



SUPPORTED BY **DELTA HEALTH ALLIANCE**



# Leflore Promise Community (LPC)

## Project Proposal by Delta Health Alliance

Proposal to the U.S. Department of Education, Office of Innovation & Improvement  
Promise Neighborhoods Implementation Grant

APRIL 2021

The Leflore Promise Community targeting:

**Absolute  
Priority Two**

Promise Neighborhoods  
in Rural Communities

**Competitive Preference  
Priority One**

Community-Level  
Opioid Abuse  
Prevention Efforts

**Competitive Preference  
Priority Three**

Evidence Based  
Activities to Support  
Academic Achievement

## Table of Contents

	PAGE
<b>A. <i>Need for the Project</i></b>	
1. Magnitude and Severity of Problems Facing Leflore County, MS	3
2.i. Nature & Magnitude of the Gaps and Weaknesses in Leflore County	17
2.ii. Pipeline of Solutions Addressing the Identified Gaps & Weaknesses	Attach A
<b>B. <i>Quality of Project Services for the LPC</i></b>	
1. Strategies for Ensuring Equal Access and Treatment for Eligible Program Participants who are Members of Traditionally Underrepresented Groups Based on Race, Color, National Origin, Gender, Age and Disability	40
2. Strategy to Ensure that LPC Services will Lead to Improvements in the Achievement of Students as Measured Against Rigorous Academic Standards	52
School Transformation Model	57
Figure B.1. LPC Continuum of Solutions	66
Figure B.2. LPC Map of Services by Goal, GPRA and Initiative	113
Table B.2. Goals, Indicators and Strategies by Shared Performance Measures	114
<b>C. <i>Quality of the Project Design for the LPC</i></b>	
1. Plan to Create a Complete Pipeline of Services, Without Time or Resource Gaps, Designed to Prepare All Children in Leflore County to Attain a High-Quality Education and Successfully Transition to College and a Career	118
2. Strategy to Significantly Increase the Proportion of Students in Leflore County who are Served by our Complete Continuum of High-Quality Services	128
3. LINKS – LPC’s Family Navigation System	130
<b>D. <i>Management Plan</i></b>	
1.a. Responsibilities -- Governance Structure of the LPC Management Plan	135
Leflore Promise Community Advisory Board	138
1.b. Timelines and Milestones – Management Plan for Accomplishing Project Tasks on Time and Within Budget by Intervention Teams	143
2. Capacity to Operate Longitudinal Data System Beyond Initial Five-Year Plan	158
<b>E. <i>Resources</i></b>	
1. Reasonableness of Costs Per Person and Anticipated Results and Benefits	173
2. Resources of DHA, Demonstrated Commitment of Partners and Broad Support	176
3. Existing Neighborhood Assets and Programs that will be used to Implement and Complement our Continuum of Solutions	188
<b><i>Absolute &amp; Competitive Preference Priorities</i></b>	<b>194</b>
<b><i>Budget Narrative</i></b>	
<b><i>Attachments/Appendices</i></b>	
A. Promise Neighborhood Needs Table (template provided by program)	
B. Memorandum of Understanding (MOU)	
C. Letters of Commitment	
D. Resumes for Director and Key Personnel, and Job Descriptions for open positions	
E. Copy of Federally Negotiated Indirect Cost Rate Agreement	
F. References / Bibliography	

**1. Magnitude and Severity of Problems Facing Leflore County, Mississippi**

The Mississippi Delta region is one the poorest and most disadvantaged areas in the U.S. as a result of *decades* of racial, political and economic inequalities - evidenced by lack of access to appropriate services, high rates of chronic disease and other negative health outcomes, poor academic performance, systemic racial discrimination and intergenerational poverty. This proposal focuses on the Mississippi Delta families and communities of rural **Leflore County, Mississippi**, where its predominantly Black<sup>i</sup> (73.3%) residents are disproportionately burdened by economic instability and negative health outcomes. Leflore County has dramatically high rates of persistent poverty, unemployment and crime, alongside low rates of educational attainment and limited access to quality early learning programs. Delta Health Alliance (DHA) has been headquartered in nearby Washington County (Stoneville, Mississippi) since our founding in 2001.

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

– Author William Faulkner,  
resident of the Mississippi Delta

*State Context.* Nearly two thirds of Black families in the United States are concentrated in just 16 states including Mississippi.<sup>1</sup> Mississippi ranks **last** (50th out of 50 states assessed) for overall health, clinical care access / utilization measures, infectious disease, childhood poverty, and “all determinants of health” measured by the United Health Foundation for its annual *America’s Health Rankings* report.<sup>2</sup> Mississippi has one of the highest opioid prescription rates per capita (76.8), which is 33% higher than the U.S. average.<sup>3</sup> Our state also has the second highest

<sup>i</sup> Our residents refer to themselves as “Black,” not “African American,” therefore for the sake of consistency, the term “Black” will be used to identify the racial group termed by the U.S. Office of Management and Budget (OMB) standards as “Black or African American” unless data is cited from an external source. Per OMB, race data is based on self-identification.



---

imprisonment rate in the country (652 people in prison per every 100,000 population).<sup>4</sup> Over 50,000 Mississippi children have at least one incarcerated parent, which creates compounding effects of trauma and economic hardship for families - particularly families of color.<sup>5</sup> Mississippi ranks near the bottom (48 out of 50 states) for *Kids Count* overall indicators of childhood well-being, including a rank of 47 out of 50 for both “health” and “economic well-being” and 49<sup>th</sup> for “family and community factors.”<sup>6</sup> These factors put residents of our communities at severe risk for disparities that stay with them over the course of their entire lives.

*Community History and Overview.* The Leflore Promise Community (LPC) will encompass the entirety of rural Leflore County, Mississippi, with a 2019 estimated population of 29,222<sup>7</sup> including two Qualified Opportunity Zones (census tracts 28083950800 and 28083950400) and one recently consolidated public school district with 4,161 enrolled students who **all qualify for the USDA’s free/reduced lunch program.** Leflore County has been home to cultural icons such as actor Morgan Freeman and blues musicians Hubert Sumlin and Robert Johnson, as well as the site for both dark and hopeful aspects of the U.S. civil rights movement. This history of culture, arts, racialized violence, grief, hope and reckoning has deeply impacted our region and its residents. Leflore County was the site of Emmett Till’s gruesome murder in 1955 but has also seeded substantive healing and victories for civil rights groups like the Student Non-Violent Coordinating Committee (SNCC), the Congress of Racial Equality and the National Association for the Advancement of Colored People (NAACP); all of whom have been leading distinct and coordinated efforts in Leflore County since the 1960s.

Leflore County is situated in the heart of the Mississippi Delta region, a large alluvial plain in the northwest corner of the state of Mississippi. The Delta, covering approximately 6,900 square miles of land area, has strong geographic borders with the Mississippi River to the



---

west and northwest and a series of bluffs to the east and southeast. The land was extremely fertile and became the most productive region in the world for growing cotton for several decades; but enslaved populations and later free Black residents were never able to accumulate wealth from these natural riches due to deeply entrenched, discriminatory systems, policies and practices.

*Data Sources and Assessments.* The following needs assessment and segmentation analysis were conducted in the winter of 2020-2021 by the Center for Community Research and Evaluation (CCRE), a social science research center at the University of Memphis. The CCRE's mission is to provide interdisciplinary social science research and evaluation support for community-based projects. The CCRE relied on diverse data sources with distinctly different methodologies, sample sizes, and interpretative frameworks. Data sources accessed in 2020-2021 included secondary local, state, and national administrative and public datasets, findings from Delta Health Alliance's suite of regional surveillance surveys, consultations with regional service providers to determine the resources in the service area and focus groups of parents addressing community needs in the context of the COVID-19 pandemic. These findings were paired with the following qualitative, community-level learnings captured within the last three years: (1) Leflore Women's Advisory Council 2021 Needs Assessment; (2) a Spring 2020 report that synthesized responses from nearly 900 stakeholders of the Greenwood Leflore Consolidated School District (GLCSD) solicited by a Fall 2019 survey that yielded input 464 parents, 87 students and 348 faculty and staff; (3) Targeted follow up interviews and feedback from GLCSD administrators and teachers; (4) Stakeholder interviews with key constituencies in government and asset-based sectors (Mayors, County Supervisors, faith-based leaders), and (5) insights from stakeholders and staff engaged our existing Promise Neighborhood programs and other community-based outreach in the area. Exploration of first-hand, lived experiences helped to



surface vital community assets, areas of system strength and existing gaps in the community and school system. A segmentation analysis was conducted for each issue and pipeline component by grouping and analyzing data on a disaggregated basis according to indicators of need in order to differentiate and focus interventions to promote equity through targeted universalism.<sup>8</sup>

**SIZE AND SCOPE OF POPULATION AFFECTED.** Leflore County’s 2019 estimated

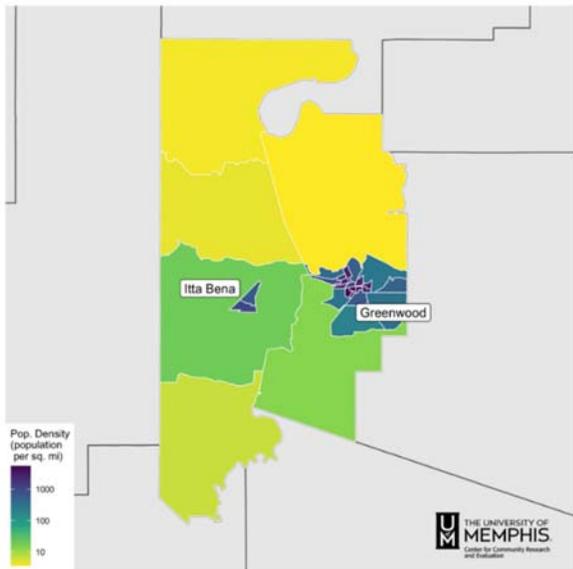


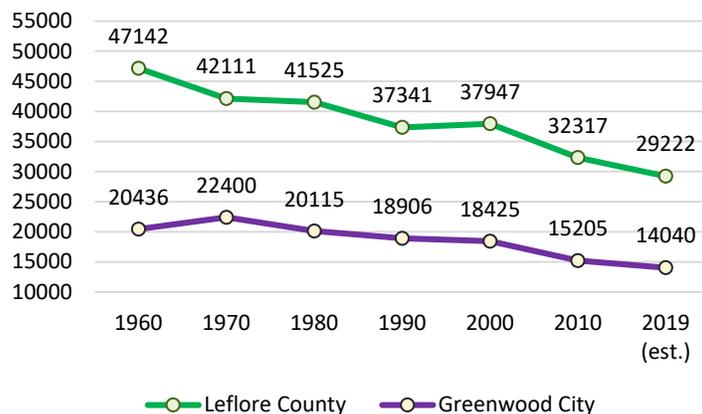
Figure A.1. Population Density by Census Blocks

population of 29,222 is spread out across 606.4 square miles of land.<sup>9</sup> Almost half of our population (14,040) lives in Greenwood,<sup>10</sup> the county’s largest community and cultural/political center with another 1,544 in Itta Bena, home to historically black Mississippi Valley State University (LPC program partner). Surrounding communities include the much smaller towns of Morgan City, Schlater, and Sidon with the

balance of the county being sparsely populated land held by privately-owned, large-scale industrial farms (Figure A.1). Our county is classified as rural-urban continuum code 5 by USDA (non-metro, urban population

20,000+, not adjacent to a metropolitan area). The closest major metropolitan areas are Jackson, MS 100 miles to the south and Memphis, TN 130 miles to the northwest.

Figure A.2. Leflore County Population, 1960 - 2019





Since 1960, Leflore county has lost 38% of its population (Figure A.2. on previous page).<sup>11</sup> Population decline fueled by economic stagnation can initiate a vicious cycle: declining populations lead to a lower tax base and the withdrawal of industries and community resources from the region, decreasing economic activity and further population loss, creating a feedback loop of decline,<sup>12</sup> all issues that have only been exacerbated by the COVID19 pandemic.

Youth Dependency. The median age in our county is 33.8 years, about 4 years younger than the national median of 37.9 (Table A.1.). Over one-fourth (27.8%) are younger than 18 years of age, and 7.5% are under age 5. Despite a low proportion of seniors, the dependency ratio in Leflore County is 70 children and seniors per 100 working-age adults (18-64), which is 14% higher burden than the U.S. ratio of 61.4. This **high youth dependency ratio** implies that greater investments are needed in early childhood programs to promote stable economic vitality.<sup>13</sup>

<b>TABLE A.1 : Age in the National Context<sup>14</sup></b>					
	Median Age	% Under 18	% Under 5	% 65+	Dependency Ratio
<b>Leflore Co.</b>	<b>33.8</b>	<b>27.8%</b>	<b>7.5%</b>	<b>13.4%</b>	<b>70.1</b>
Mississippi	37.2	24.1%	6.3%	15.0%	64.3
Census South	37.7	23.2%	n/a	15.2%	62.3
United States	37.9	22.8%	6.0%	15.2%	61.4

Race and Ethnicity. Leflore County has a majority minority population with 73.3% of the population identifying as Black or African-American, non-Hispanic; 22.5% white, non-Hispanic; 2.6% Hispanic; and 1.6% having another racial classification or multiple races (Table A.2).

<b>TABLE A.2 : Race in the National Context<sup>15</sup></b>				
	% non-Hispanic Black	% non-Hispanic White	% Hispanic	% Other
<b>Leflore Co.</b>	<b>73.3%</b>	<b>22.5%</b>	<b>2.6%</b>	<b>1.6%</b>
Mississippi	37.5%	56.8%	3.0%	2.7%
Census South	18.9%	57.2%	17.6%	6.3%
United States	12.3%	61.1%	17.8%	8.8%



Residential Segregation by Community. Greenwood city proper is 73% Black and 25% white according to the 2014-19 ACS, though it remains highly segregated as demonstrated by a racial dot map where blue dots represent homes of white residents and green dots represent Black households (Figure 3). In Itta Bena, which is 90% Black, the green dots show predominantly Black neighborhoods near the Mississippi Valley State University



Figure A.3. Racial Distribution of Greenwood

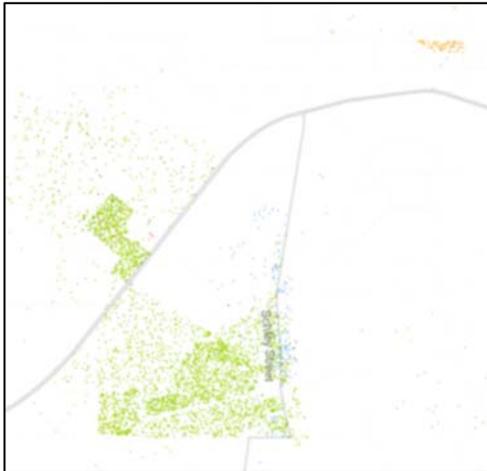


Figure A.4. Racial Distribution of Itta Bena

campus, a historically Black university, with almost all white residents living along a single main street that lies north of a railroad cutting through downtown on the town's eastern edge (Figure A.4). Orange dots clustered in the northeast corner of the Itta Bena map represent Hispanic residents living in housing near the grounds of two catfish processing plants.

School Demographic Profile. Schools in the Mississippi Delta are divided almost exclusively by race and there are significant resource disparities and achievement gaps between public and private schools. Mississippi has the most dramatic over-representation of white students in private schools in the country.<sup>16</sup> Most of Mississippi's private academies were established in the 1960s as a defiant response to desegregation and a social countermovement of white families in the context of the national civil rights movement, evidenced by the dramatic number of new private academies that opened 1969-1971.<sup>17</sup> In rural Leflore County, less than 2% of public-



---

school students are white.<sup>18</sup> Essentially, most white families have opted out of public schools altogether.<sup>19</sup> Pillow Academy private school just outside Greenwood, with an enrollment of 800 students, had only 19 Black students during the 2017-18 school year. Three other predominately white private school serve Leflore County families: North New Summit, St. Francis of Assisi and Delta Streets Academy. Though all residents of Leflore County will have access to community-based Leflore Promise Community services, our focus and heart set of the LPC work are the families and students attending the public Greenwood-Leflore Consolidated School District.

Greenwood-Leflore Consolidated School District (GLCSD) students identify as predominantly Black (92.7%) and majority female (50.6%). Among GLCSD public schools, Bankston Elementary is the only public school in the northern part of Greenwood city, which is residentially almost entirely white. Bankston was originally a *de jure* white school and *de facto* white well into the 1990s, until a Department of Justice program supported Black students who wanted to cross the Yazoo River and attend the school.<sup>20</sup> Now Bankston has not only the largest white population of students (12%) but also the largest Hispanic population in the district (16%). Leflore County Elementary in Itta Bena is the most diverse of the other elementary schools with 9% of students identifying Hispanic. Claudine F. Brown, in the unincorporated community Rising Sun, south of Greenwood, is 7.5% Hispanic. Statistics for the four private schools located in Leflore County are also provided in Table A.3. on the following page for comparison, but **they are not targeted** by interventions of the LPC pipeline due to relatively low need and adequate existing resources.



**TABLE A.3**  
**Leflore County School Demographics, 2020-2021 School Year<sup>21</sup> (X)=suppressed due to small #**

School Name	Grades Enrolled	# of Students	% non-Hispanic Black	% non-Hispanic White	% Hispanic	% Female
Mississippi, Statewide	PreK-12	442,627	47.7%	43.1%	4.4%	49.0%
<b>Greenwood-Leflore Consolidated (district)</b>	<b>PreK-12</b>	<b>4,161</b>	<b>92.7%</b>	<b>1.9%</b>	<b>4.4%</b>	<b>50.6%</b>
Threadgill Primary	PreK-1	240	96.7%	(X)	(X)	50.8%
Claudine F. Brown Elem.	PreK-2	253	90.1%	(X)	7.5%	53.8%
Leflore County Elem.	PreK-6	312	89.4%	(X)	9.0%	52.2%
Bankston Elem.	K-6	283	66.8%	12.0%	16.3%	48.8%
Davis Elem.	K-6	372	98.4%	(X)	(X)	52.4%
Threadgill Elem.	2-6	375	98.7%	(X)	(X)	49.1%
East Elem.	3-5	293	93.2%	(X)	(X)	48.5%
Amanda Elzy Jr. High	6-8	304	91.8%	(X)	(X)	50.0%
Greenwood Middle	7-8	423	94.6%	(X)	(X)	49.9%
Leflore County High	7-12	331	94.0%	(X)	(X)	50.2%
Amanda Elzy High	9-12	370	94.3%	(X)	(X)	48.4%
Greenwood High	9-12	605	96.4%	(X)	(X)	52.7%
<i>Private schools located in Leflore County that are not being served by targeted LPC interventions</i>						
Pillow Academy	PreK-12	702	2.7%	93.4%	2.7%	N/A
St. Francis of Assisi	PreK-7	164	61.6%	2.4%	32.9%	N/A
North New Summit	K-12	150	28.0%	64.7%	3.3%	N/A
Delta Streets Academy	7-12	55	78.2%	3.6%	12.7%	N/A

COVID-19 Impact on School Enrollment. Enrollment numbers are down for all schools of our district from 4,717 in 2019-2020 to 4,161 in 2020-2021, a **loss of 12% of our student body** however those losses are not evenly distributed across all racial and ethnic segments of our population. Enrollment of Hispanic students remained perfectly flat at 184 both years. Black student enrollment dropped from 3,859 to 4,406 for a loss of 12% while white student enrollment dropped from 106 to 78, a loss of 26%.<sup>22</sup> Interviews with parents and teachers indicate that this difference may be due to opportunities that some segments of our population have regarding homeschooling in lieu of participating in the online learning curriculum required by our public school district during the pandemic. All schools of the GLCSD remain in online learning mode as of the time of this submission.



**POVERTY AND INCOME INDICATORS.** Prior to the COVID-19 pandemic, almost one-third of families in Leflore County were living below the poverty line (Table A.4). This is more than double the statewide rate and more than three times the national rate.

**TABLE A.4**  
**Families Living Under Federal Poverty Level** <sup>23</sup>

Family Status	Race of primary householder	Leflore County	Mississippi	United States
All families living under federal poverty level	All Races	31.7%	15.5%	9.5%
	African-American	43.1%	27.4%	19.2%
	White	4.0%	8.8%	7.5%
Families with female householder and no spouse present living under federal poverty level	All Races	58.7%	37.9%	26.5%
	African-American	60.5%	42.8%	31.7%
	White	23.3%	28.5%	19.7%

Our segmentation analysis indicated that **poverty is especially concentrated among families with Black householders**, with 43% of Black families living in Leflore County living under the federal poverty level. This Black poverty rate is nearly double the national Black poverty rate. Segmentation analysis also revealed **especially high poverty rates among families with an unmarried, female householder**: the poverty rate for these households is 59% overall, and 61% for Black female householders. These rates well exceed the state and national averages even for Black households. Median family income is less than half the national average (Table A.5).

**TABLE A.5: Selected Economic Characteristics**

	Leflore County	Mississippi	United States
Median family income	\$33,519	\$54,933	\$73,965
% families <\$10,000 income	21.5%	6.6%	3.9%
% families <\$25,000 income	39.6%	21.0%	13.1%
% families <\$35,000 income	51.2%	31.6%	20.9%

The segmentation analysis of the individual poverty rate geographically indicates that while poverty is endemic across the county, poverty rates of 60% or higher are especially concentrated in the relatively dense areas of Greenwood and Itta Bena. **Median household income (distinct from family income) reveals an equally stark picture, especially when segmented by race.**



Median income in householders with a Black head of household is \$17,079, less than one-third of that of white households. While white households actually exceed the state average with respect to household income, Black households lag behind the state average significantly, clearly delineating the massive economic disparities experienced by our communities of color.

<b>TABLE A.6: Median Household Income by Race</b>			
	<b>Leflore County</b>	<b>Mississippi</b>	<b>United States</b>
All races	\$26,052	\$43,567	\$60,293
White	\$57,964	\$54,459	\$65,912
African-American	\$17,079	\$29,690	\$40,155
Hispanic	\$39,625	\$43,128	\$49,225

**LABOR FORCE AND EMPLOYMENT INDICATORS.** Participation in the labor force, which is the percentage of working-age adults who are either employed or actively looking for work, is lower in Leflore County than in Mississippi or in the nation as a whole. **Only 46% of Leflore County adults are in the labor force**, which is 11% less than the state average and 17% less than the national average. The percentage of residents with a disability is lower in Leflore County (10%) than in Mississippi (16%) or nationwide (13%), but Leflore County’s pre-COVID19 unemployment rate of 11% is over double the national average.

