-member board, which

⁹ Delta Council Policy Resolutions, <http://www.deltacouncil.org/policies--resolutions.html>

represent a cross section of the Delta population and have a long history of policy development and community work in the region, as depicted in Table 2 below. DHA Board Chair Bill Kennedy and Board members Dr. Pennington and Woods Eastland all live in Sunflower County; however all members have a commitment to the welfare of Indianola's residents. The Board members represent domains and industries important to IPC, including education, agriculture, business, the arts, and law, and serves as the Governing Board for IPC.

T A B L E 2 - DHA/IPC Board of Directors	
Name	Expertise, Public Service, Networks and Represented Sectors
Mr. Bill Kennedy, Chairman	Mr. Kennedy has served as manager of J. Sanders, Inc. location in Inverness and as President of Duncan Gin, Inc. Kennedy has served on the board of MS. Ginners Association, Southern Cotton Ginners Association, Yazoo Valley Oil Mill, PYCO, Delta Oil Mill, and Delta Wildlife, Inc. President Inverness Lions Club, Chairman of Board of Delta Agricultural and Industrial Trust. He was Chairman of the Board of Central Delta Academy and is a past president of Delta Council.
Ms. Lisa Percy, Secretary	Ms. Percy currently serves on the board of the William Winter Institute for Racial Reconciliation where she was past chair, and she also serves on the boards of the Foundation for Public Broadcasting of MS and Mississippi Museum of Art. In the past, Lisa has served as chair of the Hodding Carter YMCA, was chair of the E. E. Bass Cultural Center Foundation and the Greenville Arts Council.
Honorable Willie Bailey	Rep. Bailey is an African-American attorney in Greenville practicing civil rights and poverty law. He is also a member of the Mississippi State House of Representatives since 1995, representing part of Washington County. Bailey's law degree is from George Washington University. At George Washington, he led the law school's minority recruitment program and was instrumental in recruiting graduates from historically black colleges to George Washington's National Law Center. Mr. Bailey is a member of the Tougaloo National Alumni Assoc., the NAACP, the Magnolia Bar Association and Mississippi Bar Association. Mr. Bailey is a member of the House Elections; Judiciary, Ports, Harbors and Airports; Tourism; and Transportation committees. In the legislature, he is credited with having played an instrumental role in bringing about the Greenville Higher Education Center and Blues Trail, and recently guided a pilot workforce training initiative for the Delta, through the MS State legislature.
Dr. Cass Pennington	Dr. Pennington is a retired educator. He was the first African-American superintendent of the Indianola School District and has also served as superintendent of the West Tallahatchie School District, Indianola Junior High School principal, teacher and coach. Dr. Pennington has been a champion for education and civil rights in the Delta for his entire career. He's a former member of the Mississippi Board of Trustees of the Institutions of Higher Learning, the Mississippi Instructional Management Task Force, and the South Sunflower

	County Hospital. Dr. Pennington is former chair and is currently a board member of the Fannie Lou Hamer Foundation. He is a former president of the Delta Council. Most recently Dr. Pennington was involved in assisting the Emmitt Till commission in completing a museum and interpretive center in Sumner, MS.
Mr. Woods Eastland	Mr. Eastland currently serves as the President of Delta Council and in the past served as a Lieutenant, Judge Advocate General's Corps, U.S. Naval Reserve. He practiced law in the Jackson, Mississippi, and was a faculty member of the Jackson School of Law. Beginning in 1974 he was a cotton, soybean and rice producer in Sunflower County, Mississippi, through 2010. Mr. Eastland was elected as a President of Staplcotn in 1977 and also served as Chairman of the Board. Mr. Eastland is a Director of Delta Council, Advisor to the Board of Directors of Cotton Council, International and Advisor to the Board of Directors of the National Cotton Council, Director of the B. B. King Museum. He is Past President of National Cotton Council, Past President and Chairman of Cotton Council International and a past Director of the Memphis Branch Federal Reserve Bank of St. Louis. He was a member of the Board of Managers of the New York Cotton Exchange and became a member of the Board of Governors of the New York Board of Trade, serving as Vice Chairman.