<b>TABLE A.7: Percentage in Labor Force<sup>24</sup></b>				
		<b>Leflore County</b>	<b>Mississippi</b>	<b>United States</b>
Overall		46.2%	57.4%	63.3%
Race/Ethnicity	White	57.2%	57.2%	62.3%
	African-American	42.1%	57.2%	62.5%
	Hispanic	57.0%	62.3%	67.4%
Sex	Male	58.9%	74.7%	82.2%
	Female	63.1%	67.6%	72.6%
Female with child under 6 years old		66.8%	73.3%	71.2%

*Data Note:* 2018 labor force data is utilized in Tables A.7 and A.8 as it shows the difference in rates by select demographics (race, sex, etc.) which are not available for the most recent data on current unemployment rates. For comparison, as of December 2020 our overall unemployment in Leflore County is 9.4% compared to 6.2% for Mississippi. These figures are down from our high



in April 2020 of 17.1% unemployment in Leflore and 16.3% statewide.<sup>25</sup>

TABLE A.8 Unemployment and Educational Attainment <sup>26</sup>				
		Leflore County	Mississippi	United States
Overall		11.3%	8.2%	5.9%
Race/ Ethnicity	White	2.3%	5.7%	4.7%
	African-American	15.8%	12.3%	10.6%
	Hispanic	0.0%	8.0%	6.8%
Sex	Male	9.9%	7.5%	5.5%
	Female	14.8%	7.9%	5.4%
Female with child under 6 years old		25.5%	10.3%	6.4%
Educational Attainment	Less than HS degree	12.7%	14.8%	9.0%
	High school graduate	15.3%	8.3%	6.3%
	Some college	6.7%	6.0%	4.8%
	Bachelor's degree or higher	2.7%	2.9%	2.8%

Segmentation analysis of labor force and employment statistics verified significant racial disparity within the service area – white residents in the county are on par with the state average (57%), while Black residents are 15 points lower than state average. This **systematic frictional and structural unemployment is demonstrated by the 15.8% unemployment rate of Black residents in Leflore County which exceeds state and national averages by a considerable margin.** Males have lower labor force participation rates than females, as well as lower employment. A severe need for employment among females with children was evident in the data: while females with children under 6 have the highest labor force participation rates, they also had an astounding 25.5% unemployment rate. **This means that one in four moms with young children is actively searching for a job but is unable to find employment.**

**FAMILY AND COMMUNITY SUPPORT INDICATORS.** Most of the children in our community live in homes with only a mother present (Table A.9. on following page), double the statewide rate and three times the U.S. rate. These single mothers experience **extremely high poverty rates** compared to other households. Three-fourths (75%) of all births in Leflore County are to women who are unmarried, compared to 54% in Mississippi and 40% across the country.<sup>27</sup>



**TABLE A.9**  
**County Family Composition in National Context**

Geography	% children in single-mother families	% nonmarital births	Average family size (# people)	% women w/ recent birth, in labor force
<b>Leflore Co.</b>	<b>60.0%</b>	<b>75.5%</b>	<b>3.78</b>	<b>54.5%</b>
Mississippi	32.7%	54.1%	3.24	65.5%
Census South	23.7%	---	3.25	61.7%
United States	20.9%	39.6%	3.23	63.3%

Families in Leflore County are slightly larger than elsewhere, and slightly more than half of women with a birth in the past year are working or seeking work. There were only 25 foster children estimated in the ACS in 2019. Multi-generational homes are common, since 7.3% of Leflore County

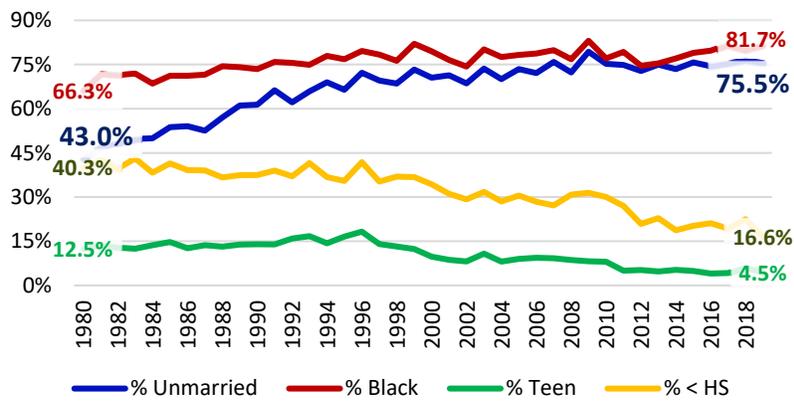
households with children had grandparents living in the home, compared to 3.9% nationally.

A strong family

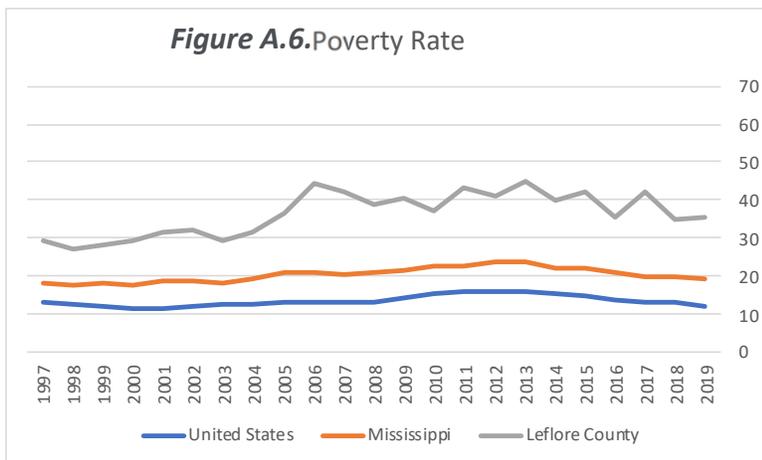
structure is bolstered by

a stable economic foundation.<sup>28</sup> Figure A.5. shows the percentage of births to unmarried mothers in Leflore County every year since 1980, alongside the rate of births to teens under 18, mothers

**Figure A.5.** Characteristics of Births in Leflore County, 1980-2019



**Figure A.6.** Poverty Rate



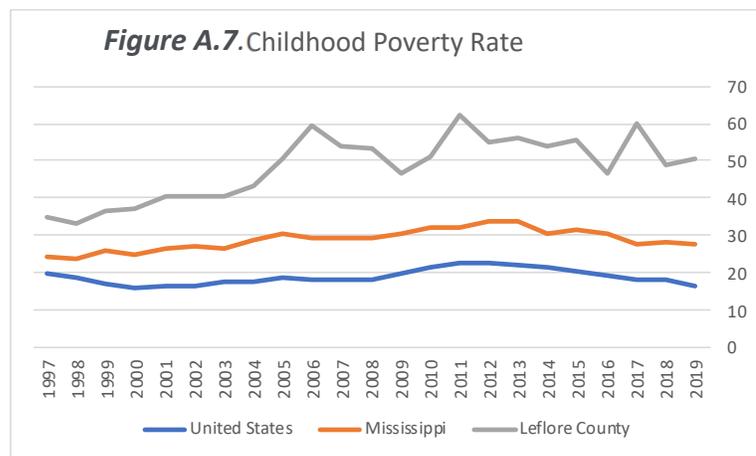
who have not graduated from high school, and the percentage born to Black mothers. The year 1984 was the last in which fewer than half of all births were to unmarried mothers, rising to 61% by 1990



and then steadily rising to 79% in 2009 and staying between 75% and 80% since. Meanwhile, the rate of births to mothers younger than 18 has plummeted by 75% from a high of 18.2% in 1996 to 4.5% in 2019 and has not been higher than 6% since 2010. In 1983, 43% of all births were to mothers who had not graduated from high school, but by 2019 this rate had dropped by 61% to 16.6%, its lowest rate to date.

As shown in Figure A.6., the overall poverty rate in Leflore County increased gradually 1997 to 2019, increasing by 6.6 percentage points, or 0.3 percentage points per year.

Notably, **childhood poverty has increased by nearly 50% in relative terms since 1997** (Figure A.7), and children make up a much



larger proportion of those in poverty than they did in 1997. The racial makeup of births in the county has changed slightly since 1980 and is almost identical to what it was in the mid-1990s. Based on recent analysis of intergenerational Black wealth creation and systemic barriers to economic mobility, we can surmise that structural and policy-supported **economic, justice and educational systems (e.g. mass incarceration, employment bias, housing discrimination, healthcare disparities, and educational policy) are the primary causes of both poverty and family instability among Black families in Leflore County.**<sup>29</sup> We seek to counter these systems with a newly designed, co-created ecosystem of family- and student-centered support, resources and *connected* case management infrastructure to comprise a durable pipeline for life-long success and family stability.



**CONSOLIDATION CHALLENGE AND OPPORTUNITY.** The schools of the Greenwood Leflore Consolidated School District officially merged into one district on July 1, 2019. Our consolidated district has a student population of 4,171 students and consists of seven elementary schools, two middle/junior high schools and three high schools as well as two Career and Technical Education centers (Career and Technical Center and Leflore County Vocational Center). As shown in Table A.10 below, the GLCSD profiles (prior to the merger, latest data available due to COVID-19) were similar in terms of school level (e.g., elementary, middle and high), poverty level, gender, and race (proportion of Black students).

**TABLE A.10  
Greenwood and Leflore School District Profiles<sup>30</sup>**

School District	Greenwood District	Leflore District
Schools	2 elementary; 1 middle; 1 high	3 elementary; 1 middle; 2 high
Number enrolled students	2,684	2,167
Student/teacher ratio	14:1	16:1
Gender	50% female	49% female
Black students	93.2%	94.1%
Free-reduced priced lunch	100%	100%
Poverty level	47%	47%
% Proficient Reading	21%	20%
% Proficient Math	31%	26%
Average ACT	19	18
Accountability rating (A-F)	C	F

The recent consolidation of the Greenwood and Leflore school districts provides a timely opportunity to address approaches for improving academic success and for the Leflore Promise Community to work with one central LEA to address the needs of children in our neighborhood. New programs focused on Pre-K, Kindergarten and grade level achievement may be accommodated as part of the 2020-21 consolidated school district vision with goals to increase student achievement as well as provide safe and orderly schools, positive educational experience, improve parent and community engagement, and maintain fiscal integrity and accountability.



## 2.i. Nature and Magnitude of the Gaps and Weaknesses in Leflore County, Mississippi

Challenges, barriers, gaps and weaknesses in rural America are widespread, pervasive across multiple sectors, interconnected in their negative effects on residents, ingrained in many of the policies and systems in place, and intergenerational in their impact. While DHA, our public schools, city officials, local agencies and residents have established a strong foundation, our region needs a *comprehensive support system* like the Promise Neighborhood program to deconstruct and transform the Leflore County ecosystem and realize effective and sustainable improvements to address key weaknesses in our services, infrastructure and opportunities.

### 2.i.a. Early Childhood Indicators of Gaps and Weaknesses

*Pre-Kindergarten Education.* Families in Leflore County have identified a consistent need for early childcare and a desire for improved access to *quality* pre-K programs. Only 1.3% of respondents to the GLCSD 2020 Parent Survey disagreed with the statement, “Having preschool and kindergarten classes in my district will improve student achievement.” Almost two-thirds of all Leflore County households with small children have a female householder with no spouse present, more than double the rate in the state and three times the rate in the country (Table A.11 on following page). Yet, the rate of women with young children being in the workforce is about the same in the county as it is elsewhere. This means many women with no spousal support are also working. **Almost 60% of young children are living in households below the federal poverty line**, again almost double the state rate and almost three times the national rate. So, not only do many households have one parent, who is working or seeking work, but also have intense resource deficiencies. One bright spot is that almost two-thirds of 3- and 4-year-olds in the county are enrolled in childcare programs, which is 35% higher than the national rate.



**TABLE A.11: Childcare Need in National Context**

Geography	% Single-Mother Families, Children < 5	% Women in Workforce w/ Children < 6	% Below FPL, Children < 5	% 3-4 Year-Olds in School
<b>Leflore Co.</b>	<b>65.0%</b>	<b>66.8%</b>	<b>59.4%</b>	<b>64.9%</b>
Mississippi	31.9%	73.3%	31.1%	51.7%
Census South	23.3%	64.8%	24.1%	46.1%
United States	20.8%	71.2%	21.5%	47.9%

Moving beyond essential childcare, there has been a growing effort in Mississippi to increase Pre-Kindergarten enrollments to prepare children for the educational rigor of school.<sup>31</sup> As of March 2020, there are four public schools in Leflore with a total of eleven classrooms participating in the state-funded Early Learning Collaborative program.<sup>32</sup> In 2020-21, these sites had a total Pre-K enrollment of 99 children. **However, only 22% of 4 year-olds in the county attend Pre-K in the public district.** DHA operates two Early Head Start / Head Start centers with funding support from the Administration for Children and Families (ACF) in Leflore county which provide quality early childhood education for eight hours per day, five days a week, 48 weeks a year. Our James Gillam Complex in Greenwood offers 27 EHS/HS classrooms for ages 0-5, while our newly opened Head Start Center in Itta Bena offers three classrooms for three- and four-year olds. A total of 180 children age 4 are enrolled across both of our Head Start pre-K programs. **Between the GLCSD pre-K classes and DHA’s Head Start centers, only 279 Leflore County 4-year-olds receive quality Pre-K instruction each year out of the estimated 460 4-year-olds from low-income families in Leflore (60.7% coverage).** By any metric, enrollment is low and indicates a need for outreach and increased capacity.

*Culturally Appropriate Systems Navigation for Improved Perinatal Outcomes.* Family disparities in health exist on three different levels including the patient, provider and system.<sup>33</sup> A patient’s perception of the quality of care they are receiving, the quality of the relationship they have with their provider, and perceptions of health and illness they have from their sociocultural context all



contribute to disparities in both access to care and outcomes from care received. Additionally, the way a patient interprets illness and their sense of control over treatment can all represent barriers to quality healthcare. Unconscious (implicit) and conscious (explicit) provider biases exist and contribute to the stark differences we see in outcomes. Finally, on a structural level, lack of transportation, lack of or inadequate health insurance, scarcity of providers, and inconvenient health services locations all lead to the stark contrasts seen in Leflore County. For example, gaps in maternal and infant healthcare in Leflore County’s health district are profoundly more pronounced among non-white mothers, with our predominantly Black mothers seeing a larger rate of infant deaths over recent years.<sup>34</sup>

**2.i.b. K-12 Education – Indicators of Gaps and Weaknesses**

Greenwood-Leflore Consolidated School District. Data for the GLCSD consolidated district is not yet reported in a cohesive format, but school-building level data for the two separate districts of Leflore and Greenwood appears in Table A.12 below. Widespread gaps in student achievement and progress are evident at multiple phases of the K-12 pipeline across disciplines. With the exception of Amanda Elzy Jr. High School, all schools of the GLCSD fall below the Mississippi state average for proficiency in math (43%), and all Leflore public schools (including Amanda Elzy Jr. High) score below the state average for proficiency in reading (39%).

<b>TABLE A.12</b>							
<b>Overview of Greenwood Leflore Consolidated School District Schools<sup>35</sup></b>							
School Name	Grades	2020 Enrollment	Rank	Proficient in Math	Proficient in Reading	% Female	% Black
Bankston Elem	Elem. (K-6)	345	4/10	36%	28%	47%	63%*
Claudine Brown Elem	Elem. (K-3)	261	3/10	30-39%	11-19%	42%	92%
Davis Elem	Elem. (K-6)	441	4/10	35%	25%	53%	99%
East Elem	Elem. (K-5)	340	2/10	21%	16%	50%	93%



Leflore County Elem	Elem. (K-6)	329	1/10	12%	16%	51%	93%
Threadgill Primary	Elem. (PK-1)	250	---	---	---	52%	99%
Threadgill Elem	Elem. (PK-6)	470	3/10	27%	20%	46%	98%
Greenwood Middle	Middle (7-8)	463	2/10	31%	15%	50%	97%
Amanda Elzy Jr. High	Middle (6-8)	363	6/10	48%	32%	44%	94%
Amanda Elzy High	High (9-12)	400	1/10	10-14%	15-19%	50%	95%
Greenwood High	High (9-12)	680	3/10	27%	19%	54%	97%
Leflore County High	High (7-12)	358	2/10	20-24%	15-19%	48%	95%
*8% of students identified as Hispanic and 26% as White							

It should also be noted that the 2018-19 data are not subject to possible unique school year trends associated with the COVID-19 pandemic in which students were schooled remotely and took tests online for significant parts of the 2019-2020 and 2020-2021 school years. All schools of the GLCSD are currently 100% online with no firm plans on when they will transition to hybrid learning or resume in person classroom education.

Kindergarten Readiness. The Kindergarten Readiness Assessment provides parents, teachers, and early childhood providers with a common understanding of what children know and are able to do upon entering school. Students with a score of 498 at the end of pre-kindergarten are proposed to have mastered 70% of early literacy skills and are on track to reach beginning of kindergarten benchmarks. The most recent PreK assessment data (2018-19) available for the Greenwood and Leflore consolidated school districts shows an average score of 444, well below our state’s threshold.<sup>36</sup>

Third-Grade Literacy. The 3rd Grade Mississippi Academic Assessment Program (MAAP) ELA Assessment, known in the state as the “Reading Gate,” is a key assessment in Mississippi



education. Per the Literacy Based Promotion Act (LBPA), students who do not pass the MAAP ELA assessment are at risk of failing the third grade.<sup>37</sup> In 2018-19, a student who scored at Performance Level 3 or above was deemed to have met the requirements of the and eligible to move to Grade 4; students performing below this level are given two additional attempts on a similar assessment to be promoted. Greenwood and Leflore passing rates of 49% and 38% respectively were well below the MS State average of 74%. Passing rates were also notably lower in Leflore County schools than schools within the city limits of Greenwood.

High School Graduation Rates. The graduation rates for Greenwood City, Leflore County and the state are presented in Table A.13. on the following page. The overall State rate is higher than the Greenwood and Leflore rates and the Greenwood rate is higher than Leflore. Across subcategories, females had higher graduation rates than males. Black students and economically disadvantaged students from Greenwood almost matched the average MS State graduation rate. Blending the culture and administrative functions of these two schools will require careful planning and coordination to ensure that additional barriers are not created for graduation.

School District	Overall %	Female %	Male %	Black %	White %	Hispanic %	Economically Disadvantaged %
Greenwood	79.9%	87.1%	72.6%	81.7%	n/a	n/a	81.2%
Leflore	74.6%	85.2%	65.9%	74.3%	n/a	n/a	74.3%
Mississippi	85.0%	85.5%	79.6%	81.9%	83.3%	83.1%	82.2%

Academic Achievement Gaps. Schools in Leflore County remain racially segregated, with public schools serving primarily economically disadvantaged students identifying as racial minorities. Rates of academic proficiency and high school graduation are low and below state averages, particularly in the former Leflore County School District which was given an “F” accountability rating in 2019 prior to the merger. Although the Greenwood Leflore Consolidated School



---

District attained a “C” accountability rating in 2020, proficiency levels still fall notably lower than benchmarks for both first nine weeks (Reading = 49%; Math = 44%) and second nine weeks (Reading: 58%; Math = 57%).

It is critical that steps are taken from the preschool through high school level to address student achievement gaps to optimize school and student success. Research has shown that achievement gaps at kindergarten may persist well into the K–12 years.<sup>39</sup> However our experience with other Promise Communities in the Delta have demonstrated that dramatic improvements are feasible, including more than doubling our students’ Kindergarten readiness rates in five years in Indianola (going from 25% in 2013 to 64% in 2017).

These findings support an argument that school readiness is a critical starting point to narrowing the achievement gap early in life, given that early experiences have the potential to influence a child’s academic course for later school success. Interventions that promote early vocabulary development, language acquisition, and pre-literacy skills are key to improving school outcomes.<sup>40</sup> Multiple research studies conducted over the last several decades focused on low-income children and children with compounding risk factors have shown that exposure to high-quality educational programs throughout the school years can yield better academic outcomes that positively impact not just in-school success, but also high school graduation, employment and levels of crime in the community.<sup>41</sup>

*Student Absenteeism and Safety Concerns.* Perceived and actual level of school safety and climate are integral to students’ school attendance as well as academic success. Cases in which students don’t feel safe at school may be linked to rates of absenteeism which is unusually high for schools in Greenwood. In 2018-2019, Greenwood Public School reported a chronic absenteeism rate (defined as students who miss 10% or more days a school each year) of 18.4%,



---

compared to a statewide rate of 13.1%. Leflore County schools fared better with a chronic absenteeism rate of 8.6%. Greenwood High School has our county's highest rate of chronic absenteeism with 40.3% of students missing 10% or more days of school each year.<sup>42</sup>

School safety is also closely linked with school and community violence. School district data from 2018 and 2019 show relatively low levels of recorded violent incidents in schools. However, data from the Youth Risk Assessment Behavior Survey (YRBS) for high school students and applicant-administered School Climate surveys suggest that levels of violence among MS students may be higher than school data suggests. The 2019 MS Department of Education report for Leflore County schools 65 incidents of violence in the past year with an alarming average of **13.2% of all students having one or more out-of-school suspensions.**<sup>43</sup>

Numbers of students bullied are also a key component of school experiences with YRBS national and Mississippi state norms for 2019 bullying rates being 15.1% and 11.2% respectively. Data at the district and individual school level is not available. In addition to bullying, **there is high level of concern related to students' emotional health** with 2019 YRBS norms for MS high schoolers, indicating 32% of Mississippi students report feeling hopeless or depressed for two or more consecutive weeks and 14% attempting suicide.

*Parent Education and Engagement.* Only one public school in the district (Amanda Elzy Junior High) reports having an active parent-teacher association. Data related to parental education level show that among homes in which children reside, the head of the household's highest level of education is usually a high school diploma or GED (49% in Mississippi compared to 43% in the U.S.). In Mississippi, 13% of household heads have an Associate's degree and 15% have a Bachelor's degree compared with 9% (Associates) and 21% (Bachelor's) nationally. Even though there are often barriers to parental engagement in children's schooling



---

(e.g., perceived education level, work commitments, transportation), parental involvement plays a key role in bridging educational gaps, especially for underserved and racial minority groups.<sup>44</sup>

The COVID-19 pandemic and home-based schooling have placed parents at the forefront of their child's education as evidenced by findings from a parent focus group conducted by the applicant agency in fall 2020. Parents of elementary, middle and high school students attending schools in the Mississippi Delta described their role as home educators who are trying to help their children learn at home. It is clear that the parents interviewed were highly committed to their child's education and had become engaged in their child's learning and collaborations with school and teachers. Applicant agency data for Neighborhood Surveys conducted in the Leland and Hollandale, MS School Districts (summer 2020) and Indianola, MS School District (November 2020) concur with parental views of increased learning support at home. Both Neighborhood Survey assessments showed record high levels of reading with and to Kindergarten through 8<sup>th</sup> grade students in 2020 over previous program years.

However, the focus group revealed parents' concerns regarding children falling behind academically, socially and emotionally as well as their uncertainty as to how to support their child as they learn remotely. Even though students in some districts surveyed were provided Chromebooks and hotspots for Internet access for the fall 2020 semester and were expected to log in each day to learn with the teacher, parents commented that children often required supervision to ensure they engaged in schoolwork and followed instructions. Parents also reported being overwhelmed about spending several hours a day or evening going over schoolwork with their child, following up with classroom teachers and being unsure about the effectiveness of the help they provided.

*Disruptions and Delays Caused by COVID-19.* In response to the COVID-19 pandemic,



---

Mississippi schools closed on March 19, 2020 and spring 2020 assessments such as Pre-K and Kindergarten Readiness Assessment (post-test), MAAP assessments were cancelled. Although home-based remote learning has been highly structured since fall 2020, many exceptions have been made to diagnostic assessments requirements in the 2020-21 academic year. For example, Pre-K and Kindergarten Readiness tests are not required to be administered as students work from home and third graders are not required to pass the Third Grade Reading Assessment to move to fourth grade. Although test results may be used to guide learning, there is a large level of uncertainty regarding students' actual attainment levels and risk of falling behind.

Even through pre-pandemic data from 2019 showed that around two-thirds of Mississippi's five-year-old children were not ready to enter Kindergarten, the current COVID19 climate threatens to further increase gaps in Kindergarten readiness.<sup>45</sup> Closures and/or reduced operations at public libraries, community-based childcare, preschool and Head Start are likely to broaden deficits in academic and skills needed to start school. Limited access to early child learning/care combined with the stresses families face with isolation, lack of income and food insecurity place many young children at significant risk for future educational delays as well as compounding trauma and toxic stress that hinders physical and emotional wellbeing.

There is growing consensus that school closures in spring 2020 likely had negative effects on student learning for a range of reasons, including less time spent learning, high attrition rates, limitations in online learning resources, opportunities to learn with peers and personalized learning support. Educators express grave concern regarding leaning equity and broadening gaps already observed among students in terms of economic disadvantage and race. The COVID-19 pandemic has taken an especially heavy toll on Black, Hispanic, and Indigenous communities. School shutdowns could deny students to get the education they need to build a



---

brighter future. Following the school closures between March and May 2020, it has been estimated that students started school in fall 2020 about three months behind historical averages in mathematics.<sup>46</sup> Students of color were about three to five months behind in learning whereas white students were about one to three months behind.<sup>47</sup> Reading outcomes were more positive, with students starting school about six weeks behind historical averages.

Even through states and school districts have made significant efforts to close the digital divide and improve remote learning, Black and Hispanic students continue to be more likely to remain remote and are less likely to have access to the learning devices, Internet access, and live contact with teachers. If not addressed, the opportunity gaps will result in wider achievement gaps. Concerns are especially prevalent in math where researchers predict that the average student may lose five to nine months of learning by the end of this school year with students of color losing six to twelve months of learning. Data collected by Harvard University in 2020 suggest negative changes in Math performance for students attending Mississippi schools, which are exacerbated among schools in low-income areas.<sup>48</sup> The overall achievement changes in MS Math programs between fall 2020 and spring 2021 is expected to be 55% and 76% lower, respectively, for schools with low-income zip codes, leaving a large achievement gap.

In addition to academic impact, research indicates that the COVID lockdown and social distancing may have a negative impact on the social and emotional development of children.<sup>49</sup> Symptoms of distress are broad ranging, include disturbed sleep, changes to eating habits, inattention, agitation, and separation anxiety. Research has shown the pandemic has led to limitations in time spent outside for children, leading to less physical activity and more sedentary behavior.<sup>50</sup> As with the academic gaps, scholars argue that the pandemic highlights inequalities in systems of care regarding children's social and emotional health, especially among students



from low-income or underprivileged backgrounds.<sup>51</sup>

## 2.i.c. College, Careers and Economic Growth – Indicators of Gaps and Weaknesses

Population-Level Educational Attainment. Despite the presence of Mississippi Valley State University (MVSU), a public, historically Black university in Itta Bena and partner of LPC, educational attainment in the county for all adults 25 and older lags several percentage points behind state averages, with fewer county residents receiving high school or college degrees relative to the state average. When focusing in a segmentation analysis on younger adults, low college completion rates are still observed in the county for the younger adult age band.

	Leflore County	Mississippi	United States
Less than high school degree	21.2%	16.1%	12.4%
Some college or more	42.3%	53.6%	60.5%
Bachelor's degree or more	17.5%	21.8%	31.5%

Segmented by race, educational attainment rates for Black adults are only slightly lower than the state average, although the state averages are well below national rates.

		Leflore County	Mississippi	United States
At least high school degree	White	87.4%	87.8%	92.6%
	Black	76.7%	78.8%	85.4%
Bachelor's degree or more	White	28.7%	25.5%	35.2%
	Black	13.4%	15.3%	21.1%

Segmenting by geographic location, college completion rates are highest within the census blocks of Mississippi Valley State University and are also high in the predominantly white neighborhoods, including those in Greenwood and the northern rural regions of the county.

Post-Secondary Access and Completion. Increasing postsecondary educational attainment in Mississippi is key to improving the state's workforce and increasing economic development. As such, Mississippi school districts are prioritizing college readiness and entry among its middle



and high school students. In addition to school-based approaches to helping students prepare for college (e.g., ACT readiness programs), Leflore County students are well positioned to attend college from a geographical standpoint. Mississippi Valley State University, located in Itta Bena, is in close proximity to students in the Greenwood Leflore Consolidated School District. Mississippi Valley State University currently enrolls 2,285 students and accepts 65% of its applicants.<sup>54</sup> Larger postsecondary institutions are also located fairly close and include Mississippi State University and the University of Mississippi (70 miles from Leflore County) as well as Delta State University (40 miles from Leflore County). There are also community college options, including Mississippi Delta Community College with a location in Greenwood, and Holmes Community College with locations in Grenada, Ridgeland, and Goodman.

College enrollment for Greenwood and Leflore students was higher than the state average, and a greater proportion of students were enrolled in four-year institutions (Table A.16).

School District	Overall College Enrollment %	Public MS College Enrollment %	Four Year College Enrollment %	Two Year College Enrollment %
Greenwood	79.3%	73.6%	43.2%	24.0%
Leflore	72.5%	56.9%	32.9%	18.5%
MS	64.9%	60.6%	14.1%	48.8%

These trends suggest strong opportunities for college *access* among our target population, but rates of *completion* are less promising. Less than one in five (19%) of Greenwood students and 14% of Leflore students earned a degree in 2018-19, which is below than the MVSU graduation rate of 32% and state average of 21%. The average cost of college in 2018-19 for Greenwood and Leflore students was also higher (\$9,963 and \$9,336, respectively) than the state average (\$8,844), placing students at greater risk of encountering financial risk for completing college.

As a whole, the postsecondary data for Greenwood and Leflore students presents a



promising framework for college access and entry. With multiple colleges to choose from, students may select a range of academic and vocational degrees or certificate programs and opt to learn in flexible ways (e.g., attend online courses or commuter colleges in which they may combine college and work/family commitments). However, given the high prospects for dropping out of college, there is a need to focus on preparing students to study and persist to college. There is also a need to educate prospective students about financial aid and options and processes for funding their college education. There is a clear gap between college preparation/matriculation and graduation/completion. Promise Neighborhoods offers a cohesive solution to increase the number of children who persist and complete their degrees.

*Of the 464 parents of students at GLCSD surveyed from the 2019-2020 class, 46.1% responded that they would like to see classes on preparing for College and 49.1% indicated a desire for classes on Understanding College- and Career-Ready Standards. Only 70.1% of the 87 current students responding to the same survey indicated that they strongly agree or agree with the statement that their school is doing a good job of Career/Vocational Education.*

Industries. The primary employment sectors in Leflore County are healthcare and social assistance, structured around the Greenwood Leflore Hospital, as well as an associated ecosystem of healthcare firms. Other significant employers include the consolidated school district, as well as Mississippi Valley State University. Workers in both of these sectors receive wages several thousand dollars lower than state averages, although part of this difference may be attributable to cost-of-living variation across the state. Both the healthcare and education sectors appear to be primed for industry growth in the region, according to Delta-region projections from



---

the Mississippi Department of Economic Security.

Other key sectors include low-paying retail, accommodation/hospitality, food service jobs and manufacturing. Manufacturing positions in Leflore County pay an average wage of only \$28,428, compared to a state average of \$50,040. This category includes catfish processing, which used to serve as large employers for Black workers. Anti-union efforts have stunted wage growth, so immigrant labor has moved in to fill the void and many have remained to comprise Hispanic neighborhoods near the facilities.<sup>55</sup> Other manufacturers in our area include Viking Range Corporation (current openings in 14 different fields in Greenwood for qualified applicants)<sup>56</sup> and Milwaukee Electric Tool (22 open positions in Greenwood, MS).<sup>57</sup>

#### **2.i.d. Family and Community Supports – Indicators of Gaps and Weaknesses**

Housing, Transportation, and Social Services. Homeownership gives residents more autonomy over the quality of their housing. Real estate is also the most common form of generational wealth in America.<sup>58</sup> Family homes, bought with loans that are underwritten by financial institutions, can be passed down through generations. Such real estate can defray some housing costs for inheritors or serve as collateral to secure other capital for other investments. However, poor and minority communities have been systematically shunned by traditional financial institutions, and independent institutions are becoming rare in rural areas. For example, only one bank branch remains in Itta Bena.<sup>59</sup> Renting, on the other hand, does not provide such enduring financial gifts. The percent of renter-occupied housing units is almost 20% higher in Leflore County than in Mississippi overall.<sup>60</sup> Census block groups whose population is more than 75% Black in Leflore County have roughly double the percentage of renter-occupied housing units.<sup>61</sup>

Leflore County and Greenwood are served by the Illinois Central Railroad, a Class I north-south line maintained by Canadian National Railway, connecting Greenwood to the



---

national economy via New Orleans, Memphis, Chicago, and St. Louis. At Chicago, the Canadian National network extends to Detroit, as well as all major Canadian populated areas, giving Greenwood access to Vancouver, Toronto, and Montreal. Residents of the service area also benefit from passenger rail service on Amtrak's *City of New Orleans* route, which extends from New Orleans to Chicago with twice-daily service to Greenwood. Greenwood is one of only two cities in the Mississippi Delta with Amtrak service.

The county is also bisected by the Columbus and Greenville Railway, a 151-mile east-west short line route operated by CAGY Industries that extends across the state. This railway has interchanges with two Class I carriers near Columbus, Mississippi near the Alabama state line. Greenwood is also within 120 miles of Memphis International Airport, the largest cargo airport in North America, in addition to a small public airport seven miles east of Greenwood.

As a rural area, almost all intracity and intracounty transit within the county occurs via privately-owned automobiles. Leflore County contains one means of public transportation in Itta Bena, Mississippi through the Mississippi Valley State University Mass Transit Program: the program delivers transportation for students and local residents within the area; however, it has a limited impact: less than 1% of county residents use public transit as means of transportation to work.<sup>62</sup> This lack of public transportation is despite the intense need for transportation among the most impoverished Delta residents. In a study of Medicaid patients in Washington County conducted by the applicant agency and evaluated by the University of Memphis, over a quarter of respondents reported being kept from meetings, work, healthcare, or other activities of daily living due to lack of reliable transportation.

Internet Access. Internet-based platforms play an important role in students' learning, even though they were initially thought to distract children and be limited in access to students from



---

low-income households<sup>63</sup> and non-metropolitan areas in the South.<sup>64</sup> Technology-supported learning has been shown particularly positive for Internet-related schoolwork involving African American children from low-income households.<sup>65</sup> This research also showed that Internet use at home was associated with higher scores on standardized reading tests and grade point averages. School-provided technology is becoming widely available in contemporary approaches to learning, especially in the COVID-19 era in which students were mandated to learn from home and provided technology to learn via the Internet.

Almost half (47.3%) of households in Leflore County report having no internet access in 2019<sup>66</sup> but this figure has undoubtedly changed with the influx of tablets and mobile hotspots provided by GLCSD to their students. This lack of access was particularly concentrated in southern Greenwood, in an area whose population is over 75% Black.

*Crime, Substance Abuse and Incarceration.* The available data suggests that Leflore County is faced with high crime and rates of violence. Homicide rates in the county are more than double the state average. Segmentation analysis reveals that incidence of **death by homicide or legal intervention is 49% higher for Black residents in Leflore County relative to Blacks statewide, and 57% higher for the white population in the service area relative to the white population statewide.** Men were much more likely to die from homicide. Differentiating by age group, homicide death occurred much more likely for the 15-34 age group, with this disparity being much more pronounced in the county than in the state as a whole.<sup>67</sup>

FBI crime data can be difficult to analyze as reporting practices varies across law enforcement agencies but is nevertheless a useful barometer of community trends. This data substantiates the high incidence of violent crime. Rates of violent crime for the two largest law enforcement agencies in the county, the Leflore County Sheriff's Office and the Greenwood



Police Department, saw violent crime rates that exceeded the state and national averages.

Interestingly, the sheriff’s office, which focuses more on the rural areas of the county rather than the denser service area of the Greenwood Police Department, reported by far the higher violent crime rate, nearly double the national average. The data also report a much lower clearance rate, suggest that the law enforcement agencies are relatively ineffective at leveraging the resources and community buy-in to maintain safe communities in Leflore County. Interestingly, property crime rates are closer to the national average, only being relatively high in the dense service area of the Greenwood Police Department. However, like with violent crimes, property crime clearance rates are only a fraction of what would be expected nationwide.

Juvenile court referrals, a useful barometer of adolescent deviance, are also elevated in Leflore County relative to state averages, with 2.1 juvenile court referrals reported in 2019 in the service area, about 75% higher than the state average. Segmentation analysis, as shown in Table 18 on the following page, reveals higher juvenile court referrals for all races and sexes, with the rate for males particularly elevated relative to state averages.

<b>TABLE A.17: Juvenile court referrals data for 2019.<sup>68</sup></b>		
	Leflore County	Mississippi
Juvenile court referrals per 100 population, aged 0-17	2.1	1.2
White, non-Hispanic	1.0	0.7
Black	2.5	1.8
Male	2.8	1.5
Female	1.3	0.8
Rate of juvenile court referrals per 100,000 population, aged 0-17, offense-level		
Domestic violence / simple assault	553	494
Runaway	430	257
Disorderly conduct / malicious mischief	294	483
Drug offenses	86	128
Weapons offenses	135	67
Burglary / petit larceny	258	315
Contempt of court	86	111
Percentage of referrals before age 15	32.2%	33.9%



---

*Gaps & Weaknesses Relating to Conflict Resolution and Crime.* Among the 170 juvenile court referrals that occurred in Leflore County in 2019, the most frequent cause of a juvenile referral was domestic violence, with 37 referrals. There were also 35 runaways, 16 burglaries, 11 weapons offenses, 8 simple assaults, and 18 cases of disorderly conduct. When compared to statewide rates, many categories of violence are actually below statewide rates, such as property crime, drug offenses, and crimes that are subject to the discretion of the criminal justice system, including disorderly conduct and contempt of court. Nevertheless, the rate of referrals due to weapons offenses is more than double the statewide rate, suggesting that this could be a focus area of any adolescent behavioral intervention. The number of runaways is also highly elevated relative to state averages, suggesting a high number of dysfunctional family environments. An intervention promoting sustainable families, perhaps modeled after the existing LINKS model used by the applicant agency in its other Promise Communities, could be indicated, with the number of runaways used as a barometer to track population-level change.

*Incarcerations.* Mississippians are incarcerated at the 3<sup>rd</sup> highest rate of any state, at 1,039 prisoners per 100,000 residents, 49% higher than the national rate (698 per 100,000).<sup>69</sup> Another 37,000 are on probation or parole. The Black imprisonment rate for state prisons is 1,052 per 100,000, three times higher than the white imprisonment rate of 346 per 100,000.

*Gaps & Weakness as they Relate to Promise Neighborhood Priorities.* Nationally, the lifetime likelihood of being imprisoned for Black men is one in three. The rate of felony disenfranchisement in the state reflects this. Fully 16% of the Black adults in the state were disenfranchised in 2020. If we assume that the disenfranchised are made up of the same proportion of men to women as the incarcerated population in the state (93% men), that would mean 29.8% of the Black male population could potentially be disenfranchised. Even 25% would



mean that one in four Black men in the state cannot vote, cannot own firearms and are forced to report felonies when seeking employment. This also does not include those affected by incarceration, fines and other fees, or flagging due to background checks of lesser offenses, which would most likely include vastly more of the population and disproportionately include Black men. As noted above, 73% of new admissions to Mississippi prisons in the 2018-19 fiscal year were for non-violent offenses, and that only includes the prison population, not local jails. As of 2021, failing to pay or appear in court for minor traffic citations can result in bench warrants in Mississippi, which are then misdemeanors that can result in arrests, incarceration, and even felony charges.<sup>70</sup> Advocates against mass incarceration call these laws a criminalization of poverty.<sup>71</sup>

These interactions with the criminal justice system often create a cycle of dysfunction and disruption that make gainful employment and normal family life practically impossible.<sup>72</sup> Where incarceration happens, such interactions harm the entire Black community through increased mental and physical health risks to Black men, their families, and others with whom they interact, especially when the rates of incarceration are as high as one in four.<sup>73</sup>

## **2.i.e. Health and Wellbeing – Indicators of Gaps and Weaknesses**

*Student Health Needs.* A key component of successful schooling relates to student health with respect to diet, obesity and exercise. Food access for families is a large concern in Delta counties, with 2018-19 data for the Greenwood and Leflore school districts reporting that **all students were eligible for free or reduced priced lunch**. Food shortages during the COVID-19 pandemic have escalated with loss of wages and family income, and have created severe food emergencies for families who were dependent on school meals for children.



***19.5% of GLCSD students responding to the district's 2019-2020 survey disagreed or strongly disagreed with the statement that their school was doing a good job on Physical Education.***

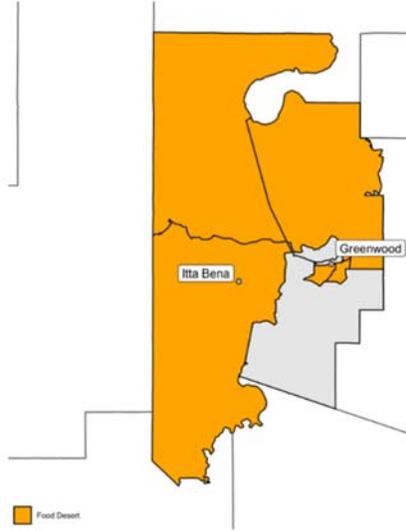
Deficits in diet and exercise create heightened risk for obesity and related health concerns such as diabetes which not only impact health and attendance during the school years but also lifelong health needs and costs. YRBS 2019 data for MS show that 59%

of students do not take part in one or more days of physical education during the average school week, and 77% do not take part in physical education five days a week during an average school week. During the COVID-19 pandemic, rates have exercise have likely declined due to remote schooling and social restriction limitations, as well as cancellation of sporting activities.

The YRBS 2019 norms for Mississippi indicate that 25% students were classified as obese (in the  $\leq 95^{\text{th}}$  percentile for body mass based on age and sex) and 18% were overweight (in the  $\leq 85^{\text{th}}$  percentile for body mass based on age and sex).

Food Availability and Security. Linked closely to poverty, access to food is a problem in Leflore County with the percentage of households receiving SNAP several percentage points above the national average. Our segmentation analysis (Table A.18) reveals that the problem is particularly acute among Black households, with almost a third of households relying on SNAP to pay for groceries. In poor, rural communities the inability to acquire healthy food is often compounded by the inability to access nutritious food sources. Full-service grocery stores are rare in the county, limiting access to healthy food, with most areas of

**Figure A.8.** The majority of Leflore County, MS is classified as a food desert by the USDA.





the county being labeled a food desert per the United States Department of Agriculture.<sup>74</sup> As Figure A.8. shows, this is not limited only to the rural parts of Leflore County but also includes several relatively dense neighborhoods of Greenwood. The problem is particularly acute in Itta Bena, which has only convenience stores with limited supplies of fresh produce.

<b>TABLE A.18: Selected Food Security Characteristics</b>			
	<b>Leflore County</b>	<b>Mississippi</b>	<b>United States</b>
% working households receiving SNAP	21.9%	15.7%	11.8%
% households receiving SNAP	22.0%	16.5%	12.2%
% among white households	4.7%	8.9%	8.3%
% among African-American households	29.4%	29.2%	26.1%
% among Hispanic households	4.7%	17.2%	20.7%

Access to Healthcare & Health Infrastructure. Affordable, culturally congruent healthcare access remains an intractable challenge in Leflore County (Table A.18). The entirety of Leflore County is a 2020 designated Health Professional Shortage Area (HPSA).<sup>75</sup> Scores range on a continuum from 0 to 26, with higher scores representing greater areas of need in determining priorities for assigning clinicians. The city of Greenwood exhibits a score of 23 and the rest of the county a 16, signifying a tremendous need for more clinicians across all areas of Leflore County. The average score nationally is 8, and 41% of counties and county sub-units have no shortage. The formal ratio of population to primary care health providers in Leflore County is 3,125:1.

The insurance rate for young children in Leflore County is very high, but the overall rate of insurance coverage is much lower (85%). The largest point of departure in coverage is for the unemployed. In Leflore County, only 56.2% of the unemployed are insured, versus 70% in the U.S. These differences in coverage are due to differences in Medicaid eligibility<sup>76</sup> as Mississippi is one of twelve states to have opposed Medicaid expansion.<sup>77</sup> Medicaid work requirements create barriers to mothers of young children who are unable to find work, although 90% of these women are already in the labor force.