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 IPC, and spearhead the coordination of efforts across the system.

Advisory Committee. The Indianola Advisory Group was established in a community-wide meeting organized by Delta Council, our region's economic development organization and IPC partner, with members nominated from the communities in our area (per Table 3). The IPC Advisory Group consists of 13 members, 100% of whom live in Indianola, 62% are black, and 23% of whom are low-income. The Advisory Group meets quarterly to: (a) receive a report and presentation from IPC staff on progress made for each of the 15 GPRA indicators of the IPC program, (b) discuss challenges and opportunities faced by IPC initiatives, (c) identify new needs

and new resources that may be developing in the communities, (d) discuss opportunities and suggestions to foster long-term sustainability of programs, and (e) develop a list of specific actionable recommendations for the Board of Directors and IPC management.

Accountability Committee. The IPC Accountability Committee reports to the Advisory Group and is in charge with helping these eight on-going PN supported interventions by removing barriers to progress in the community that might impede their progress. The committee consists of some members of the Advisory Committee for continuity and other at large members of Indianola neighborhoods. The accountability committee will meet monthly with staff from each of the eight on-going program teams to receive and discuss a point-by-point update on progress of each IPC goal and indicator. The initial membership of the IPC Advisory Group and Accountability Committee are listed in Table 3 below.

T A B L E 3 - Community Leadership in the IPC	
Name	Community Role / Represented Sectors
<i>IPC Advisory Group</i>	
Jimmy Clayton	Planters Bank, Bank officer
Leanne Silverblatt	Local merchant/business owner (Clothing)
Carver Randle	Attorney
Cindy Baird	Community Bank officer - President
Maggie Barnes Campbell	Retired Teacher/Food Bank/Formal City Alderman
Mildred Chance	Retired Teacher
Tom Gresham	Gresham Petroleum local merchant/business owner
Earlean Collier	Retired Teacher
David Allen	Agricultural producer/businessman - Farm Fresh Catfish
Dr. Cassie Pennington	Retired Superintendent
Bettye Sims-Hawkins	Semi-Retired Teacher
Woods Eastland	Retired farmer/attorney/businessman-Staplecoth
Rev. Glenn Donald	Sunflower County Supervisor
<i>IPC Accountability Committee</i>	
Steve Rosenthal	Mayor of Indianola
Edrick Hall	Police Chief of Indianola
Miskia Davis	Superintendent, Sunflower County Consolidated School District
Daphne Heflin	Principal, Lockard Elementary
Christopher Turner	Principal, Merritt Middle School
Ronnie Williams	Alderman at large

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 developed and sustained the support of local officials, business leaders, school administrators, non-profit agencies, and faith-based partners in the development of the vision and implementation of IPC's pipeline of programs. Through our experience with IPC we have learned that the vision for the work has to be conceived by the community where the work will take place. Local residents continue to be actively recruited and personally involved in the development of the vision and sustainability for IPC. Thus, they have a stake in seeing it succeed.

As a result of our ongoing Promise Neighborhood work and other outreach programs conducted over the last 15 years in the region, 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 *IPC Advisory Group* discussed in the previous section.

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 the Sunflower County Consolidated 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 are shared and strategies are collectively developed to determine what the work will look like moving forward. Individuals make action commitments to confirm their contribution to ongoing work.

Coordination with the residential neighborhoods will also be facilitated by a *monthly meeting and training with neighborhood associations* which will allow the IPC 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 have also been taught how to 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 many of our social and health service providers are regional and statewide, IPC's Social Services Collaborative will use technology-assisted communications to facilitate coordination and will ensure that residents in the Indianola footprint are aware of services that exist and that these services are made accessible to local children and families.

Delta Health Alliance also recognizes the importance of parent engagement in their children's education. In previous years, 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. DHA's 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.