**TABLE A.19**  
**Healthcare Access in National Context<sup>78</sup>**

Geography	% Insured	% Insured, Age < 6	% Insured, Unemployed	Primary Care Providers (per 100,000)	Mental Health Providers (per 100,000)
<b>Leflore Co.</b>	<b>85.0%</b>	<b>94.8%</b>	<b>56.2%</b>	<b>75.0</b>	<b>476.0</b>
Mississippi	87.3%	96.2%	49.1%	52.9	158.7
Census South	87.6%	94.8%	59.6%	---	---
United States	90.6%	95.8%	70.3%	46.1	221.2

*Chronic Disease and Life Expectancy.* Mississippi often ranks at the bottom of health and quality of life metrics nationwide, and Leflore County is among the worst areas in the state. Table A.20 shows comparative life expectancy and obesity and diabetes rates. **Leflore County’s life expectancy lags eight (8) years behind the rest of the country**, a difference of 10%.

**TABLE A.20**  
**Health Indicators in National Context<sup>79</sup>**

	Life Expectancy	Adult Obesity Rate	Adult Diabetes Rate
Leflore Co.	70.5	37%	15.3%
Mississippi	74.9	40.8%	12.4%
United States	78.5	42.4%	9.1%

*Teen Pregnancy.* Teen pregnancy presents challenges for the families and communities affected by it. Children of teen mothers are more likely to have chronic medical conditions compared to children born to adults. Additionally, children of teen moms have other struggles like poor school performance and a higher chance of juvenile detention or jail time.

**Table A.21. Reproductive Health Statistics for Service Area <sup>80</sup>**

	Teen Pregnancy Rate (per 1,000 Females), 2018	Teen Births per 1,000 Pregnancies, 2006-2012	% Low Birth Weight, 2018 (<2500 grams)	Infant Mortality (per 1,000), 2018	Teen Birth Rate (Black/AA), 2006-2012
Leflore	58.0	77.7	14.4%	10.7	83.40
Mississippi	32.3	59.4	12.1%	10.10	73.20
United States	17.4	36.6	8.2%	6.5	54.9

The teen pregnancy rate for Leflore County is more than double the rate of the United States.

From 2011 to 2015, 68.6% of US urban women had their first sexual intercourse before the age



of 18, compared to 79.6% of rural women.<sup>81</sup> A large percentage of the decline in teen pregnancy and births has been a result of increased contraception use among teens.<sup>82</sup> However, teens are less likely to be perfect users of birth control. Given this information, targeting and increasing effective contraception use among sexually active youth who do not use contraceptives is important to continue lowering the teen pregnancy rate.

Disparities by race can also be seen in the teen pregnancy rate, both in Leflore County and in Mississippi. For example, Black and Hispanic men are less likely than White men to know birth control pills are ineffective if two or three pills are missed in a pack.<sup>83</sup> Additionally, black women have been found to have more negative perceptions of oral contraception compared to white women.<sup>84</sup> Finally, black women are at higher risk of STIs compared to white women.<sup>85</sup>

*Opioid Prevention & Treatment.* Closely related to family and community cohesion is the issue of substance abuse, of which the nation's opioid epidemic is front and center. While opioid prescribing patterns have declined considerably across the country, Leflore County reports much higher opioid prescriptions than national or state averages, according to CDC data, where in 2019 we had 105.7 prescriptions for opioids each year per 100 residents, compared to 67.0 per 100 for Mississippi and 46.7 nationwide.<sup>86</sup> DHA currently leads two different, comprehensive opioid prevention and treatment collaboratives in partnership with Region One Mental Health that serve Leflore County, described under the discussion of qualifications for the **Competitive Priority 1** after Section E. Resources at the end of this proposal.

<b>2.ii. Pipeline of Solutions Addressing the Identified Gaps and Weaknesses</b>
--

Complete information on LPC's Pipeline of Solutions as they relate to identified gaps is provided in our **2021 Needs and Solutions Table** (template provided by the US Department of Education, Promise Neighborhoods Program), included under the Other Attachments Form as Attachment A



in accordance with directions from the program guidance. The 24 cradle-to-career solutions are further enumerated in extensive detail in Section B. Quality of Project Services. A description of existing community assets which serves as the foundation for this pipeline (to avoid duplication of effort) is provided in Section E. Resources.

## Section B – Quality and Efficacy of Project Services

### 1. Strategies for Ensuring Equal Access and Treatment for Eligible Program Participants who are Members of Traditionally Underrepresented Groups Based on Race, Color, National Origin, Gender, Age and Disability

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

*1.a. Equity at the Core of Leflore Promise Community.* The concept and passion for development of this LPC pipeline of programs has been catalyzed by the parents, teachers, young people, neighbors and employers who will be directly impacted by the proposed programs and ecosystem redesign. This project is specifically designed to center families and support the needs of students

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



---

at risk of academic delay, which often includes those who have been most underserved and under-represented by our institutions and structures of education, justice, health and social services. The LPC addresses needs and service gaps articulated by community residents and validated by data. Our Promise Community’s strategic framework and evidence-based tactics were advised by researchers, seasoned program staff and family-centric workgroups who combined lived experience, segmentation analysis and academic expertise to drive and shape solutions that will meet needs expressed by our community stakeholders, as well address root causes and forge the collaborative fabric that will become the Leflore Promise Community.

Administrators and teachers from Leflore schools, government leaders and local families witnessed the significant progress that was being realized in two neighboring Promise Communities – in rural Sunflower County, Mississippi’s Indianola Promise Community (IPC), a 2012 Promise Neighborhood Implementation awardee, and in Washington County, Mississippi through the Deer Creek Promise Community, a 2016 Promise Neighborhood Implementation awardee. These two successful Promise Neighborhoods have become nationwide models for effectively creating and **sustaining** a *rural model* for durable children’s developmental and educational pathways from birth through college completion; with full participation by local residents of our impoverished, rural neighborhoods. Community leaders and key stakeholders from Greenwood, Itta Bena and surrounding communities came to DHA’s local meetings and presentations and were energized by the idea of replicating these programs and bringing these lessons learned to their own communities. The work of formally planning a Promise Neighborhood in rural Leflore County began in the fall of 2020, with comprehensive needs assessments and surveys (both school and community-based), formation and feedback from the existing Leflore Women’s Advisory Group, inventories of resources, focus groups and



---

interviews, resident surveys, research on evidence of effective programs, baseline data capture and idea generation “brainstorms” throughout our rural communities, and the completion of a comprehensive Needs Assessment and Segmentation Analysis of Leflore County by the Center for Community Research and Evaluation. Residents of the area and staff from local non-profits met to craft a shared vision for their own Promise Neighborhood and identified the specific steps they could take to make it a reality. The actions taken in designing the LPC closely align with the Urban Institute’s “Equity Toolkit for Promise Neighborhoods,” including an intentional needs assessment and segmentation analysis organized into areas of people, place, process and power.<sup>87</sup>

*1.b. Experience with Rural, Minority, Low-Income Communities.* The overarching theory and logic model for the Leflore Promise Community was designed based on a combination of contextual factors, collaborative learning experiences and empirical evidence. DHA has over a decade of first-hand experience implementing, evaluating and improving successful rural Promise Neighborhood programs and over 20 years of experience reaching underserved rural populations that are predominately Black and low-income. The lessons learned from our Indianola and Deer Creek Promise Communities have directly informed our understanding of the feasibility, time frames, effective engagement strategies, communications and impact of the various components of a Promise Neighborhood initiative, as detailed below.

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

- Students in poverty have less access to academic and social support outside of school.<sup>88</sup>



- Living in poverty may negatively influence students' health, safety, and well-being, which negatively impact student learning and achievement.<sup>89,90,91,92</sup>
- Adverse conditions undermine the ability of parents, students and teachers to influence their schools and ensure that schools can best serve their interests.<sup>93,94</sup>

This empirical evidence was reinforced by student responses to school climate surveys, in which they expressed tensions between home, work, family responsibilities and other stressors that are unique to children and youth in poverty. The LPC will operate with a full understanding of the context, implications and constraints of high poverty families and communities. This examination of unique barriers to achieving academic goals is a critical component to implementing projects that adopt a **targeted universal** strategy within the Promise Neighborhoods context.<sup>95</sup>

*Early Childhood Trajectory.* New policies to improve educational and health outcomes must address multiple behavioral and environmental factors, and early childhood gains need to be supported by high quality investments that support children at home and at school.<sup>96</sup> For underserved, Black communities early childhood development is a key factor for improving the health, wellness and stability of families and youth.<sup>97</sup> For this reason the LPC planning committee has selected programs that start prenatally and in early childhood to launch a healthy, stable trajectory; then leverage the momentum of those gains by supporting students through school and college completion, career preparation and the incubation of new businesses. Proactive measures will be taken to engage children in the LPC pipeline **before birth** through our existing Healthy Start maternal home visitation program. The *integrated and progressive* support system of the LPC continues to bolster family stability and child development by providing in-home family service workers, early interventions for children who show signs of



delay, monthly book programs, childcare supports and other kindergarten readiness programs. Informed by best practice and comprised of evidence-based programs, the LPC strategy continuously fosters academic growth as a child enters kindergarten and moves through the educational, health, career readiness and community support pipeline. This includes a system of continuous quality improvement and accountability that relies on **case management** data through all phases of the pipeline.<sup>98</sup>

*Lessons Learned from our Existing Successful Indianola & Deer Creek Promise Neighborhoods.*

Our experience with the implementation and sustainability of the IPC and DCPC, dating back to our initial planning work in 2009, has greatly influenced the proposed project design of the LPC. Early challenges, failures and successes, coupled with present knowledge about the efficacy of implemented strategies helped us determine which solutions are transferrable and will address gaps and opportunities uncovered in the needs assessment and segmentation analysis conducted for the LPC. Many of the partners that joined us in existing promise communities have enthusiastically joined the effort for LPC, including Save the Children, Sesame Street in Communities, Children’s Defense Fund, the Dollywood Foundation, Teach For America and Delta Council. These key partners bring their own lessons learned, staff expertise, and family-friendly systems to the LPC.

A sample of prior measurable successes that DHA has had in ensuring equal access and treatment for underrepresented groups (in these cases primarily Black, low-income, children ages 0-18 and disabled children) in our Promise Communities are summarized in Table B.1. below.

**Table B.1. Summary of Prior Success in Serving Underrepresented Groups**

	<b>Group</b>	<b>Outcome</b>
<b>Pre-K</b>	Black children at-risk	647 students enrolled in Mississippi’s Promise Communities SPARK programs since 2012, 96.1% Black. Entering children score 2.65 NCE points lower on K-readiness assessments. Each SPARK session increased



	Group	Outcome
	including with learning disabilities, ages 3-5	K-readiness (GPRA-2) by an average of 0.1 NCE points. Students who receive a substantial number of SPARK sessions actually outperform control students (50th percentile vs. 46th percentile). The difference in percentile rank between those who receive a lot of intervention and those who receive less is even more dramatic (50th vs. 32nd).
	Low-income, Black children ages 4-5	Kindergarten readiness (GPRA-2) has improved substantially in IPC, with students at Lockard Elementary improving from the middle of the state's rankings (99 <sup>th</sup> ) to an astounding 8 <sup>th</sup> over the course of four years.
		Kindergarten readiness (GPRA-2) rates among IPC students more than doubled in five years, going from <b>25% in 2013 to 64% in 2017</b> .
	Low-income, Black children, ages 4-5	The Promise School demonstrated sustained effects on students' academic performance throughout elementary school: participants were dramatically less likely to fall below the 25th and 10th percentiles in reading achievement than their peers who did not participate in the program, and these effects extended up to four years after the program.
K-12	Low-income, Black children, ages 6-12	Participation in our Promise Communities LINKS program (our evidence-based Family Navigation System) is associated with a <b>significant decline in behavioral problems</b> . In 2017-2018 there were 28 referrals per 100 students for behavioral issues, falling to 20 referrals per 100 for the 2018-2019 year. For non-participants of LINKS, behavioral referrals rose from 14 per 100 to 16 per 100 over the same period.
	Low-income, Black children, 3 <sup>rd</sup> grade	Since its baseline year in 2017, the percentage of third-grade students in the DCPC who score as <b>proficient or advanced on the state of Mississippi's reading assessment has more than doubled</b> , now higher than our state's average.
		The percentage of IPC students failing the 3 <sup>rd</sup> grade reading assessment on their first attempt halved over three years of our Literacy Fellows program, going from 24% in 2014-2015 to 10% in 2017-2018.
		CCRE researchers in 2019 found that the <b>Literacy Fellows program helped students increase approximately 15 percentile points in reading skills</b> , as well as increasing passage rates on the state assessment and consequently dramatically reducing third-grade retention.
Low-income, Black children, 4 <sup>th</sup> and 5 <sup>th</sup> grades	Data from the fall iReady Reading assessment have found sharp increases in reading proficiency across cohorts over time for grade levels who have had comprehensive exposure to both the early childhood and elementary components of the IPC pipeline. <b>Compared to their 2017 fourth-grade peers, the average fourth-grade student in 2019 scored a significant 12 percentile points higher in reading; the gain was 14 points for fifth graders.</b>	



	Group	Outcome
	Low-income Black teens (age 16-18)	<b>High school graduation rate (GPRA6)</b> among Indianola Promise Community students has <b>increased from 59% for the Class of 2013 to 80% for the Class of 2020</b> . High school graduation rate for the Leland School District of our Deer Creek Promise Community have increased from <b>81% for the Class of 2017 to 92% for the Class of 2020</b> .
College/Career	Low-income Black teens and young adults (ages 16-24)	The percentage of <b>IPC graduates who entered community college without a need for remediation has dramatically improved</b> over four years, going from 29% in 2014/2017 to 44% in 2018/2019.
		The percentage of IPC graduates entering a Mississippi community college who <b>complete their degree within the first three years more than doubled</b> over the first four years of operations, rising from 21.2% for the Class of 2013 to 50.8% for the Class of 2016.
Community	All residents of a Promise Community	Since its inception in 2012, the Indianola Promise Community has served 7,763 unique individuals through enrollment in one or more programs of our pipeline (in our ETO system), reaching <b>85.9% of our total population</b> of 9,037 for Indianola, Mississippi.
	Working Black families with children ages 5-12 from low-income communities	Members of our Promise Community Neighborhood Associations were instrumental in identifying needs, developing plans and assisting with the implementation of six new <b>Community Learning Centers</b> (two in Indianola and four in Deer Creek) during the COVID19 pandemic. These neighborhood Centers remain open at no charge to public school students ages 5-12 whose parents have to work, providing CDC-compliant study areas with reliable, high-speed internet staffed by teachers who are available to help students with their studies. The Centers also provide hot, nutritious meals and snacks, include Cozy Corner reading libraries supported by Sesame Street in Communities, include physical exercise in the afternoons following our Catch PE curriculum, and undergo thorough cleaning and require the use of masks and social distancing.
	All adolescents (ages 12-18)	<b>Referrals to the Juvenile Court</b> of Sunflower County fell from 1,213 in the 2013-2014 to 389 in 2017-2018 (third best in the state). While this dramatic difference can't be tied to any one initiative, partners in law enforcement have reported that they believe improved referrals for social services and stronger communities within IPC have played a role.
	Black adolescents (ages 12-18)	<b>Alcohol consumption and smoking rates have decreased by 19%</b> since 2013 and are now at their lowest levels ever, and there has been a sharp 68% percent reduction in youth interaction with the criminal justice system.



	Group	Outcome
Health	Black children 0-5 from low-income families	From 2013 to 2019, the <b>number of children aged 0-5 who had a medical home (GPRA1) more than doubled (60.3% to 90.9%)</b> and IPC/DCPC combined Medical Home has increased from 72% in 2017 to 87% in 2020.

*1.c. Targeting High Need Children and Children with Disabilities.* LPC will work closely with our partnering schools to identify the triggers, thresholds and indicators that will be monitored to move a child through the continuum and ensure that services increase to meet the needs of groups of students who struggle or fall behind. Our Family Navigation System LINKS (described in detail later) 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. Students with disabilities and those requiring special education services will be fully included in all LPC programs. LPC will also encourage focused teacher professional development to ensure that the schools are implementing current, evidence-based practices for dealing with disabled and special need students, including those with behavioral disorders, attention deficit and other issues that directly impact student learning, such as LPC’s evidence-based SPARK program which **specifically targets children with learning disabilities.**

*1.d. Establishing Initial Priorities.* Our multi-sector Promise Neighborhoods leadership team was honored to be selected through a competitive process to receive training by the Annie E. Casey Foundation on the foundations of Results Based Leadership, and we have begun to embed the principles of this goal-oriented framework into all DHA initiatives, processes and campaigns. This methodology helps ensure that we are focusing efforts and resources to serve the most underrepresented populations, while sustaining practices that will achieve population-level



---

results beyond our federal funding. Our ability to collect, analyze and communicate data has helped us accelerate the rate at which we can bend the curve on meaningful population level indicators of academic, family and community success. This experience also helped us understand the need to determine which efforts are essential for the *initial focus* of a complex project like Promise Neighborhoods. Upon initiation of the project, all solutions, strategies and actionable steps are not equally imperative. After more than a decade of building similar continuums, we know there are developmental stages along this continuum that must be the focus of attention from “Day 1.” Our community and family stakeholders play a critical role in the success of educational efforts, but we now understand better *how* to engage these stakeholders and how to frame activities that meet their needs. Equally important, we know the establishment of a culture built on evidence and driven by data must be the foundation of all initiative to ensure resources and efforts are allocated in the most meaningful manner.

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

*Experience in Early Childhood Development.* At Lockard Elementary School in Indianola, our IPC collaborative’s efforts greatly increased Kindergarten readiness measures each school year since our baseline in 2013 when only 25% of entering students were assessed as ready that year. In 2014 the percent of incoming students assessed as ready rose to 44%, and in 2015 again rose to 52%. This experience provides a roadmap for the LPC project design, which includes placing



---

a **heavy emphasis on population saturation, dual enrollment** of services, **alignment of partners' strategies**, and establishing a **well-known point of entry** into the neighborhood's pipeline for children and families at a local medical home. Programs such as Parents as Teachers, Promise School, Imagination Library, SPARK and Small World were vital to building a fortified foundational segment of the childhood developmental pipeline. The strategies to align efforts and resources across all early childhood partners ensured that everyone understood their contribution to the goal of Kindergarten readiness. This will be replicated and expanded for the LPC.

*Experience Improving Grade Level Reading by the End of 3<sup>rd</sup> Grade.* Our efforts in Indianola (IPC) to support all students' abilities to read on grade level by the end of their 3<sup>rd</sup> grade year have been improving year over year. In fact, the 2015-2016 academic year was the first time a brand new partnership was established incorporating *Teach For America* volunteers as educators, as an addition to our collective strategy of identifying and supporting students at-risk of failing the 3<sup>rd</sup> grade reading assessment, a partnership that will be in place on Day 1 of the LPC.

Struggling 3<sup>rd</sup> graders receiving Indianola (IPC) support were **2.5 times more likely** this year than last year to pass the Reading Gate on their first attempt. Our experience working with students leading up to and including 3<sup>rd</sup> grade has informed our decision to propose a project design for the LPC that offers very high touch, one-on-one interventions, complemented by a layering effect through dual enrollment across programs. Evidence-informed and community-driven programs such as SPARK, Promise School, Literacy Fellows, CARES and Summer Camps have proven to promote growth among participants and are included in the LPC continuum of services.

*Experience with Successful Transition from Middle School to High School.* Our Promise Communities' support of students' mobility between grades, attendance and growth towards



---

proficiency involved identifying at-risk students early and aligning interventions across partners. The LPC project design identifies these students early through the LINKS strategy in partnership with the school districts, and then enrolling children in the programs that serve their academic, physical and emotional needs. A critical foundation for smooth transitions is strong parenting support, which we have integrated into the LPC project design based on our history of working with IPC parents in need of advice on coping with, and supporting, troubled children.

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

*Community and Family Engagement.* Residents and family members in Leflore County helped formulate many of LPC's goals and continue to remain engaged in leadership of the LPC program design and plans for implementation, to ensure that we are continually focusing on underrepresented and underserved groups in the county. We learned through our experience with other programs that residents and families must have a participatory role in decision-making and program implementation so that ownership is shared and true partnerships are formed.

For example, the DHA helped the Leland Medical Clinic establish a Patient Advisory Committee, comprised of clients of LMC and area stakeholders, who help to give a voice to patients and their families regarding healthcare services and planned growth of the clinic, currently pursuing a FQHC designation. LMC's low-income, rural patients told their healthcare



**“Members of our Advisory Board have been instrumental in our pursuit of an FQHC designation, lending their voice to our effort to expand services for the communities we serve.”**

**- Hilary Meier, Director of Wellness Services.**

workers that they had no accessible, safe place to exercise; which was brought to the attention of the Leland

Patient Advisory Committee. Over the next few months, the committee reached out their patients and residents in our rural area to solicit ideas and invite feedback. What resulted was the concept for a Leland Play Place – a musically themed playground on the spacious grounds of LMC and the Delta Wellness Center (DWC) – a state-of-the-art exercise facility that opened in 2020. The new Wellness Center is open to the public and offers an aerobics room, ZUMBA classes, free weights, circuit training, exercise bikes, treadmills, an indoor and outdoor walking track, an onsite nutritionist and instructional kitchen for heart-healthy meals. These community suggestions are now realities, offering local residents a safe place to exercise, including hosting outdoor walking groups, virtual exercise classes and children’s workout plans for homebound students<sup>99</sup> during the COVID-19 pandemic. The planning and design of these facilities is just one example that demonstrates the kind of proactive, responsive pragmatic community and family engagement that comprises the foundational core of our Promise Communities. Program messaging and communications must also adopt the phrasing and speaking style of the focus population, so our resident leaders and community partners help shape public awareness strategies and outreach materials. We also learned through the IPC and DCPC that there are many effective low-cost and no-cost strategies that can be developed if the community, families and older youth are invited to share in the process of envisioning, planning and implementing programs and metrics. Several existing programs and locally funded initiatives will also be integrated into the Leflore Promise Neighborhood, and the LPC will continue to leverage the



insight and creativity of local residents to develop solutions that meet the most pressing needs in their community.

*I.e. Oversight of Strategy to Ensure Equal Access.* This information is detailed under **Section D. Management Plan, Subsection 1. Governance Structure of the LPC** which discussed how our coalition, under the guidance of a community-based Advisory Board, will ensure that our Leflore Promise Community programming provides equal access and unbiased treatment to all eligible participants who are members of traditionally underrepresented groups.

## **2. Strategy to Ensure that LPC Services will Lead to Improvements in the Achievement of Students as Measured Against Rigorous Academic Standards**

### ***2.a. Formal & Informal Partnerships and Unified Visions, Theory of Action and Change***

To support locally designed and responsive education systems, stakeholders, including and especially families, play an important role in leveraging opportunities provided under the 2015 Every Student Succeeds Act.<sup>100</sup> The partners of the LPC are intrinsically motivated to create sustainable, systemic improvements in student achievement and in the way area families live, learn, and grow, because this is also **their** community. The faculty and staff of our schools, the leadership and employees of social service partners, and the health providers and support staff at the rural health clinic live, work and play in the targeted neighborhoods of Leflore County.

*Unified Vision.* Our commitment to our communities is a commitment to our own families too, and our dedication to helping each other achieve success is a central part of our culture and heritage. When we meet with parents, administrators and teachers to identify needs and develop evidence-based solutions for Leflore County, 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.* LPC’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.*** The LPC starts with the results and moves backwards, towards means. If the LPC is successful, rural Leflore County communities will be transformed into thriving neighborhoods where babies are born healthy and arrive at Kindergarten ready to learn, students succeed in school and graduate from high school, and become productive adults. To realize this transformation, LPC partners will need to provide comprehensive services to the entire Leflore County community, in order to establish and sustain a strong foundation upon which students can reach their full potential. We propose to reach scale—defined as serving at least **60%** of the target population<sup>101</sup> by Year 2 of the grant. Furthermore, by Year 5, we will have the resources and infrastructure in place to serve **80%** of the target population. By reaching this penetration rate, LPC will serve enough participants to make an impact at the population level. It may take several years to accomplish full transformation, so LPC has developed a set of indicators that will be analyzed on a quarterly basis.

<p><b>Short term Results</b> <b>(1-2 years)</b></p>	<ul style="list-style-type: none"> <li>• Families encourage strong reading habits</li> <li>• Children arrive at Kindergarten ready to learn</li> <li>• Children have access to a medical home</li> <li>• Reduction in chronic absenteeism</li> </ul>
<p><b>Intermediate Results</b> <b>(3-4 years)</b></p>	<ul style="list-style-type: none"> <li>• Students are proficient in core subjects at 3<sup>rd</sup> grade</li> <li>• Students have healthy eating and physical activity habits</li> <li>• Students have access to technology at school and home</li> </ul>
<p><b>Long-term Results</b> <b>(5-7 years)</b></p>	<ul style="list-style-type: none"> <li>• Students are proficient in core subjects</li> <li>• Families foster a college-going mindset</li> <li>• Students graduate from high school</li> <li>• Students enter and persist through college or career training</li> </ul>



---

We leveraged DHAs experience implementing our two successful Promise Communities and a concept paper completed by researchers from the Harlem Children’s Zone and Promise Neighborhoods Institute at PolicyLink to inform the projected timeline for results.<sup>102</sup> To realize impact on these metrics, LPC has designed a robust pipeline of solutions that are rooted in a strong evidence-base.

*Strategies for Addressing Disparities.* Disparities in the cognitive performance of white and Black children can present as early as two years of age, so that by the time children begin school black students lag far behind white students.<sup>103</sup> Even when controlling for other factors like mother’s background and income, the gap between Black and white students remains.<sup>104</sup> There have been many attempts to work *within school districts* to decrease the racial disparity but these limited interventions leave the achievement gap almost unchanged.<sup>105</sup> Most of these in-school strategies have only focused on the school reform and school choice. However, most disparity research indicates that the differences in cognitive functions occur before students even arrive at school.<sup>106</sup> These differences can begin to be explained by family and environment indicators. These findings have led many in the field to advocate for place-based initiatives that offer support to parents at birth, in and outside of the classroom, during and after the school day. Although the development of strong schools is essential, it is only one of the ways LPC works to achieve our goal of academic success for all students. LPC will also provide supports for building strong families, promoting health, and improving the engagement families and community members. The LPC pipeline of program supports the notion that when children have access to the resources they need in and out of school, they can achieve great things due to compounding effects of multiple resilience and protective factors. While many approaches to improving academic success are stand-alone interventions, LPC proposes to implement a system



---

of inter-connected programs. The programs build on and complement each other as a child moves through the pipeline, from birth to career. LPC will utilize Case Managers, or LINKS, recruited from our region, to offer individual guidance and support of participants as they move through the continuum. Additional detail on our navigation system is provided in Section C.

**LPC Project Design, 3. Family Navigation System.** of this proposal.

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

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

**2.b. Strategy to Measure Against Rigorous Academic Standards.** DHA is a data-driven organization at its core, and all of our initiatives function with a focus on collecting and interpreting timely and relevant data to inform decision making about resource allocation and



---

program improvement. Our experience in creating the LPC was guided by DHA’s value of tracking participants frequently and over time in all of its programs to determine the efficacy of interventions and assess the impact of resource investments. DHA was able to obtain consent to capture and record data for 93% of all IPC and 85% of all DCPC school-aged children in the first year of the Promise Neighborhood Implementation grant periods, driven by residents’ familiarity with our long track record of service in the Delta and trust in our program staff. These activities that will be replicated with the LPC and described in greater detail in **Section C. LPC Project Design, 2. Proportion of Students Served**. We established robust processes to maintain the integrity and focus of program performance accountability, population-level accountability and staff accountability. Our MOAs with partners will be explicit about our accountability structure, and we will utilize the *same shared data system* with partners so that each participant in the LPC will have a watchful eye on student/family progress or regression. During the target setting process, DHA strategically aligned all existing programs and solutions to a corresponding **Government Performance and Results Act** indicators (GPRAs) using the same methodology as we did with the Indianola-based IPC. Partners of the Leflore-based LPC assigned a high/medium/low alignment and impact score to all programs. This scoring process allows Team Leaders and Project Coordinators to craft intentional steps to align, benchmark and continually realign solutions to our target results and indicators.

Due to extensive planning and community involvement in 2020-2021, the LPC will not require a “planning period” as a part of its operations, beyond hiring and training new personnel to expand our operations into Leflore County. Our programs, staff and partnering organizations are ready to roll out with implementation upon notification of a funding award.



**2.c. Strategy to Improve Achievement Measures for All Students of GLCSD: District-wide Intervention – The School Transformation Model.** The GLCSD was established in 2019 as a merger between the failing Leflore County School District and Greenwood City District, to consolidate resources and address critical and ongoing weaknesses in the delivery and impact of educational programs. In 2018-2019 (latest year available), the **Leflore County School District reported 61.4% of their 3<sup>rd</sup> graders did not meet initial reading assessment goals for promotion** (MAAP-ELA scores), with the **Greenwood City School District fairing slightly better with 50.4% of 3<sup>rd</sup> graders failing their initial reading assessment for promotion**. The merged district receives Title I funds through ESEA, and it is eligible for RLIS grant funding. LPC staff will provide assistance and access to technical support, but the leadership, administrators and faculty of the GLCSD will retain ownership of a work plan to implement ambitious, rigorous, and comprehensive interventions to assist, augment, and promote the success of the schools’ teachers, administrators, staff and students. Schools will be provided with the operational flexibility - including autonomy over staff, time and budgets - needed to effectively carry out all school improvement activities.

To address these achievement concerns with a comprehensive approach, the LPC will adapt the evidence-based **Transformation Model**, including a full range of evidence-based teacher retention, coaching and professional development programs. The Transformation Model is one of four models required by the 2010 Promise Neighborhood and Race to the Top programs for persistently lowest-achieving schools like those of the GLCSD system. A comprehensive review of evidence from SIG grantees found that that there were positive and statistically significant

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

*– Geoffrey Canada, Harlem  
Children’s Zone*



---

impacts of SIGs on schools at the “lowest achieving” threshold, but not for schools at the “lack of progress” threshold, on levels of schoolwide API in the year that the SIGs were received.<sup>107</sup>

Four recommendations from the U.S. Department of Education’s Institute of Education Sciences (IES) What Works Clearinghouse (WWC) report that will be incorporated in our School Transformation Model implementation, ALL of which are classified as Moderate Evidence, include: 1) Assign adult advocates to students at risk of dropping out (targeted intervention), and 2) Provide academic support and enrichment to improve academic performance (targeted intervention), 3) Personalize the learning environment and instructional process (schoolwide intervention), and 4) Provide rigorous and relevant instruction to better engage students in learning and provide the skills needed to graduate and to serve them after they leave school (schoolwide intervention).<sup>108</sup> The activities below, as part of this Model, will help the LPC significantly improve academic outcomes for students, monitor the effectiveness of teachers and administrators, and improve the school’s use of time and resources, including learning time.

***(1) Teacher Incentive Structure.*** Evidence on teacher pay-for-performance programs has so far been inconclusive; and most studies have found no effects on student outcomes.<sup>109</sup> However, other incentive programs may be beneficial for teachers, particularly in building teacher satisfaction or team spirit. LPC will work with GLCSD Superintendent Dr. Mary Brown, Deputy Superintendent Dr. Kenneth Pulley, Assistant Superintendent Likisha Coleman and Assistant Superintendent Charles Jones to develop, implement and evaluate a concrete system of protocols and policies to identify and reward school leaders, teachers, and other staff who positively contribute to implementing the Transformation model, and to identify those who are in need of additional training or support to improve their professional practice. LPC staff will also assist teachers in accessing the benefits and incentives offered by the MS Department of Education<sup>110</sup>



---

to meet certain eligible costs like loan repayments and housing assistance. Quality teachers will also have an additional incentive through opportunities to earn extra income by filling part-time opportunities for instruction in extracurricular educational programs.

**(2) Professional Development and Coaching.** LPC’s Teacher Coaching and Development program will provide teaching staff with ongoing, high-quality, job-embedded professional development that is aligned with the schools’ comprehensive instructional programs, state and national standards, and the learning styles of school staff. This professional development program will be led by the GLCSD and has been designed to provide our schools with **operational flexibility, including autonomy over staff, schedules and budgets**, so that our school partners can effectively carry out the activities needed for academic success. LPC’s Teacher Coaching initiative is one of the key programs of our continuum of solutions, which utilizes the evidence-based MyTeachingPartner-Secondary and New Teacher Center Induction models, whose studies meet WWC standards without reservations and provide training and practice on improved teacher-student interactions.

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

- New teachers will be partnered with a mentor from the same subject field who can offer guidance and one-on-one support as the new teacher acclimates to Leflore County.<sup>111</sup>
- All teachers will be encouraged to participate in monthly group problem solving sessions utilizing collective induction activities, such as planning and collaboration with other teachers to resolve common problems at the schools.<sup>112</sup>
- GLCSD teachers will have the opportunity to participate in all LPC programs offered to



---

the general public (e.g., Social Services Collaborative, Financial Literacy training, Leland Medical Clinic’s Mobile Medical Clinic, maternal and infant wellness programs).

**(4) Instructional Reform and Technology Integration Strategies.** LPC will conduct periodic reviews to ensure that the curriculum is being implemented with fidelity, is having the intended impact on student achievement, and is modified if deemed ineffective. LPC’s Academic K-12 Team Leader, will oversee that process, working in collaboration with GLCSD Administrators. Teachers will be provided resources to help them integrate technology into instruction in tandem with our state’s comprehensive technology access programs spurred by the coronavirus (COVID-19) pandemic. This ensures that technologies are fully integrated into the pedagogy across settings – in the classroom, group settings and independent work.

**(5) Schoolwide “Response to Intervention” (RTI) Activities.** The integrated programs that comprise the LPC will be delivered in the context of a tiered approach to instruction, which includes early warning systems for struggling students and differentiated instruction for all students. All students will receive high-quality, research-based instruction, and student achievement / progress will be measured on an ongoing basis using indicators and benchmarks as identified in **Figure B.1**. LPC Map of the Continuum of Services by Goal and GPRA.

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



---

***(6) Support for Students with Disabilities to Promote Improvement of Achievement***

**Measures.** Mississippi’s Office of Special Education was developed to improve the education experience for children with disabilities in our state through intense professional development opportunities, field experience, and individual accountability. LPC staff will assist our teachers and school staff in accessing OSE workshops, training and programs.

(<http://www.mde.k12.ms.us/OSE/training>) Special LPC programs, including CARES Mentoring and our Literacy Fellows described below, will address the need of limited English proficient students to acquire sufficient language skills needed to master their classes.

***(7) College and/or Career Readiness.*** The College Promise Initiative, Youth Council, Getting Ready to Excel, Achieve and Triumph (GREAT), Financial Literacy, and the Delta Strong NCRC exam programs are all focused on preparing students for college and careers, and each program includes a pathway for low-achieving students to take advantage of the program elements and activities. The LPC College & Career Team, led by Jon Delperdang, will also work in close concert with all three high schools to ensure that students enroll in advanced coursework (such as Advanced Placement or science, technology, engineering, and mathematics courses, especially those that incorporate rigorous and relevant project-, inquiry-, or design-based contextual learning opportunities), and dual enrollment programs.

***(8) Strategies to Bolster Student Retention and Graduation.*** The continuum of LPC programs, external supports and ongoing monitoring and recalibration closely mirror the evidence-based “Check and Connect” intervention,<sup>113</sup> which was determined to have positive effects on students staying in school and potentially positive effects on progressing in school by the IES’ What Works Clearinghouse. The LPC continuum includes re-engagement strategies, competency-based instruction and performance-based assessments, as well as acceleration of



---

basic reading and mathematics skills in early grades. The LPC continuum promotes many pathways to high school / G.E.D completion and addresses the life skills, personal wellness, family stability and emotional supports needed for students to be prepared and focused for academic success.

**(9) Support for School Transitions.** Starting even before kindergarten, the LPC has targeted intensive support programs to facilitate transitions to kindergarten, through third grade, into middle and high school and into post-secondary education and training. For example, our College Promise Initiative helps prepare students for the transition from secondary to college academic rigor and responsibilities. Mississippi Delta Community College, a LPC partner, offers a dual-enrollment program that allows students to be enrolled for MDCC classes while finishing their senior year of high school.<sup>114</sup> Mary Rogers with MDCC will work with our Academic K-12 Team and school guidance counselors to raise awareness of the program and assist students from Amanda Elzy High School, Leflore County High School, Greenwood High School and the GLCSD Career and Technical Education Center in applying for our programs. For transitioning from elementary to middle and from middle to high school, GLCSD will review and expand their existing transition plans for students, to potentially include such things as a visiting day at the new school over the summer to give new students a chance to find their classrooms and lockers, meet teachers, and learn the class bell systems.

**(10) Increased Learning Time.** Student and family behavioral and emotional problems hinder both student learning and the ability of educators to focus on teaching. Programs like Life Skills Training, Watch D.O.G.S. and the Universal Parenting Place are intended to improve the school climate and reduce disciplinary actions by improving positive behavioral supports and addressing bullying and security concerns that impede student learning. These programs will



---

measure the increase the amount of time dedicated to learning within the school day and will allow students to be better prepared to use their time in school for focused learning.

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

**(12) Leadership Development and Support.** The LPC consortium, community stakeholders and parents are all committed to allowing partner schools sufficient operational flexibility (such as staffing, calendars/time, and budgeting) to implement a fully comprehensive approach to substantially improve student achievement outcomes and increase high school graduation rates. Programs like the LPC Youth Council will provide a direct venue for the development of leaders among our student populations and promote collaborations across racial boundaries by engaging with teens outside of our GLCSD system. Public schools will be supported with ongoing, intensive technical assistance from LPC, in partnership with the LEAs. Leaders and administrators will also have the opportunity to take advantage of our Teacher Development programs and CEUs to meet their own professional development needs.

**(13) Evaluation and Monitoring Systems.** In addition to educational indicators identified for the Promise Neighborhoods program, LPC will utilize multiple observation-based assessments of performance and student surveys to evaluate teacher progress toward LPC goals.<sup>115</sup> LPC will



---

also monitor and report changes in instructional practices and school policies that promote and deliver factors that have been empirically proven to improve teacher retention, quality instruction and student success. LPC's Efforts to Outcomes monitoring system and evaluation protocols by our research team will take into account data on student growth as well as other factors such as multiple observation-based assessments of performance and ongoing collections of professional practice reflective of student achievement and increased high-school graduations rates; and are designed and developed with teacher and principal involvement.

**(14) Use of Student Data.** The LPC and partnering schools will use two systems to capture student data needed to drive both its research priorities and management of students as they move through the pipeline of programs and between grades. The schools utilize the Mississippi Student Information System (MSIS) which provides for the electronic collection and storage of comprehensive detailed data about teachers, administrators, students (PreK to 12), and school board members. MSIS also allows for the electronic transfer of student records from one school district to another, thus offering a unique student tracking system. LPC Case Managers and partners will also have access to our Efforts to Outcomes (ETO) data system that will facilitate research on the effectiveness of LPC initiatives and create a mechanism by which participants are tracked and served. Both systems are aligned with state academic standards and promote the continuous use of student data (such as from formative, interim, and summative assessments) to inform and differentiate programs in order to meet the academic needs of individual students.

**Strategy for Adaptation.** The only element of the Transformation Model that will **not** be adopted for LPC is that of replacing principals, because the principals of all partner schools are new or have pledged a level of commitment to the LPC that ensures that school leadership and programs will have swift, comprehensive and direct influence on student achievement and college / career



---

readiness. Dr. Mary Brown, GLCSD Superintendent is also new, having joined GLCSD in 2019 around the time of the district merger. Existing teachers, principals and administrative staff will be assessed and offered a comprehensive array of professional development opportunities, training, and technical support to improve their skill sets and effectiveness. Rural communities such as ours have a limited number of people with particularly skill sets and as such, our focus will be on professional development and support of our existing workforce.

Five LPC Intervention Teams (Early Childhood, Academic K-12, College and Career, Health, and Community) will be responsible for managing the implementation and day-to-day operations of the programs under their umbrellas. The construct, protocols, design, timelines and milestones of these teams are detailed in **Section D. Management Plan**.

**2.d. Leflore Promise Community NEW Continuum of Solutions.** In addition to the work involved with the School Transformation Model described in the previous section, LPC will also launch **24 new or expanded** interconnected initiatives for a Continuum of Solutions based on feedback from the schools and local residents, best practices and first-hand experience with similar populations, mindfully built to integrate with the existing federal, state and local programs already serving communities of Leflore County (please see **Section E. Resources, Subsection 3. Existing Neighborhood Assets**). Though advised by IPC and DCPC experience, the LPC is not a simple cookie cutter replication. This program requires that the seamless continuum of solutions foster systematic and sustainable changes to the policies, service plans, provider relationships and culture of our communities; and no two communities are exactly alike. Certain highly successful elements of the IPC and DCPC are being *replicated*, but many of the LPC initiatives were adapted from other successful programs and designed to address gaps, weaknesses and needs that are **unique** to Leflore County, its schools and target families.

**Figure B.1. Visual Map of the LPC Continuum of Solutions Building Upon Existing Programs Already in Place<sup>2</sup>**



<sup>2</sup> Please also see Section E. Resources, 3. Existing Neighborhood Assets and Programs on page 188 for a description of the programs in gray depicted above, upon which new and expanded programs of the LPC are built.

Designed specifically to address ongoing gaps in services and fulfil unmet needs of our rural, low-income neighborhoods, the LPC Planning Committee identified 24 new evidence-based programs that will complete a robust and comprehensive pipeline from cradle to meaningful careers for families of Leflore County. These include:

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

Program Model: LINKS is the name of the **Family Navigation System** that our promise communities have utilized successfully for over ten years that follows the Fast Track family home visitation model which consists of seven integrated intervention components: the Promoting Alternative THinking Strategies (PATHS) curriculum, parent groups, parent-child sharing time, child social skills training groups, home visiting, child peer-pairing, and academic tutoring. These components take place during the school day, during extracurricular enrichment programs involving both parents and children, and in the home. LINKS is a comprehensive, coordinated and evidence-based case management system designed to address issues relating to academics, behavior, and attendance among students in target schools as early as possible, in order to prevent those issues from adversely impacting student outcomes. LINKS recruits case managers **directly from the communities they serve** who then work one-on-one with parents to set family goals called Service Plans and connect them with the right programs to reach their goals. The primary role of LINKS 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 services, educational resources, and specific programs. DHA has built similar pipelines of



supports from birth through college with scores of service provider partners and three school districts in other counties.

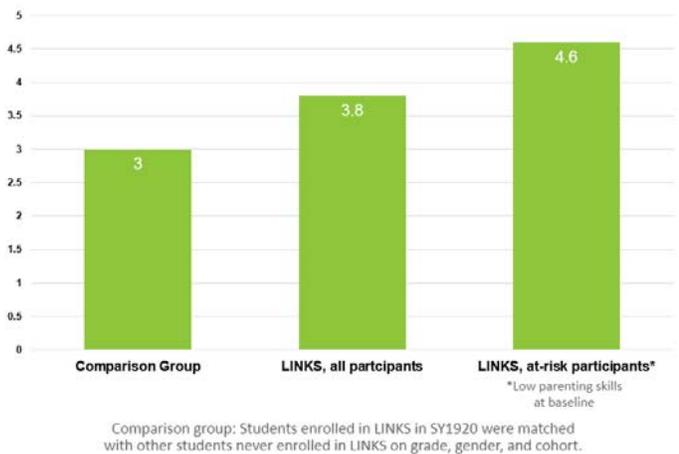
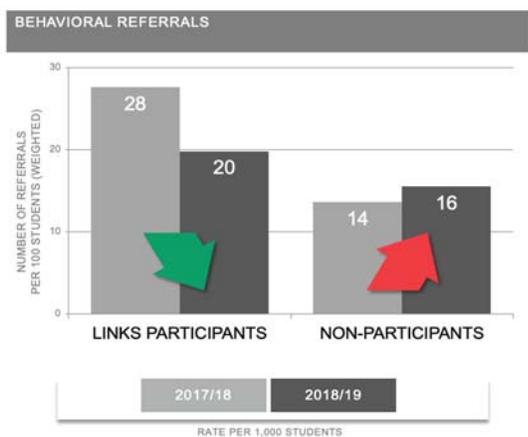
Evidence-Based Model: Fast Track. Strong Evidence. Meets WWC standards without reservations, at least one statistically significant positive finding, ESSA Tier 1, multiple locations/>350 students.<sup>116</sup>

Targeted Enrollees: Families of Leflore.