Communication Policy and Structure between Partners. Delta Health Alliance's communication strategy for IPC 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 Indianola. The following are lessons learned through our 15 years of community service, which will continue to guide the IPC 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 IPC will continue to 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 IPC to the general public, but also devotes resources to neighborhood and community organizing.

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

For three years, Delta Health Alliance has adopted and utilized Results-Based Accountability (RBA), an evidence-based approach, as a framework for implementation of programs and strategies. Leadership at DHA has been formally trained by the Annie E. Casey Foundation (AECF) in Results-Based Accountability (RBA), 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. Four DHA employees have already participated in the STAR development, including Carolyn Willis – Vice President for Educational Programs and Karin Scott – Associate Vice President, Strategic Data.

Delta Health Alliance currently utilizes a system called S3—Scope, Scale and Sustainability, 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,

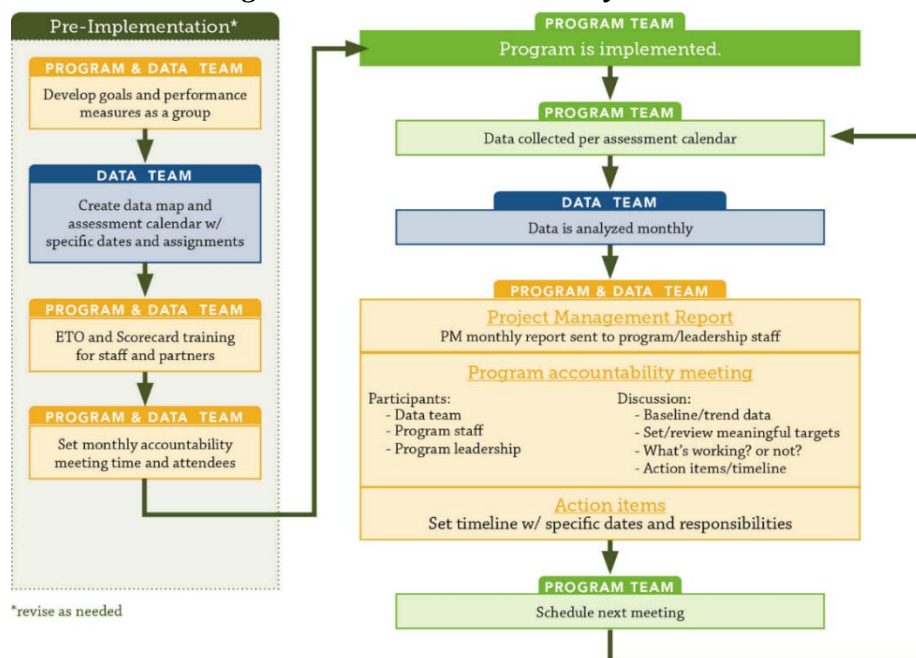
IPC and one another implementation site were selected for the S3 program.

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, pictured below. **IPC's Accountability Models were highlighted at PolicyLink's Equity Summit in October 2015**, has been shared with project partners, and 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.

Figure 5. IPC's Accountability Model



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 performance 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.

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 connect 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 required for all staff and HIPAA recertification is completed on all employees every two years. Ongoing training is provided quarterly to all internal staff to ensure compliance with federal guidelines and high-quality 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 IPC 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. DHA has years of experience collecting informed consent of at-risk populations, including **obtaining informed consents on over 90%** of Indianola's population, 0 to 18 years old. 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 an assessment calendar with administration and deliverable dates. The assessment calendars are included in the legal agreement with partner agencies.

IV. Adequacy of DHA and IPC Partner Resources

IV. A. Vision and Theories of Change and Action of the IPC. - The partners of IPC are intrinsically motivated to create sustainable, systemic improvements in the way local 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 our library, and staff at our rural health clinics live, work and play in the neighborhoods of rural Indianola, Mississippi.