Target Enrollment: Year 1: 100; Year 2: 200; Year 3: 300; Year 4: 450; Year 5: 600

Impacted GPRAs: 1. Number and percentage (#/%) 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 6<sup>th</sup> – 9<sup>th</sup> grade, 11. Student mobility rate, 12. #/% of children who are read to 3 times or more a week, 13. #/% of parents who encourage reading outside of school, and 14. #/% of parents who talk to their child about college and careers. Additional Outcome Measures: Changes over time #/% in unemployment rates.

Evidence: LINKS was developed based on an existing evidence-based, family home visitation model rooted in research that demonstrates that children who come from stable homes do better in school and have overall better health. Evidence shows that LINKS may indirectly impact





academic performance, based on a recent external evaluation of the existing LINKS model being implemented in Indianola, MS. LINKS participants have a mean STAR score of 551, above the kindergarten-ready score of 530, and cohorts of children receiving LINKS programming are performing at record levels compared to their peers from the previous four years, and experiencing larger increases in scores than non-LINKS participants. Furthermore, LINKS targets at-risk children who are recruited if they are chronically absent, present with behavioral issues, or are performing poorly in coursework, and participation in LINKS is associated with a decline in behavioral problems compared to non-participants.<sup>117</sup> LINKS participation was also associated with statistically significant improvements in reading, particularly among at-risk participants. Relevance: LINKS are critical to the LPC pipeline because they will get to know the families of Leflore and will serve as an ongoing, connecting thread throughout the *all programs* of the academic and career pipeline.

## 2. Imagination Library

*Lead Agency: Delta Health Alliance (DHA)*

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 twelve years now, 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

*“I read on the weekends and after school. It puts me in different places. I can be in that place in the book. I’m so glad I’m learning to read better.”*  
- Roger Stephens, 6<sup>th</sup> grade student in the Delta, graduate of DHA’s IL



---

program hosts community reading events at local childcare centers, Head Starts centers, churches, libraries, and Leland Medical Clinic. Local reading events engage a volunteer network of adult readers, and also provide valuable reading and volunteer experience for area students. Imagination Library is currently offered in partnership with the Leflore County Junior Auxiliary through a small-scale outreach program limited to 40 children. LPC will enable this program to be dramatically expanded to serve 75% of all children living in Leflore County.

Evidence-Based Model: Imagination Library. Strong Evidence: Study meets standards without reservations, statistically significant positive finding, multiple sites/>350 students.<sup>118</sup>

Targeted Enrollees: Families with children ages 0-5

Target Enrollment: 75% of Leflore County children ages 0-5 per year: 1,978 in Years 1, 2, 3, 4, 5

Impacted GPRAs: 2. #/% children ready for kindergarten & 12. #/% of children who are read to 3 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. A 2018 analysis showed that more children who are enrolled in Imagination Library report reading a picture book daily than children who are not in the program and are more likely to look at books by themselves rather than by being prompted by a parent. In conjunction with enrollment in other reading and kindergarten readiness programming, enrollment in Imagination Library indicates a higher likelihood of scoring at or above benchmark on STAR Early Literacy testing. Relevance: This community-wide literacy program supports the early development of reading and literacy skills, and fosters better engagement between low-



income parents and their children through reading together. The program ultimately bolsters kindergarten readiness.

### 3. Expanded Pre-K Quality Initiative

*Lead Agency: GLCSD*

Program Model: Provides support and technical assistance to teachers providing pre-K instruction and outreach at partnering school districts, and enabled Greenwood Leflore Consolidated School District (GLCSD) to significantly expand the number of children that can

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

*- Blues legend B. B. King, born on a cotton plantation in Itta Bena, in Leflore County MS*

be enrolled (currently at 89/year). LPC will contract with the GLCSD to strengthen the schools’ infrastructure and support, providing on-site technical

assistance support and training to ensure implementation of evidence-based curriculum and assessment tools, ITERS/ECERS, and Mississippi Quality Rating System (QRS). As a result, we anticipate that number of children enrolled in the public school Pre-K program will **double** from baseline enrollment figures. Initial enrollment will include eight teachers and two administrators (one at each Elementary school).

Evidence-Based Model: State mandated OWLS curriculum coupled with evidence-based Head Start model / Brigrance with iReady Assessments. Strong Evidence for Head Start model: Study meets standards without reservations, Tier 1 ESSA rating, statistically significant positive finding, nationwide/>350 students. The WWC considers the outcome base for the curriculum to be medium to large for four outcome domains—oral language, print knowledge, phonological processing, and math.

Targeted Enrollees: Students of GLCSD Pre-K programs.

Target Enrollment: Year 1: 90; Year 2: 90; Year 3: 90; Year 4: 90; Year 5: 90.



Impacted GPRAs: 2. #/% children ready for kindergarten and 3. #/% of children in formal early learning/pre-k programs. Additional Outcome Measures: Implementation of the Creative Curriculum for Preschool, Fourth Edition, Measure of Academic Performance (MAP) computerized test scores for literacy skills. Evidence: Initiative ensures that GLCSD schools implement the Creative Curriculum for Preschool, Fourth Edition, which meets the Institute for Educational Sciences What Works Clearinghouse (WWC) evidence standards. The WWC considers the outcome base for the curriculum to be medium to large for four outcome domains—oral language, print knowledge, phonological processing, and math. School District Pre-K collaboratives have been a key program of both of our Promise Communities since their inception. The fall 2019 state-wide Kindergarten Readiness Assessment reported kindergarten students of Sunflower County District now scoring an average of 431, Hollandale District 434 and Leland District 487 (second highest mean score in the state), all higher than the Mississippi-wide average of 425.<sup>119</sup> Relevance: Targeted teacher training and promotion of an evidence-based curriculum will improve the quality of services provided to children and families and improve students' preparation for Kindergarten.

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

Program Model: An effort modeled after similar programs by the Children's Defense Fund/Southern Regional Office (CDF/SRO) focused on improving children's' acclimation to kindergarten through third grade, focusing on children with communication deficiencies like speech or vocabulary deficiencies. Program staff provide sessions with children ages 3-5 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. This model is considered to show **strong evidence** in that it 1) meets WWC standards without reservations; 2) includes at least one statistically significant positive finding; and 3) includes at least one finding shows strong evidence of effectiveness (ESSA Tier 1).<sup>120</sup>

Evidence-Based Model: SPARK. Strong evidence: meets WWC standards with reservations, appropriate study with statistically

significant finding but study not in more than one site.<sup>121</sup> Targeted Enrollees: Children

ages 3-5 with developmental delays. Target

Enrollment: Year 1: 100; Year 2: 200; Year

3: 200; Year 4: 200; Year 5: 200. Impacted GPRAs: 2. #/% children ready for kindergarten, 4.

#/% of children at or above grade level in math and reading, 12. #/% of children who are read to

3 times or more a week, and 13. #/% of parents who encourage reading outside of school.

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

Evidence: According to a seven-state evaluation of SPARK programs, SPARK children outperformed non-participants on measures of cognitive, language, fine motor, gross motor, and socio-emotional skills. Implementation of the SPARK Program in a population of 75% Black, which includes tutoring and family engagement, resulted in statistically significant positive findings and strong evidence of effectiveness compared to students not receiving the intervention. SPARK's intervention strategies have also been shown to improve reading and literacy performance in high-risk students in the Mississippi Delta. In 2019, SPARK participants

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

Ruby Bridges, civil rights activist and author of This is Your Time from Tylertown, MS



in Indianola scored significantly higher on STAR Early Learning tests than nonparticipants, while participants in Hollandale and Leland experienced increased scaled scores the longer they spent in the program. Given SPARK’s focus on children with developmental delays, these increasingly improved test scores and the approach to the mean scores of non-participants without developmental delays demonstrates the program’s positive effect.

PERCENT OF CHILDREN READY FOR KINDERGARTEN



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.

**5. Promise School**

*Lead Agency: GLCSD*

Program Model: School-based summer camp for incoming kindergarteners that includes literacy and numeracy interventions as well as help transitioning into being part of the school system. Program consists of a 6-week intensive summer education for children ages 4-5 that aims to improve upper- and lower-case recognition, awareness of print, phonological and phonemic awareness, develop appropriate receptive language and oral language for communication, improve self-concept and engagement in learning environments, and demonstrate control over emotions and develop positive relationships with adults and peers. Program also includes teacher development and mentoring programs for new teachers.



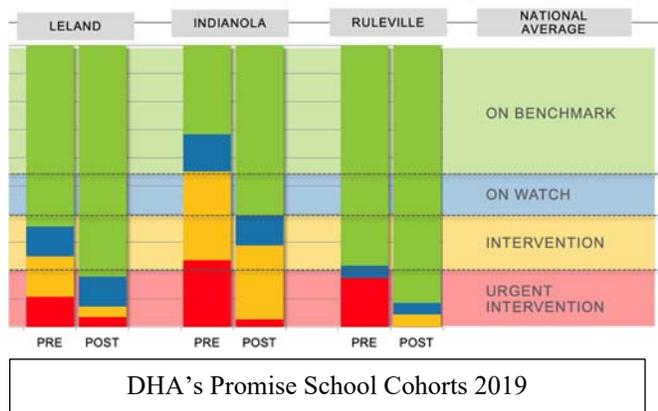
Evidence-Based Model: Kids in Transition to School (KITS) Program. Promising Evidence:

Children who received the intervention demonstrated significantly greater improvements in letter naming, initial sound fluency, and understanding of concepts about print than their peers who did not participate in the intervention, as well as decreases in aggressive responses to peer provocation and increases in self-regulation skills. Results suggest that a brief, focused school readiness intervention is feasible to conduct with low-income families and may improve critical skills. Targeted Enrollees: Children 5 years old. Target Enrollment: Year 1: 100; Year 2: 150; Year 3: 150; Year 4: 150; Year 5: 150. Impacted GPRA: 2. #/% children ready for kindergarten. Additional Outcome Measures: Written and oral language skills in 5-year-old children.

Evidence: Promise School reduced the adjustment period that students face when they arrive at

Kindergarten, and they outperformed their peers over the course of the year - even though they start the year a behind.

Promise School has led to more students performing at benchmark on STAR Early Literacy testing, and fewer students



needing intervention. At post-test, all Promise School cohorts exceed national benchmarks, and Promise School participants' mean STAR scores exceed both county and state averages. Leland, Indianola and Ruleville cohorts saw more students at benchmark and fewer students needing intervention after enrollment in Promise Schools. Daily reading habits in the home have improved, with more parents reading with children and engaging in literacy activities. A CCRE study, published in *Perspectives on Early Childhood Psychology and Education*, found that the



program had sustained effects on students' academic performance throughout elementary school: participants were dramatically less likely to fall below the 25th and 10th percentiles in reading achievement than their peers who did not participate in the program, and these effects extended up to four years after the program.<sup>122</sup> Relevance: Promise School helps children achieve readiness for kindergarten. Existing Head Start programs provide services to less than half of eligible children in Leflore due to limited resources and Promise School will help fill this gap. By employing and offering training to Head Start teachers, the program also improves the quality of instruction in those programs and offers targeted professional development opportunities.

## 6. CARES Mentoring Program

*Lead Agency: GLCSD*

Program Model: CARES (Children Are Reaching Excellence with Support) Mentoring Program is an evidence-based, in-school program that utilizes the Big Brothers/Big Sisters mentoring model which provides a systematic way for a caring adult to take a holistic approach to providing

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

academic, social, and emotional support based on the individual elementary student’s needs. Teachers at the participating schools complete a behavioral assessment of their students at the beginning and end of the year,

which measures hyperactivity, social skills, responsibility, and emotional health. The mentor is assigned to a specific mentee, based upon the needs of that mentee, the availability of the mentor, and common interests as determined by a mentee and mentor profile. The mentor and child will then meet once each week, for a minimum of an hour, during the school day and on school grounds. During the session, the mentor and mentee may talk, play games, walk around the school, or read. Occasionally, the mentor may assist the mentee with homework or other



activities, but this will be by mutual agreement. In general, the mentor is to be viewed as an adult friend and not as a teacher and or second parent.

Evidence-Based Model: Big Brothers/Big Sisters school-based mentoring. Strong evidence: study meets WWC standards without reservations, statistically significant positive outcomes w/no negative effects in over 350 students in more than one site.<sup>123</sup>

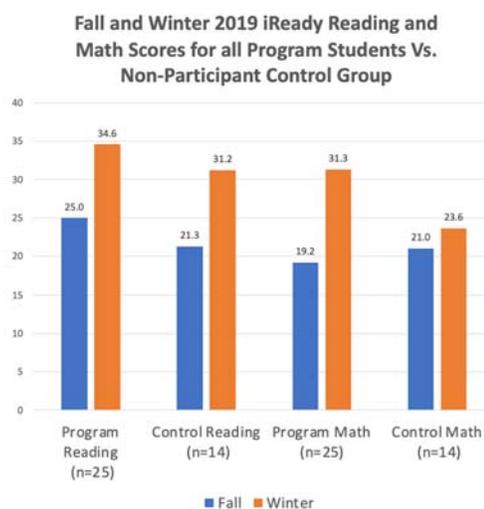
Targeted Enrollees: Students, grades K-3. Target Enrollment: Year 1: 50; Year 2: 100; Year 3:

150; Year 4: 200; Year 5: 250. Impacted GPRAs: 4.

#/% of children at or above grade level in math and reading and 5. Attendance rate for 6<sup>th</sup> – 9<sup>th</sup> grade.

Additional Outcome Measures: Changes over time in need for “Urgent Intervention” on STAR early literacy and reading assessments. Evidence: Mentoring programs improve high school graduation rates and the likelihood of attending postsecondary training or

education, as well as reduce instances of teenage pregnancy and rates of delinquency, specifically for at-risk youth. Outcomes from our local implementation at two schools in Sunflower County show that CARES is having a positive impact on participants’ behavior and course performance. Students enrolled in CARES experience fewer absences even as absences for non-CARES students have increased and in 2019 very large and statistically significant increases in math scores were observed among CARES participants. Relevance: The CARES mentor becomes another source of adult support for the child. The program enhances mentees’ self-esteem, improves attendance and academics, and provides intervention at an early age.





## 7. LPC Literacy Fellows

*Lead Agency: Delta Health Alliance*

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

Evidence-Based Model: Reading Partners Program. Strong evidence: Meets WWC standards without reservations; At least one statistically significant positive finding; ESSA Tier 1 rating – At least one finding shows strong evidence of effectiveness.<sup>124</sup>

Targeted Enrollees: Third graders at Claudine Brown, Bankston, Threadgill, Davis, Leflore County and East Elementary Schools (total # 3<sup>rd</sup> graders = 323).

Target Enrollment: Year 1: 90; Year 2: 90; Year 3: 90; Year 4: 90; Year 5: 90.

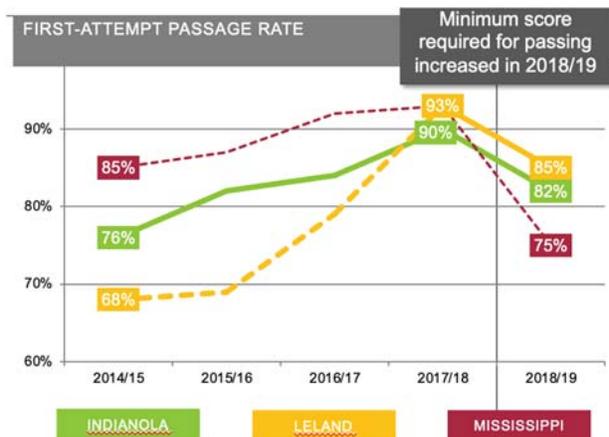
Impacted GPRA: 4. #/% of children at or above grade level in math and reading.

Additional Outcome Measure: 3rd Grade Summative Reading Assessment scores, #/% who successfully transition on time from elementary school to middle school. Since its implementation in the 2015-2016 school year, DHA's Literacy Fellows Program has resulted in improved outcomes for those at-risk children whose grades and test scores indicated that they would be more likely to fail the 3<sup>rd</sup> grade Reading Grade test and fail to advance to 3<sup>rd</sup> grade. By 2018, all three school districts where Literacy Fellows is established had an average 15% increase in passing rate from the 2014-2015 school year. Over three years, students increased approximately 73 points in reading skills, and resulting higher passage rates dramatically



reduced third-grade retention. When the minimum score required for passing the Reading Gate increased in 2018-2019, both Indianola and Leland still exceeded the state passing rate even as the passing rate overall decreased, indicating the strength of our intervention. On a larger level, a rigorous quasi-experimental study conducted by the University of Memphis' Center for Community Research and Evaluation researchers in 2019 anticipated a 23% reduction in dropouts among children participating in Fellows, which in turn is expected to result in a return on investment of 2.09:1 – a positive fiscal impact of \$76,000 per Fellow – when considering state/local and federal costs saved due to the intervention. Conservative estimates predict a return-on-investment of at least 2.1:1 for the

Literacy Fellows Intervention. Relevance: Literacy Fellows 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 3<sup>rd</sup> grade reading gate.



The program will reach the highest need students with reading support.

### **8. Delta EATS (Edible Agriculture Teaching Students)      *Lead Agency: DHA***

Program Model: Focuses on educating families on how to grow their own fruits and vegetables as well as to increase the number of children in Leflore that regularly consume fruits and vegetables. The program will work with existing classes to integrate gardening skills into their own course work (mathematic problems calculating yield of harvest, science classes to understand botany, home economics for cooking the garden's produce, history of agricultural



development in the region, etc.) Students will be involved in all stages of the gardens' development, from planning the plots, deciding what to grow, assisting with the planting, and maintaining the gardens through weeding, watering and feeding. GLCSD's elementary schools

***“It helps the students understand what people do every day to make sure we have fresh fruits and vegetables. We’re part of that now.” – Zaonrick Johnson, 11, fifth grader at Trigg Elementary School, in Greenville, MS regarding their DHA sponsored school garden.***

do not have science labs so the gardens are the only opportunity that most young children will have to learn about science in a hands-on setting. One garden will be established each year, once classes return

to in-person learning. Targeted Enrollees: Students at GLCSD elementary schools, grades K-5.

Evidence Based Model: Growing Minds. Nutrition education programs are not reviewed by WWC however this program meets the criteria for evidence that demonstrates a rationale.

Science achievement of third, fourth, and fifth grade elementary students participating in the Growing Minds school garden program was studied using a sample of 647 students from seven elementary schools in Temple, Texas. Students in the experimental group participated in school gardening activities as part of their science curriculum in addition to using traditional classroom-based methods. In contrast, students in the control group were taught science using traditional classroom-based methods only. Students in the experimental group scored significantly higher (5.6 points,  $p=0.001$ ) on the science achievement test compared to the students in the control group. Targeted # New Gardens: Year 1: 3; Year 2: 1; Year 3: 1; Year 4: 1; Year 5: 1.

Impacted GPRAs: 8. #/% of children who are physically active at least 60 minutes daily, 9. #/% of children who consume 5 or more fruits or vegetables daily. Additional Outcome Measures: changes in students' perception of fresh produce, consumption of fresh vegetables, knowledge of



sustainable farming techniques and healthy cooking. Evidence: When a household member has participated in a community garden, family members were more likely to consume larger amounts of fruits and vegetables. Youth participation in community gardening garnered favorable results in regard to changes in dietary habits, physical activity, and/or academic scores during and after garden participation. Finally, community gardens foster social connections and provide opportunities to establish and build community relationships. DHA has ten years of experience working with area schools,



Picture 1. School Garden in the Delta

churches and health clinics to establish public gardens, Farm to School programs, and Farmer’s Markets in the region in partnership with the Delta Fresh Food Initiative. Since the COVID-19 pandemic and move to virtual learning, our Delta EATS program has shifted to teaching families about starting their **own home gardens** and assisting with the delivery of produce packages to low-income residents. From March 2020 – January 2021, DHA has distributed a total of 702 bags of produce and supplies, not including food and supplies delivered to students weekly via our at-home lesson packages. Relevance: The program will bring together real-life gardening experiences and evidence-base curriculum to improve student’s knowledge and attitudes towards gardening, agriculture, botany and life sciences. It also addresses our community’s identified need for improved access to fresh fruit and vegetables.



## 9. The Writing Project

*Leads: University of MS Writing Project & GLCSD*

Program Model: The University of Mississippi Writing Project seeks to empower teachers to improve thinking, writing, teaching, and learning through access, diversity, and equity; through relevant and current teaching practices; and through teacher expertise, leadership, and reflection. Certified instructors provide workshops for educators of all grades, in-school professional development for schools and districts, intensive summer programs, continued support for teachers throughout the year and young writers' programs. The University of Mississippi Writing Project is one of 160 sites of the National Writing Project (NWP). Expanding into Leflore County, the Writing Project will identify and recruit 20-25 teachers serving grades 4-6th, provide instruction to teachers to improve writing and teaching techniques to foster writing among students, and work one-on-one with at-risk students to foster growth of their writing skills.

Evidence Based Model: The National Writing Project. Moderate evidence: Meets WWC

standards with reservations; At least one statistically significant improvement in more than 350 students in more than one site; ESSA Tier 2 – At least one finding shows moderate evidence of effectiveness.<sup>125</sup> Targeted Enrollees:

Teachers of 4<sup>th</sup>-6<sup>th</sup> grade students and 4<sup>th</sup>-6<sup>th</sup> grade students.

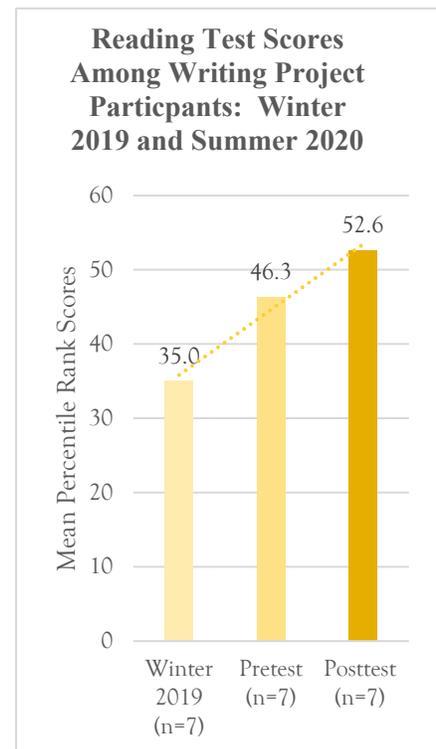
Target Enrollment: Year 1: 40; Year 2: 40; Year 3: 40; Year

4: 40; Year 5: 40. Impacted GPRAs: #5. Students at or above

in English State Test. Additional Outcome Measures: Student

mobility in Middle School. Summary of Evidence: Across 16

independent studies of seven dimensions of writing





performance, researchers found that students of National Writing Project teachers outperformed their non-NWP counterparts in 103 of 112 contrasts. These findings - overwhelmingly positive results favoring NWP, and the fact that in no case did the comparison group significantly outperform students in NWP—point to the effectiveness of NWP professional development. DHA first launched the Writing Project in 2019 and despite schools closing in March 2020 in response to COVID19 and having to move to an all-online format, participating students Summer scores increased from the Winter scores by 11.3 PR points and 17.6 PR points for the pretest and posttest, respectively.

**10. LifeSkills Training (LST)**                      *Lead: Greenwood Leflore Consolidated School District*

Program Model: LST is an evidence-based program to develop self-management skills that aim to reduce violence, delinquency and use of drugs and alcohol while learning risk-avoidance strategies. It will be delivered in school settings in partnership with Delta Council, supported by area volunteers and guest speakers. Program utilizes instruction time and provides skills that help students make healthier choices. Targeted Enrollees: GLCSD students, grades 6-12.

Evidence Based Model: LifeSkills Training. Promising evidence: From the National Center for Education Evaluation report, “As illustrative examples of the potential impact of evidence-based interventions on educational outcomes, the following have been found to be effective in randomized controlled trials – research’s “gold standard” for establishing what works: ... Life-Skills Training for junior high students (low-cost, replicable program reduces smoking by 20% and serious levels of substance abuse by about 30% by the end of high school), compared to the control group.<sup>126</sup> Target Enrollment: Year 1: 300; Year 2: 300; Year 3: 300; Year 4: 300; Year 5: 300. Impacted GPRAs: 5. Attendance rate for 6<sup>th</sup> – 9<sup>th</sup> grade and 10. #/% of children who feel



safe at and traveling to school. Additional Outcome Measures: Changes over time in student disciplinary actions, student anger management skills, use of alcohol, tobacco, and/or illicit drugs. Summary of Evidence: Participants experienced significant reductions in risky behaviors compared to the control groups. LST significantly lowered the chances of students becoming tobacco users and lowered the risk of students using alcohol; which continued into the future as students progressed through middle school. Elementary-aged participants had higher self-esteem than students in a control group; and students who participated showed much lower rates of delinquency and participation in violent behaviors as well as lower instances of driving violations once students were old enough to operate a vehicle. The program has received a “Proven” rating from the Promising Practices directory. LST has also proven effective in preparing young people ages 16+ in transitioning from foster care to adulthood. LST is currently being implemented by DHA and community partners at Merritt Junior High School in Sunflower County. In a 2019 survey, student smoking and drinking were at the lowest they had ever been, and binge drinking had dropped for two years in a row. Based on more than 35 years of rigorous scientific research, LifeSkills is proven to be the most effective evidence-based substance abuse program used in schools today. Additionally, **juvenile court referrals in Sunflower County have dropped 4% – now the 3<sup>rd</sup> best in the state**, and the best overall in the Delta. Relevance: The program aims to raise the number and percent of students who develop self-esteem, develop problem solving skills, reduce stress and anxiety, and manage anger. Specifically, the program seeks to build effective defenses against pressures to use tobacco, alcohol, and other drugs and understand the consequences of substance use, risk-taking, and media-influence.



## 11. LPC Summer Camps

*Leads: Determined via competitive competition each year*

Program Model: Engages local community-based agencies in providing education and healthy lifestyles activities to young adults in Leflore communities. Specific camp topics are chosen through a competitive Request for Proposals process modeled after the system used by DoE and HRSA, in which **local** organizations, faith-based groups, civic groups, etc. can propose summer program concepts for review. **All Summer Camps must provide transportation** or have arrangements to ensure that transportation is not a barrier to access. Winning proposals must demonstrate feasibility, impact, effectiveness, and experience.

Evidence Based Model: Summer Reading

Camps. Promising evidence - study by WWC with at least one favorable effect but does not meet WWC eligibility requirements.<sup>127</sup>

*“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 Oswald - rising high school junior and participant of IPC

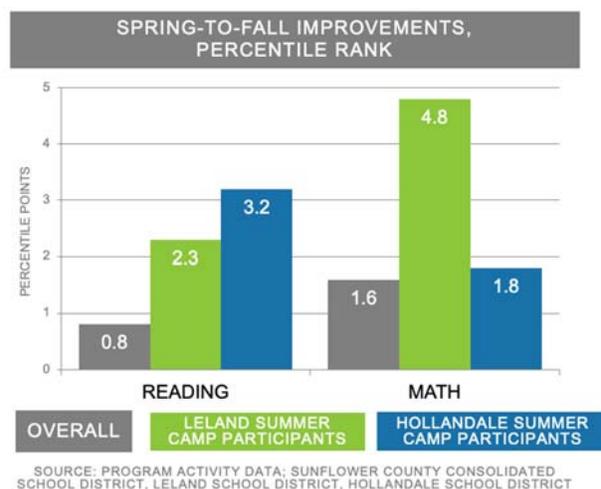
Targeted Enrollees: All Leflore County

students, grades K-12. Target Enrollment: Year 1: 150; Year 2: 200; Year 3: 200; Year 4: 300; Year 5: 300. 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. Summary of Evidence: Summer reading programs increase students reading levels over the summer, particularly in at-risk youth; participants scored higher on reading achievement tests at the beginning of the next school year than those students who did not participate; as well as “significant improvement on multiple reading outcomes.” Summer reading interventions may be particularly effective for low-income children, who made more



significant gains on reading. DHA has implemented and evaluated summer camp learning programs in other counties in the Delta since 2012. An independent evaluation of the DHA summer camp programs has shown a statistically significant reduction in summer learning loss and great increases in knowledge from Spring to Fall in reading and math scores. Summer camps also provide college and career preparation; for example, our coding camp has led to a notable increase in students interested in pursuing software engineering or computer science as a career.

Relevance: Summer reading programs help children retain progress that they made during the school year. 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.



## 12. CATCH P.E. Program

*Lead Agency: GLCSD*

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



---

Evidence Based Model: CATCH PE. Physical education programs are not reviewed by WWC however this program meets the criteria for evidence that demonstrates a rationale. A randomized control trial of 88 schools with high minority representation was conducted to test the impact of the CATCH program on physical activity. The study shows a strong secular trend of CATCH increasing moderate to vigorous physical activities in schools that implemented the program.<sup>128</sup>

Targeted Enrollees: Leflore residents, 5 – 18 years old.

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

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

Additional Outcome Measure: changes over time to #/% of students who are obese, K-5th grade attendance, 10th-12th grade attendance. Summary of Evidence: CATCH is proven to prevent childhood obesity and reduce overweight and obesity. CATCH schools have increased moderate to vigorous physical activity, reduced gender differences in physical activity engagement and improved nutritional quality of foods served. In the fall of 2020 DHA established three community centers in our Promise Communities to support students struggling with online learning, incorporating our CATCH PE program into those services for 64 students, ages 5-12.

Relevance: DHA currently operates a CATCH PE program in partnership with the Sunflower County Consolidated School District, which now serves 79% of their students.

### **13. Leflore Youth Council**

***Lead Agency: Delta Health Alliance***

Program Model: The Youth Council focuses on engaging high school-aged teens in their communities while improving their leadership abilities. The Leflore Youth Council (LYC) program is patterned on the National Bridge Builders Program, and involves lessons held once a



week for local 9<sup>th</sup> and 10<sup>th</sup> graders. The program includes a series of courses containing lessons on leadership, diversity, business and career etiquette, networking with peers, and how to become involved in local politics; and also provides a direct forum for young adults to participate in local politics. Pre- and post- tests are administered on specific core content such as leadership training, service learning, communication, civic engagement, citizenship, and Roberts Rules of Order.

Evidence Based Model: Bridge Builders.

Not reviewed by WWC however this program meets the criteria for evidence

***“I’m taking back so many things I didn’t know,” said Brianna Johnson, 17, a junior from Leland High School who attended a DHA workshop on Youth Councils. “There’s so much encouragement here. It all just makes me want to try harder.”***

that demonstrates a rationale. A retrospective study on Bridge Builders surveyed former participants (N=151) to understand the impact of the program. Participants’ attitudes toward leadership, community service, communications, human relations, and activities were studied. Findings revealed that perceptions of leadership skills and exposure to other cultures improved as a result of the program’s camp experiences and monthly meetings.<sup>129</sup>

Targeted Enrollees: GLCSD students, grades 9 and 10. Target Enrollment: Year 1: 20; Year 2: 20; Year 3: 20; Year 4: 20; Year 5: 20. Impacted GPRAs: 6. High school graduation rate, 7. #/% of students who graduate and obtain post-secondary degrees or industry certifications without remediation, and 10. #/% of children who feel safe at and traveling to school.

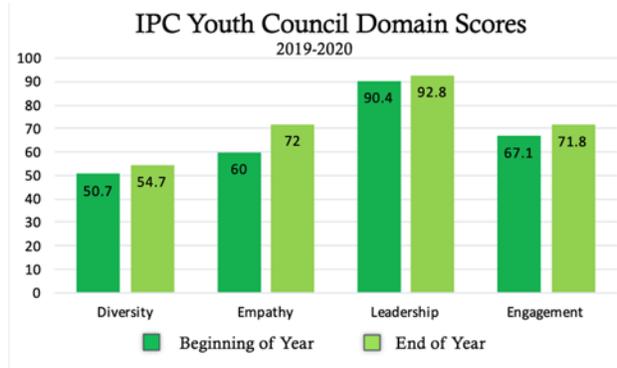
Additional Outcome Measures: Pre-/Post- leadership and civic engagement scores.

Summary of Evidence: Young people who are engaged in activities have increased self-esteem, encounter less risk and show evidence of higher rates of successful transitions into adulthood.



Engaged youth had much lower risk for having personal, social, and behavioral problems than youth who were not involved. Involved youth were less likely to partake in risk behaviors including tobacco use, alcohol use, and bullying and were twice as likely to actively participate within their communities. Analyses of our Youth Council program in Indianola, MS has

demonstrated positive growth in the areas of empathy, diversity, leadership, and engagement, with more students saying they plan to live in Indianola at post-test and engaging more with their community by



attending public meetings and forums and keeping up with what happens within the community.

Relevance: The program aims to involve youth in more professional and political matters. Not only is DHA’s existing Youth Council preparing participants to be civically engaged leaders, it is improving the diversity of the student’s peer group. In a largely segregated region, it is not very often that students have the opportunity to share experiences with those different than themselves. The LPC Youth Council will provide students the opportunity to experience diversity in youth leadership program. The Council will supplement the larger Leflore Advisory Group, offering their recommendations on programmatic matters impacting young adults.

**14. College Promise Initiative**      *Lead Agency: Greenwood Leflore School District*

Program Model: College Promise Initiative (CPI) focuses on creating a “college going” culture in Leflore communities by aligning college preparatory services and assistance across all programs and supporting dual enrollment at local colleges. Based on evidence from college

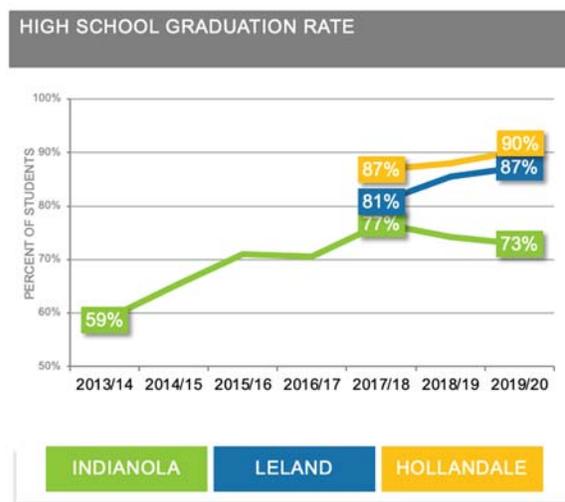


readiness literature, the CPI strives to 1) support the implementation of a rigorous curriculum in middle and high school so that students are prepared for college-level course; 2) ensure that students are actively engaged in developing their own pathways to college success; 3) make sure students have the social, emotional and non-

cognitive skills to persist in the face of obstacles; and 4) give students the opportunity to understand the financial investment of college.

In order to do this, the CPI will utilize the existing infrastructure of the pipeline, including:

- Support rigorous curriculum—LPC will employee teacher coaching and professional development for core subject teachers at all of the middle and high school target schools. The intervention will support the rigorous implementation of the Mississippi College- and Career-Ready Standards in target school classrooms.
- Reinforcing college-going behaviors and developing College Pathways—LPC will recruit middle and high school students for an afterschool program. The time in the program will focus on developing individual college pathways based on counseling students to research, apply to and attend schools that are a good match for them. Additionally, LPC will provide school-based college counselors to provide additional guidance to students regarding college pathways. Family advocates, LINKS, will provide information to parents and students on attendance and school engagement in order to reinforce college-





---

going behaviors at home. The LINKS will also provide linkages, or referrals, to supporting programs based on the student's need.

- Financial Literacy—LPC will utilize the existing Healthy Wealthy Wise and Money Smart intervention to provide financial literacy curriculum to students and parents. Students will be recruited for the program through other LPC programs, including Youth Council, GREAT and afterschool programming.

LPC believes the college readiness strategies outlined previously have the greatest chance of positive impact on students college performance, as opposed to traditional test prep course, because there is little evidence from research that supports traditional test practice and test strategies—like ACT prep, as an effective strategy for specifically improving ACT scores. The little evidence that does exist finds no more than minimal positive effects and on occasion negative effects. For example, a study completed by researchers at the Educational & Social Research Department at ACT determined that ACT coaching had little to no impact on ACT scores, and that workbooks and test prep courses could produce slightly lower scores. In addition, a study of students attending the Chicago Public Schools reveals that test prep strategies and item practice are not effective mechanisms for improving ACT scores.<sup>5</sup> Similarly, DHA has implemented Kaplan and A-List college prep classes in a similar Delta community and produced the same results that the literature concludes.

Evidence Based Model: Duel Enrollment Programs. Strong evidence – WWC intervention report using version 3.0 has positive and potentially positive effect based on medium to large extent of evidence with no negatives.<sup>130</sup> Targeted Enrollees: GLCSD high school students, grades 6-12.

Target Enrollment: Year 1: 95; Year 2: 145; Year 3: 245; Year 4: 245; Year 5: 245.



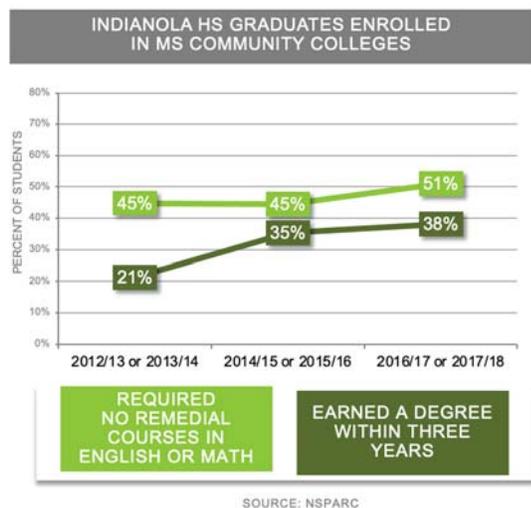
Impacted GPRAs: 6. High school graduation rate, 7. #/% of students who graduate and obtain post-secondary degrees or industry certifications without remediation, and 14. #/% of parents who talk to their child about college and careers. Additional Outcome Measures: ACT scores, # dual credit awarded to students; 9th-12th Grade Attendance; changes over time to # of college applications submitted. Summary of Evidence: Earning dual credit in high school had a significant impact on college readiness and experience. DHA’s experience offering College Prep programs in Sunflower County has yielded significant results in ACT score improvement, and schools receiving DHA College Prep programming have experienced increased high school graduation rates and higher rates of degree completion at local community colleges.

Furthermore, we have seen an increased number of students at local community colleges who do not require remedial courses in English and math, especially compared to state averages.<sup>131</sup>

Relevance: College Promise provides institutional and student pathways to college for targeted students. It builds the capacity of students to explore their options, including college (if desired), and helps them prepare for the rigors of college at an earlier age.

## 15. WATCH D.O.G.S

*Lead Agency: GLCSD*



Program Model: WATCH D.O.G.S. (Dads Of Great Students) is an innovative **father involvement**, educational initiative of the National Center of Fathering. The goal of the program is to provide positive male role models for students and to provide an extra set of eyes to enhance school security, reduce bullying, and improve student and

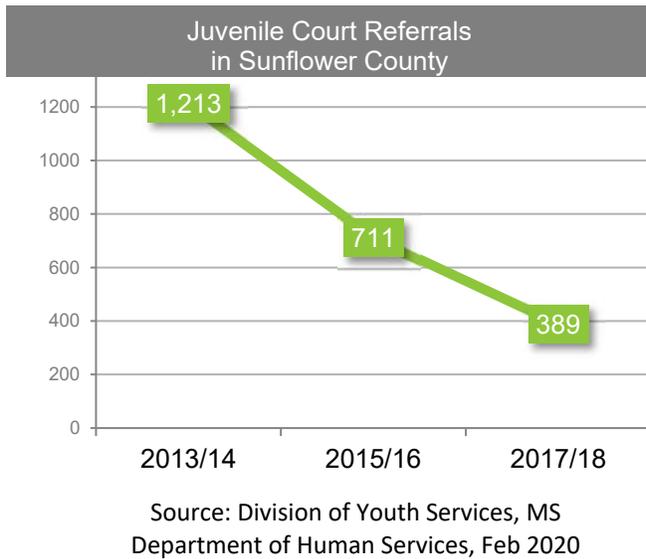


teacher perceptions of safety. The program brings together and trains dads to volunteer at school all day for at least one day per school year. The program is overseen by a “Top Dog” volunteer who partners with school administration to coordinate scheduling and identify opportunities to support each school.

Evidence Based Model: Parent and Child Social-Emotional Programming / Coping Power.

Strong evidence - Intervention Report reports three studies that meet WWC evidence standards with a positive effect on medium to large extent of evidence, no negatives, 650 students.<sup>132</sup>

Targeted Enrollees: Fathers, step-fathers, and male head of households of LSD and HSD students. Impacted GPRA: 10. #/% of children who feel safe at and traveling to school, 12. #/% of children who are read to 3 times or more a week in families with participating fathers, 14.



#/% of parents who talk to their child about college and careers in families with participating fathers. Additional Outcome Measure: % of parents who come to one or more school events each year; % of parents who feel involved in their schools (per annual School Climate Surveys), changes over time to student disciplinary actions,

#/% tobacco, alcohol and/or illicit drug use. Target Enrollment: Year 1: 20; Year 2: 40; Year 3: 40; Year 4: 40; Year 5: 40. Number of children impacted will be 709 in Year One rising to all 1,470 students in Years Two – Five. Summary of Evidence: Engagement of fathers can positively impact child development and student achievement; as well as the social, behavioral



---

and psychological outcomes of their children. A father's academic support has been shown to positively influence adolescent boys' academic motivation to try hard in school, feel grades were important, and to place a high value on education. While a direct link is difficult to establish for any one pipeline program, from 2013-2018 we have seen a dramatic decrease in referrals to Juvenile Court in Sunflower County with similar trends emerging from Washington County.

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

**16. Boys and Girls Club of the MS Delta**

*Lead: Mississippi Valley State University*

Program Model: Serving two locations in Leflore County, in Greenwood and in Itta Bena on the MVSU campus. Boys and Girls Club of America (BGCA) members participate in the five Core Program Areas, beginning each day by reciting the BGCA Code in Assembly, and moving into Snacks and Power Hour before breaking off into various SMART Kids Programs, Money Matters, Power Hour, TriplePlay, TorchClub, ClubTech, Youth of the Month, Passport to Manhood, Career Launch, STEM DIY, and other programs like Cal Ripken's Badges for Baseball, our new partnership with Special Olympics Mississippi, Community Service Projects, visual and music arts. In 2020, the clubs continued their services through virtual learning opportunities including homework help, fitness programs, literacy activities, group events to address feelings of isolation and more. Centers are expected to reopen by the summer of 2021. The LPC will support an expansion of these programs to enable more children to participate.



Evidence Based Model: Boys and Girls Club. Not reviewed by WWC however this program meets the criteria for evidence that demonstrates a rationale. Study involved low-income, ethnically diverse sample of approximately 320 youth Club attendance records over a 30-month period, and in-depth interviews with a sample of ninth graders--to investigate the relationship between participation and outcomes. The findings show that teens who had higher levels of participation in the Clubs experienced greater positive change on 15 of 31 outcomes examined, including increases in integrity (knowing right from wrong) and academic confidence, decreases in incidents of skipping school, and a lower likelihood of starting to carry a weapon or use marijuana or alcohol. Qualitative data bolster these findings, providing insights from youth and staff about the practices and strategies that support the influence of the Club, as a whole, on youth's lives.<sup>133</sup> Targeted Enrollees: Children residing in Leflore County, ages 6-18.

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

Impacted GPRAs: 4. #/% of children at or above grade level in math and reading, 5. Attendance rate for 6th – 9th grade, 6. High school graduation rate, 8. #/% of students, grades 7th-12th who participate in at least 60 minutes of physical activity. Summary of Evidence: BGCA's Project Learn was evaluated using a quasi-experimental, three-arm research design. At 30 months, program youths reported significantly greater enjoyment and engagement in reading, verbal skills, writing, and tutoring. They also had better overall averages in reading, spelling, history, science, social studies, and school attendance compared with comparison and control youths. Program and comparison youths had significantly more positive reading skills, writing skills, game skills, overall school performance, and interest in class material than the control group.