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 solutions, those are **our** schools; **our** childcare centers; **our** social service programs; **our** job

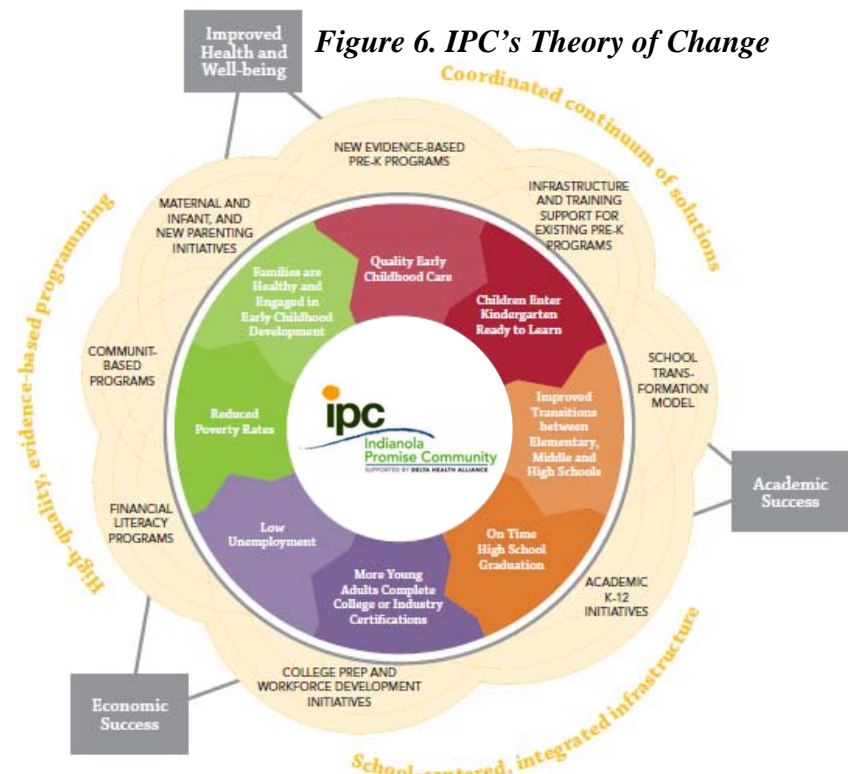
training centers; and **our** small businesses. And most importantly, **our** children and **our** future.

Theories of Change and Action. IPC’s overarching Theory of Change: **The development of a robust infrastructure of shared, integrated systems and high quality, evidence-based programming will result in improvements in academic, health, and economic success for low-income, at-risk students and families.**

As IPC continues to move toward sustainability and full integration with existing education and health systems, the Indianola community is being

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, economically secure adults.

IV.B. Resources and Capabilities of Delta Health Alliance. Please also see Resumes provided in Appendix B. Delta Health Alliance is a rural, community-based 501(c)(3) nonprofit organization headquartered in neighboring Washington County, Mississippi with a permanent office and training location in downtown Indianola at 135 Front Avenue, Indianola, MS 38751. Since our 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, networks for 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 **250+** program specialists, educators, researchers, and support personnel provide the foundational infrastructure, local connections, regional networking relationships, and practical expertise required to perpetuate the delivery of large-scale, coordinated education, health and social service programs.

Financial Stewardship. DHA has managed dozens of 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, 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. To ensure that sustainability of our programs is being addressed, a

continually updated five-year project plan, informed and shaped by ongoing outcome data from programs, is maintained and presented to DHA's Board of Directors each quarter. DHA's Chief Executive Officer, Karen Matthews, Ph.D., utilizes data-driven, research-based culture of decision-making and has ensured that appropriate benchmarks, data capture infrastructure and accountability measures are in place to integrate performance improvement throughout every facet of DHA's programming and outreach. 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 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. Since our founding in 2001, DHA has never failed to satisfactorily deliver on its awarded grant programs.

IV.C. Resources and Capabilities of IPC Project Partners

The IPC partners represent schools, municipalities, faith-based organizations, workforce development, law enforcement, families, child care centers, housing agencies, clinical settings, and other nonprofits who are committed to continuing to work together to achieve the long-term sustainability of our programs and outcomes. Some partners will operate sections of the IPC pipeline that have already achieved full or partial sustainability while other partners (indicated by an * in Table 11 on the following page) are actively participating in the eight programs that comprise this IPC Extension request, as they work together to complete our migration to sustainable operations. *Please also see Appendix C – Memorandum of Understanding and Appendix E – Demonstration of Match Commitments.*

T A B L E 11 - Active Partners of the Indianola Promise Community <i>* Denotes an active partner in one of the eight IPC Extension projects</i>	
Name	Partner Type / Sector
Sunflower County Consolidated School District*	Public school district
Mayor’s Office of Indianola*	City government
Children’s Defense Fund, Southern Region*	Childcare advocacy and training
Save The Children*	Early Head Start/Head Start Programs
Delta Council*	Regional economic development agency
Teach For America – MS*	Education/Volunteers
Indianola Family Medical Group*	Healthcare
Dollywood Foundation*	Early Childhood Literacy
Henry M. Seymour Library*	Public library
On Track Community Development Corporation*	Youth development and services
Marion McBride*	Reading Consultant
Dr. Wesley James*	External Evaluator
Sunflower County Sheriff’s Office	Law Enforcement
Guaranty Bank & Trust	Finance, financial literacy programs
MS State Extension Services	Community services & education
MS Low Income Childcare Initiative	Childcare advocacy and training
Kepler Institute	Workforce training
Annie E. Casey Foundation	Training and Technical Support
South Delta Housing	Housing
Parents for Public School	Parent advocacy agency
MS Delta Community College (MDCC)	Education
Sunflower Ministerial Alliance	Faith-based organizations

Relevance, Resources and Commitment of IPC Extension Partners

Sunflower County Consolidated School District - Contact: Miskia Davis, Superintendent

Relevance: Members of the Sunflower County Consolidated School District (SCCSD) have been an active and integral part of the IPC since our earliest planning days, assisting in the identification and prioritization of needs, development of solutions, implementation of programs, and evaluation of outcomes. Headquartered in Indianola, the District will coordinate IPC programs through its four Indianola schools, including Gentry High (grades 10-12), Robert Merritt Junior High (6-9), Carver Elementary (K-5) and Lockard Elementary (K-5).

Resources: The SCCSD maintains departments of Career and Technical Education, Nutrition, Finance, Gifted Programs, Health and Nursing, Technology, and Transportation, all of which may be leveraged to assist or coordinate with IPC's initiatives. The District employs approximately 120 teachers and will lead IPC's Teacher Development initiative.

Commitment: SCCSD is committed to continuing to improve outcomes at our schools. As such, each school will continue to participate with teaching professional development, coordination with pre-K programs to foster school readiness, creation of and recruitment for afterschool programs, curricula improvement, extracurricular programs, college prep workshops and counseling, and data collection. SCCSD will support IPC's Advisory Committees and work with other partners to complete IPC's remaining initiatives and other school activities. SCCSD has committed to matching the Promise Neighborhood Continuation proposal with Title I, Title II and In-Kind contributions totaling \$1,096,733 in 2019-2020, and \$1,096,733 in 2020-2021.

Mayor's Office of Indianola Contact: Steve Rosenthal, Mayor

Relevance: The City of Indianola has been a key partner of IPC since its earliest days, integrally involved in our needs assessments, integration with existing resources and programs, delivery of

services, and cooperation in economic development initiatives and educational programs.

Resources: The City coordinates the delivery of services including the animal shelter, city and court clerks, fire department, recreation and parks, police, water and sewer, and inspections.

The City also assists with the development and maintenance of twenty civic clubs active in Indianola, members of which may be recruited to serve as volunteers for IPC programs.

Indianola also has twenty-five churches, representing eleven denominations, many of which provide volunteers. Several businesses support our programs, including the DoubleQuik markets, a regional Dollar General Warehouse, and the B.B. King Museum and Delta Interpretive Center.

Commitment: The City of Indianola has committed to \$5,000 each year of in-kind matching contributions through staff upkeep of the IPC public spaces, supplies and volunteer staff.

Children's Defense Fund, Southern Regional Office

Contact: Oleta Fitzgerald, Director

Relevance: The Children's Defense Fund grew out of the Civil Rights Movement in 1973. For more than 40 years, the Children's Defense Fund, Southern Region Office (CDF-SRO) ensures that every child has a healthy, fair, safe, and moral head start in life and successful passage to adulthood with the help of caring families and communities. CDF-SRO's approach is to serve as the leading child advocate to ensure equality by enacting laws, policies, and programs, lift children out of poverty; protect them from abuse and neglect; and ensure their access to health care, quality education and a moral and spiritual foundation.

Resources: Since 1995, CDF-SRO has built a network of religious and community organizations, children's advocates, youth leaders and public and elected officials across the South. Over the years, CDF-SRO has helped form the Mississippi Low Income Child Care Initiative; increased the number of Mississippi children enrolled in the Children's Health Insurance Program (CHIP) from less than 700 to more than 60,000 in four years; and worked with legislative leaders and

community partners to ensure that the Mississippi Adequate Education Program is fully funded to secure additional funding for the state's at-risk students. Their ten dedicated staff coordinate outreach and services through different community programs, including IPC's SPARK initiative.

Commitment: The CDF-SRO has committed to continuing to oversee the SPARK program for early childhood development and will provide assistance with all programmatic activities relating to early childhood development, including dedicating staff for the SPARK initiative.

Save The Children - (existing EHS/HS grantee)

Contact: Cassandra Winters

Relevance: Save The Children provides oversight of Sunflower County's Early Head Start (EHS) and Head Start (HS) programs, oversees curricula development and teacher training, provides assistance with on-site needs assessments and development of improvement plans, provides transportation assistance if needed through their existing school bus network, and provides transition services for children as they age out of this EHS-partnership program into older, pre-K services. Save the Children provides comprehensive, high quality early childhood education and family support services. In addition, they focus on early language development and literacy, as well as health, including nutrition and obesity prevention, and family literacy and education.

Resources: STC Early Head Start serves 190 children and families and 348 STC Head Start children and families in Sunflower County. Indianola's Head Start programs promote comprehensive early childhood education, health, nutrition, and family well-being services to low-income children ages 3-5 and their families, with Early Head Start serving pregnant mothers, new parents, infants and toddlers.

Commitment: Save The Children has committed to providing a total annual match valued at \$56,460/year including \$25,000 in administrative staff support, \$968 in travel expenses, and space for the SPARK and Summer Camp programs of \$30,492 per year.

Dollywood Foundation

Point of Contact: Christi Crouse, Regional Director

Relevance: As a long-standing partner of DHA since 2007, the Dollywood Foundation has been instrumental in developing, supporting and maintaining Imagination Library programs in several counties of the Delta, including Indianola's Sunflower County. Statistics and independent reports have shown Dolly Parton's Imagination Library drastically improves early childhood literacy for children enrolled in the program. Further studies have shown improved scores during early literacy testing. The Good Housekeeping Seal of Approval, Best Practices award from the Library of Congress Literacy Awards and recognition in Reading Psychology are just a few among a long list of the prestigious acknowledgments that this program has received.

Resources: The Dollywood Foundation operates the Imagination Library program, a book gifting program that mails free books to children from birth to age five in participating communities. To date, they have mailed 104,558,973 books to children across the world, fostering a life-long love of reading and storytelling. The Foundation will make these books available to children of Indianola, regardless of family income.

Commitment: The Dollywood Foundation has committed to making In-Kind donations for Sunflower County's children in the amount of \$319,100 per year for an enrollment of an average of 2216 children. They will provide matching services and materials for each book at \$12 per book per month.

Henry M. Seymour Library

Contact: Mary Ann Griffin, Director

Relevance: The Henry Seymour Library is an award-winning library serving Indianola, which has been instrumental in providing IPC assistance with our literacy programs and educational outreach to the community, hosting special events and assisting with recruitment to programs.

Resources: The library houses historical items for Sunflower County, small business development, job and career resources, home repair and maintenance; consumer health; African-

American history and popular reading; Mississippi authors; large print resources; fiction for adults and teens, and children's literature. The library hosts art exhibits and programs to encourage lifelong learning. In the children's area, book collections are available for recreational reading and homework support. Each summer, the library hosts summer reading programs for school age children. These include pre-school story-times, group readings and special events.

Commitment: The Indianola Library has committed to support of the IPC Parents as Teachers and LINKS programs at a value of \$17,500 in both years, in library staff time (\$3,840), volunteer readers (\$2,560), space for programs (\$10,560), and project supplies (\$540).

On Track Community Development Corporation

Contact: Carol Jackson, Director

Relevance: The On Track CDC, a 501c3, is headquartered in Indianola and has been instrumental in developing, delivering, and collecting data on IPC's Project RISE program, helping at-risk students improve reading skills both in school and after graduation. Founded in 2009, On Track CDC coordinates and delivers a variety of academic reinforcement, character development, arts enrichment, and girls mentoring group programs.

Resources: On Track CDC serves 60 students per year in grades 1st thru 12th through their Project RISE initiative, providing instruction and guidance in reading, language arts, literacy, character development, vocabulary building, writing and arts, delivered as both an After-School Enrichment Program and Summer Camp Program. Their six dedicated staff coordinate a wide range of volunteers to deliver essential programs in and around Indianola.

Commitment: On Track CDC has committed to a minimum of \$10,000 each year as an in-kind contribution for leadership salary support on IPC's Project RISE initiative.

Marion McBride, Reading Consultant

Contact: Marion McBride

Relevance: Ms. McBride partners with Mississippi schools and other agencies to implement

literacy programs and provide highly-skilled administrators and support staff.

Resources: Mrs. McBride will coordinate with the reading and literacy skills programs of Barksdale Reading Institute to support and sustain IPC's Literacy Fellows Program to foster literacy success about elementary school students in Indianola.

Commitment: Mrs. McBride, through her role as a Program Designer with the Barksdale Reading Institute and a Reading Interventionist Professor at the University of Mississippi, has committed \$6,400 in administrative planning and support, \$3,000 in volunteer staffing for IPC's reading programs, and \$2,600 in supporting a professional development event and relevant supplies, for an annual commitment of \$12,000 of in-kind contributions to the IPC Extension effort.

Delta Council

Contact: Frank Howell, Director of Development & Programs

Relevance: Delta Council is an area economic development organization representing the eighteen Delta and part-Delta counties of Northwest Mississippi. Started in 1935 by a group of far-sighted citizens, they provide a medium through which the agricultural, business, and professional leadership of the area could work together. With headquarters at Stoneville and adjacent to DHA, Delta Council is supported and financed by dues-paying business members and by the counties that it represents. Delta Council was one of DHA's five founding members when it was established in 2001 and has been an active partner with IPC since its inception.

Resources: The work of Delta Council is carried on through a comprehensive committee system that represents all phases of the economy, including their committee for Education and Health Policy which meets with key legislative leaders to stress the importance of adequate funding for improved workforce development programs, literacy initiatives, and teacher shortages. Delta Council has 50+ dues-paying members that represent a wide cross-section of area businesses, some of which have already played a role in developing sustainability plans and sponsorship

strategies for IPC interventions. Delta Council also operates an Adult Literacy program, ensuring that adults in the region have access to literacy training and programs.

Commitment: Delta Council has committed to continuing to provide administration and leadership for the LINKS program through their Program Manager, Margaret Cotton; to assist with the maintenance of an advisory board and encourage the involvement of local businesses; to conduct educational events in Indianola, to assist with data collection and dissemination of results; and to assist with policy development in cooperation with state and local governments.

Teach For America (TFA) – Mississippi

Contact: Ron Nurnberg, Director

Relevance: After its founding in 1990, TFA established the Mississippi Delta region in light of a social and political need to improve the quality of life and education for children growing up in Arkansas and Mississippi. The Mississippi Chapter formalized in 1993 to better accommodate the volunteerism and industry shown by corps members placed here and the generosity of the communities and school districts hosting them. They develop the skills necessary for systems change through classroom teaching. Their corps members go beyond traditional expectations to advance the academic and personal growth of their students and help strengthen area schools.

Resources: 145 TFA alumni are currently teaching in Mississippi. TFA is a diverse network of leaders who confront educational inequity through teaching and work with unwavering commitment from every sector of society to create a nation free from this injustice.

Commitment: TFA has continued to commit to identifying and recruiting their alumni to serve as volunteers for assorted IPC Extension programs, serving as reading and literacy specialists.

Indianola Family Medical Group (IFMG)

Contact: Candace Sandling, Director

Relevance: The Indianola Family Medical Group has been providing quality family healthcare services to Indianola, MS for over 60 years. They have been an active partner with IPC since its

inception, collaborating on the delivery of public health information, wellness events, and health fairs. They gladly accept most insurances including Medicare and Medicaid.

Resources: IFMG's staff includes six board certified physicians and two certified family nurse practitioners, providing everything from pediatric to geriatric care. They also provide EPSDT screenings and vaccines for students of Indianola's schools. Office hours are Monday through Friday from 7am to 8pm, and Saturday mornings by appointment. IFMG has an active outreach program that will continue to pursue health and wellness programs in Indianola.

Commitment: IFMG owns their clinic and will continue to make those spaces available and volunteer staff for health education programs, in addition to serving in an advisory role for any programs that involve a health component. They will also provide health patient service and referrals for Imagination Library and Parents as Teachers.

Dr. Wesley James

Contact: Dr. Wesley James

Relevance: Dr. James serves as the Chairman of the Advisory Review Board, an independent think-tank and research institution that has helped DHA and other partners of IPC with all aspects of our external evaluation system. Dr. James' team also assists with the development of reports and dissemination of findings.

Resources: The Advisory Review Board represents a consortium of seven independent researchers and evaluators, representing the fields of healthcare, political science, information technologies, organizational cultures, biostatistics, workforce development, and preventative medicine. The Board also employs a variety of research associates and interns to assist in their evaluative work.

Commitment: Dr. James has committed to continuing to provide assistance to the partners of IPC in the collection of data, maintaining reporting mechanisms, and partnering with the Data Integration group to provide reports of the Department of Education. His team will also report

IPC's findings, challenges, and outcomes to the Advisory Group and DHA Board of Directors.

Conclusion. Every now and then academia, social workers, focused governmental partners, community leaders and residents can leverage their combined energies to produce a powerful force of good that is greater than the sum of their parts. The Indianola Promise Community, nestled in the poorest city in one of the poorest counties in the poorest state of our country, has achieved results that initially could only be imagined. The Mississippi Delta region has no corporate benefactors, little local wealth, and a culture of solemn reliance – all of which place our social improvement efforts on a seemingly impossible course. However, we have learned to never EVER underestimate the human desire for a family to advance the lives of their children. We have adult volunteers pouring into our system despite the fact that nearly 50% of our volunteers struggle to read themselves, yet they are passionate about changing the course of history in the Delta. Even without all of the additional supports that most communities have and the fact that nearly a third (31.8%) of Indianola residents live below the poverty level as compared to 12.7% for the U.S, our children are beating seemingly insurmountable odds. The dynamic that IPC has fostered has turned the traditional ethos of social work on its head. In Indianola, literacy, progress, academic advancement, career development and most significantly hope is not just a distant dream for the future, but a future that is within the grasp of our children, reversing decades of generational poverty, illiteracy, poor health, and hopelessness. IPC's results bear this out, but statistics can never measure a grandmother's love when she reads a book with her grandson or a father's pride when his daughter earns a scholarship to a prestigious STEM program. These things cannot be quantified but are the essence of our IPC. It is our fervent hope that these children will be allowed two more years of support as this amazing community continues to work to fully sustain its promise to our children.