## 17. Teacher Coaching and Development

*Lead: Greenwood Leflore School District*

Program Model: Program will have two components and be open to both teachers and administrators of all participating public schools. First, it will replicate the *New Teacher Center Induction Model*, a nationally recognized, evidenced-based model that provides professional development, research-based resources, and online formative assessment tools for new teachers, mentors, and school leaders. New teachers meet weekly with their mentor for a total of 180 minutes each month for two years. Online formative assessments are used to guide observation cycles and lesson planning. 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 replicate the *MyTeachingPartner* model, which has been reviewed by the IES WWC. Through the program, middle and high school teachers and administrators access a video library featuring examples of high-quality interactions and receive individualized, web-based coaching approximately twice per month during the school year. MTP-S uses the secondary school version of the Classroom Assessment Scoring System®–Secondary to define and observe effective teaching practices. The program is flexible enough to align with district and NTC standards. Evidence Based Models: Moderate evidence – Meets WWC standards without reservations; At least one statistically significant positive finding; ESSA Tier 2 – At least one finding shows moderate evidence of effectiveness; 7,149 students.<sup>134</sup>

Targeted Enrollees: Teachers and Administrators of GLCSD.

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

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



---

Teacher education skills, teacher retention, student ACT scores. Summary of Evidence:

Development and mentoring programs for new teachers have been shown to have positive impact on new teachers' educational skills. Teachers who participate in early childhood teacher development programs showed improvement in their teaching behavior and child skills compared to teachers that did not participate in development programs. The IES's WWC has found that the model has an impact on three teacher outcome domains. Participation in teacher induction programs has also been correlated with reduced teacher turnover. During the 2015-2016 school year, DHA offered funding to the Sunflower County Consolidated School District to provide similar teaching coaching efforts to staff at Lockard Elementary. The coaches' efforts focused on Kindergarten teachers. When compared to other schools in the district that did not receive DHA teacher coaching, Lockard demonstrated more growth in the number and percent of Kindergarteners meeting grade-level benchmarks. Relevance: The program delivers an extensive, professional development program for instructional staff of grades K-12 students in the area of mathematics and language arts. It accelerates the effectiveness of teachers and increases student learning and development through improved teacher–student interactions.

**18. Universal Parenting Place (UPP)**

*Lead Agency: Leland Medical Clinic*

Program Model: UPP centers are locations where parents and children can receive judgment-free professional counseling, information and emotional support for family-related issues or concerns, open to all parents or guardians at no cost. These centers seek to proactively engage parents and provide answers to questions about common challenges and sources of stress that effect children, *before* problems have exacerbated to crisis levels. Professional coaches provide individual counseling, group sessions, brain-focused skills for common problems, strategies for short-term



problem solving, and personal referrals to relevant community agencies. The Relational Adverse Childhood Experiences Family Therapy (RAFT) model aids families in achieving more positive familial interactions through short engagements with coaches (licensed therapists) by addressing the stresses of their families of origin and their current familial situation. Programs are customized to meet local needs and community interest. Using the Parenting Sense of Competence Scale allows client families to acknowledge their current parenting values and beliefs, while also providing insight for the client family as these values and beliefs may change throughout the therapeutic process. Each measure and a client family's answers will be processed with the client family to assist them in making connections between their history, relationship patterns, and current parenting practices. The RAFT model integrates evaluation tools into the therapeutic process. They are intended to assist the client family in understanding their progress in their personal work, to reinforce progress, and to aid in identifying new areas they would like to bring into therapeutic focus.

Evidence Based Model: RAFT. Not reviewed by WWC however this program meets the criteria for evidence that demonstrates a rationale. A review of RAFT, completed by researchers at the University of Missouri, grouped the results of individual experimental studies into categories and compared outcomes using control groups with alternative treatment methods. The study concludes that family therapy has been found to have positive effects compared with both no-treatment and alternative treatment controls, as measured by family interactions and behavior ratings.<sup>135</sup> Model Design: The Adverse Childhood Experiences (ACE) Center Task Force is a team of 40 leaders from the region dedicated to transforming the way our medical systems and policies address health and behavioral outcomes. RAFT is constructed to serve as a tool to aid in



the prevention of Adverse Childhood Experiences (ACEs) in the children of a client family by helping the client family acknowledge and process their own ACE history, while working on current parenting challenges.<sup>136</sup> In order to create an intervention that is suitable for short engagement and which is applicable universally, since all families and parents experience parenting challenges, elements of three existing therapeutic modalities were combined to create this model.

Targeted Enrollees: Families of Leflore, all ages.

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

Impacted GPRAs: 2. #/% of children ready for kindergarten, 4. #/% of children at or above grade level in math and reading, 5. Attendance rate for 6<sup>th</sup> – 9<sup>th</sup> grade, 10. #/% of children who feel safe at and traveling to school, 12. #/% of children who are read to 3 times or more a week, 13. #/% of parents who encourage reading outside of school, and 14. #/% of parents who talk to their child about college and careers. Additional Outcome Measures: changes over time to #/% Child abuse/neglect; K-5th Grade Attendance, 10th-12th Grade Attendance.

Summary of Evidence: UPP is based on the research on adverse childhood experiences done in the original Adverse Childhood Experiences study using the same survey tool, which has been utilized in over 50 other studies.<sup>137</sup> The RAFT model is based upon elements of solution-focused brief therapy, family systems theory, and acceptance and commitment therapy. Integrating the ACE questions into the RAFT model helps therapists explore the impact of a client’s family of origin.

Relevance: The need for a family-oriented “safe place” is a direct response to Leflore’s high rate of births to teen mothers and adverse childhood experiences in these communities, including domestic abuse and domestic violence, alcoholism, neglect, and family dysfunction. The RAFT model allows parents to shield their children from adverse childhood experiences through the



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

### **19. Financial Literacy Workshops**

*Lead Agency: Guaranty Bank and Trust*

Program Model: The Health, Wealthy, Wise & Money Smart program—implemented in partnership with the Mississippi Community Financial Access Coalition (MCFAC), offers a standardized curriculum to assist

residents with managing their finances, reducing debt, saving money, establishing or re-establishing credit and learning strategies to change poor financial behavior. This

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

program provides practical skills and training for the unbanked, under-banked, and credit challenged individuals who need to improve credit scores, learn to budget, start saving and investing, and begin preparing for home ownership. During the course of the five-week evidence-based program, individuals will be provided financial literacy knowledge, as well as tools, strategies, and access to low-cost banking products and services that meet the FDIC “Safe Model” requirements, that help an individual build/rebuild credit, and establish the base for overall financial wealth building.

Evidence Based Model: Not reviewed by WWC however this program meets the criteria for evidence that demonstrates a rationale. A 12-year longitudinal study, with comparison groups, of



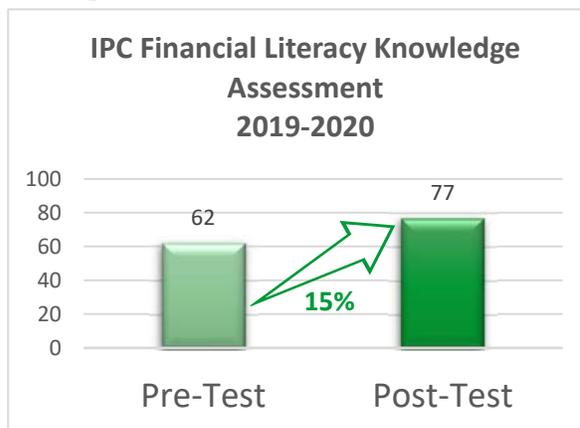
rural women (N=183) demonstrates that financial literacy courses have a statistically significant ( $p < .01$ ) impact on financial knowledge.<sup>138</sup> Targeted Enrollees: Ages 16+.

Target Enrollment: Year 1: 50; Year 2: 150; Year 3: 200; Year 4: 200; Year 5: 200.

Impacted GPRAs: 7. #/% of students who graduate and obtain post-secondary degrees or industry certifications without remediation and 14. #/% of parents who talk to their child about college and careers. Additional Outcome Measures: Pre-/post- knowledge of financial scams commonly targeting their community, ability to balance a checkbook.

Summary of Evidence: Financial literacy courses have been shown to have a positive impact on financial knowledge, as well as financial behavior. Parents' financial literacy and knowledge have a significant influence upon children's financial attitudes as well as a moderate influence upon children's financial behavior. Since 2013, DHA has partnered with local banks and service

groups to provide financial literacy programs in Sunflower County. Financial literacy classes for young adults (average age of 18) in Indianola have produced marked statistically significant improvements in knowledge and familiarity with financial practices and strategies, especially as



concern insured financial institutions, loan making decisions, certificate of deposits and applying for financial aid. Students also have seen improvements in confidence related to writing out a spending plan, paying bills on time, and setting and meeting financial goals.

Relevance: The program teaches financial literacy knowledge and exposes families to practical financial strategies and low-cost banking products and services. The program helps individuals



in economically distressed communities by providing them with skills to build assets, reduce debt, and increase savings.

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

Program Model: An evidence-based workforce development initiative that provides young adults with the opportunity to receive their GED or a certification; as well as explore a wide range of careers and career readiness programs. The program focuses on providing workforce training on medical, trade, and cosmetology tracks. LPC is partnering with other community agencies to offer training in carpentry, welding, phlebotomy, pharmacy technician, and Certified Nurse Assistant (CNA). Staff assigned to the GREAT program will also work with the MS Department of Education to take advantage of their *New Skills for Youth* grant from J.P Morgan awarded in April 2016, which is providing resources to develop detailed career readiness action plans for graduating high school students.<sup>139</sup>

Evidence Based Model: Youth Build. Strong evidence - Study meets WWC standards without reservations; statistically significant positive outcomes w/no negative effects in over 350 students in more than one site; ESSA Tier 1 – At least one finding shows strong evidence of effectiveness.<sup>140</sup> Targeted Enrollees: Leflore residents, ages 16-24. Target Enrollment: Year 1: 25; Year 2: 25; Year 3: 25; Year 4: 25; Year 5: 25. Impacted GPRAs: 6. High school graduation rate and 7. #/% of students who graduate and obtain post-secondary degrees or industry certifications. Additional Outcome Measures: #/% unemployed 19-24 year olds, #/% 19-24 year olds on public assistance, # vocational certifications, #/% earning their GED. Summary of Evidence: Low-income adults and youth participants more likely to be employed, more likely to have higher earnings, and were less likely to need to receive public assistance. The program was



---

also found to increase labor-force participation rates, particularly among teens ages 16-19, women, native-born residents, blacks, and native born youths. GREAT is currently being implemented by DHA in Washington County and includes certification opportunities in Pharmacy Tech, Certified Nursing Assistance, welding, carpentry and barbering. 43 participants completed the GREAT program in 2019, 15 of whom were Deer Creek Promise Community residents and 28 of whom were parents of children enrolled in DCPC programming, serving a secondary goal of increasing the number of children who have parents in the workforce.

Relevance: Our goal is to decrease the number of young adults who have not completed any form of post-secondary education or training. This is expected to have an intergenerational impact, since “improving the educational and employment prospects for parents in the workforce today may also do the same for their children as they enter the workforce tomorrow.”<sup>141</sup>

## **21. Delta Strong**

*Lead Agency: Delta Council*

Program Model: Delta Strong is a regional branding, marketing, and business development program aimed exclusively at luring new manufacturing, distribution, and processing opportunities to the region. The initiative has been supported by private sector financial institutions, our Planning and Development Districts and our Utility partners. This strategy, which is being led by the Delta Council Development Department, includes outcomes measurements and transparency that will position the Mississippi Delta region as a major player in the attraction of manufacturing, distribution, and warehousing operations, as well as further the ongoing efforts focused on workforce readiness and community preparedness. The program also provides individuals with access to the NCRC exam for career readiness in vocational centers. The LPC will support an expansion of the Delta Strong program in Leflore County.



---

Evidence Based Model. ACT WorkKeys National Career Readiness Certificate (NCRC) program. Not reviewed by WWC however this program meets the criteria for evidence that demonstrates a rationale. Analyses revealed that a NCRC certification program correlated with academic outcomes like reading ability level and math course-taking patterns. The program was also related to Manufacturing Skill Standards Council Certified Production Technician certificate attainment and course attendance. In all, the program appeared to provide useful signals of the foundational workplace skills required for success in a work-based learning program.<sup>142</sup>

Targeted Enrollees: Leflore residents, all adults.

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

7. #/% of students who graduate and obtain post-secondary degrees or industry certifications.

Additional Outcome Measures: # businesses in Leflore County, #/% unemployed 19-24 year olds, #/% 19-24 year olds on public assistance, # vocational certifications.

Summary of Evidence: Business incubators have become an integral part of the modern entrepreneurial ecosystem, supporting the growth of new ventures based on a broad range of measures. Relevance: Supporting the economic growth and development of businesses in Leflore County will provide more opportunities for investment and employment for local residents.

## **22. Mobile Medical Home Initiative**

***Lead Agency: Leland Medical Clinic***

Program Model: The Leland Medical Clinic (LMC) is a certified Rural Health Center and a certified Level-2 Patient Centered Medical Home (PCMH) by the National Committee for Quality Assurance (since 2013). LMC is currently undergoing the process to be recognized as a Federally Qualified Health Center (FQHC) and has attested at Stage 2 for CMS's Meaningful Use program for their electronic health record system (EHR), receiving Centers for Medicare and



Medicaid incentive payments for their effective use of EHRs for care coordination and disease management. This model encourages patient involvement in all aspects of the primary care process and gives the patients opportunities to become participants in quality improvement, health policy, and research, and it has repeatedly provided more cost-efficient, higher quality care to these patients.<sup>143</sup> The medical home approach means that a patient's needs are addressed through a team approach, utilizing staff members such as a community health worker and dietitian, not normally available in rural primary care clinics. All aspects of a patient's wellbeing will be considered, using enhanced technology, chronic disease management, and care coordination. The Leland Clinic utilizes an EHR system which allows physicians to spend more time with patients and less on record keeping, it provides professional expertise on nutrition, has the technological capability of performing telemedicine including that of

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

psychiatric and psychological counseling, uses a portal for ease of making appointments and other services, and also offers wellness exams, immunizations, physicals, pediatric care, drug testing, and other vital services to maintain the health of children and citizens of

the Delta. In January 2021, LMC received approval from the state to administer COVID-19 vaccines but has yet to receive any doses for distribution to eligible members of the public.

Through the LPC program, LMC's Mobile Medical Clinic will be deployed to Leflore County's medically underserved communities, Head Start/Early Head Start Centers and local Black



churches (for example, Pastor Steven Collins of Morning Glory Ministries COGIC who will also be serving on the LPC Advisory Board) and other faith-based centers to offer access to COVID-19 vaccines and healthcare services to communities of color.



*Image B.1. LMC's Mobile Medical Van*

Evidence Based Model: Patient Centered Medical Home (PCMH) model. Not reviewed by WWC however this program meets the criteria for evidence that demonstrates a rationale. The results of a quasi-experimental study (N=6,187) shows that with greater support and investment across the country, the PCMH model can create a lasting and positive impact on U.S. health care by lowering costs, improving quality, and creating a healthier American population. Compared to other Group Health clinics, patients in the medical home experienced 29 percent fewer emergency visits and 6 percent fewer hospitalizations. The study also estimates a total savings of \$10.30 per patient per month.<sup>144</sup> Targeted Enrollees: Residents of Leflore, all ages.

Target Enrollment: Year 1: 750; Year 2: 800; Year 3: 850; Year 4: 900; Year 5: 1,200. Impacted GPRA: 1. #/% of children with a medical home. Additional Outcome Measures: #/% School and Pre-Employment Physicals, # childhood school absences due to asthma.

Summary of Evidence: In order to meet the growing need for a more efficient and effective health system in the United States, particularly in primary care, the patient-centered medical home (PCMH) model strives to strengthen the foundation of primary care services by improving the patient experience, improving the population's overall health, and reduce the cost of care. The PCMH model can create a lasting and positive impact on health care by lowering costs,



---

improving quality, and creating a healthier American population. For the last four years, DHA has assisted Leland Medical and other local clinics in adopting the PCMH approach, which has been demonstrated to improve health outcomes of patients and contribute to a 15% increase in the percentage of children with a Medical Home prior to enrolling in kindergarten. Participants in a PCMH treatment model also see health improvements across multiple areas, including hemoglobin A1c and body mass index.

### **23. Neighborhood Associations**

*Lead Agency: Delta Health Alliance*

Program Model: LPC partners will facilitate creation of several neighborhood associations by providing logistical and awareness support for meetings, completing and filing paperwork, and drawing up bylaws and applying for non-profit status. These associations will work to a) improve the living conditions of their communities and b) give local residents an **amplified and coordinated voice** in informing policies and practices at the local, city and county level, and in managing their own affairs. In addition to community work, associations will assist the entire LPC initiative with gaining community buy-in, sharing news and information about services and events, and determining new community which can be addressed by LPC staff and networks.

Evidence Based Model: Not reviewed by WWC however this program meets the criteria for evidence that demonstrates a rationale. Research identified five frameworks by which individual behavior is influenced by neighborhood effects—including, resources in a neighborhood can support healthy development, adult role models add structure and routine, negative behavior of neighborhoods can negatively impact others' behaviors, neighbors/peer compete for scarce resources and neighbors evaluate their own situation relative to the neighbors. These frameworks have formed the theoretical basis for much discussion on the influences



---

neighborhoods have on children and youth outcomes. Since then, research has concluded that neighborhood effects are stronger in low-income areas and account for 5 to 10 percent of the variance in child outcomes.<sup>145</sup> Targeted Enrollees: Residents of Leflore, all ages.

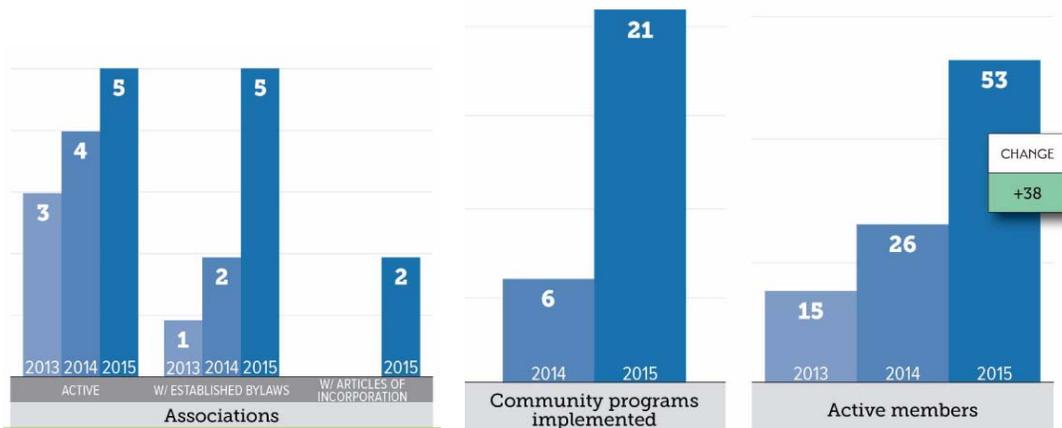
Targeted # Neighborhood Associations: Year 1: 2; Year 2: 4; Year 3: 4; Year 4: 5; Year 5: 5.

Impacted GPRAs: 10. #/% of children who feel safe at and traveling to school and 11. Student mobility rate. Additional Outcome Measure: #/% participation at meetings, # and type of new neighborhood ordinances passed, change over time on property crime rates.

Summary of Evidence: Neighborhood Associations serve as a critical means for local community members to have a voice at the table and active representation in community improvement. We have regional evidence that establishing Neighborhood Associations is associated with increased implementation of community programs. These associations are able to collectively communicate to local officials and coordinate an aligned effort when other means of communicating have failed. DHA has been working with cities in the Mississippi Delta since 2013 to form and maintain local neighborhood associations that have actively advised, driven and led vital local initiatives and activities that have improved the health, wellness, stability and quality of life of their neighbors. These associations have grown in size, scope, membership, and number of programs supported per the chart below. During the COVID-19 pandemic, members of our Associations in Sunflower and Washington were instrumental in helping to identify the need for and develop solutions to the problem of working parents with children ages 5-12 whose schools converted to online learning in 2020 (and as of March 1, 2021 have no set targets to reopen.) This work led to the establishment of three Community Learning Centers that serve a total of 70 children, providing them with CDC-compliant safe places to come during the day,



accessing high speed internet and nutritious meals, supervised by local teachers and teacher aids. Our Centers have been so successful that Lieutenant Governor Delbert Hosemann and his team came to do a site visit to discuss lessons learned from this program. Afterward one of DHA's staff were placed on the Governor's State Early Childhood Advisory Council to assist in the development of statewide guidelines, programs and services.



**Relevance:** DHA has relied on Neighborhood Associations to engage and empower local residents and school parents to actively participate in project design, planning and implementation for years. This has been an effective and powerful means for providing the community a voice in formulating approaches to programs, advocacy and service coordination. We are confident this will be a fruitful component of the LPC continuum in Leflore.

#### 24. Social Services Collaborative

*Lead Agency: Delta Health Alliance*

**Program Model:** The Social Services Collaborative (SSC) is a consortium of representatives from area agencies which works together to break down the isolation between local, state and federal social services agencies and organizations and brings them together to eliminate duplication of services. There is strong evidence that increasing social services coordination



---

improves outcomes. The SSC will allow the LPC to be a clearinghouse for information that residents need – a resource and referral agency within itself, where everyone knows what the other is providing. Agencies and groups meet on a monthly basis. The collaboration’s more than 25 partners include: Mississippi Low Income Child Care Initiative, Mississippi Department of Employment Security, Mississippi Department of Health, Mississippi Department of Human Services, Leland Medical Clinic, Mississippi Center for Justice, GLCSD, Southgate Neighborhood Association, and Latin Outreach Program.

Evidence Based Model: Not reviewed by WWC however this program meets the criteria for evidence that demonstrates a rationale. Collaboration can have system-level results, which can change the way communities conceptualize and solve problems.<sup>146</sup>

Targeted Enrollees: Representatives from area/state agencies.

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

Impacted GPRAs: 10. #/% of children who feel safe at and traveling to school and 11. Student mobility rate. Additional Outcome Measure: changes over time on #/% child abuse/neglect.

Summary of Evidence: Interagency collaboration among social service agencies has been shown to positively impact communities in many ways. The SCC that operates in Sunflower and Washington counties serve as the backbone for social service support for our existing Promise Communities. The collaborative, including DHAs social workers, serves individuals who are referred by multiple agencies. The SCC currently plays a vital role of referral and social services linkage for the LINKS case workers holding to date 22 community events and 99 meetings in Indianola and 5 community events and 38 meetings in Deer Creek. After the full implementation



---

of LINKS in 2015 in Sunflower County, **referrals to member agencies of the SCC doubled.**

The connection between the two initiatives encourages strong case management and has opened up access to the community resources for hundreds of LINKS families, including food pantries/nutrition assistance (86%), enrollment in economic assistance programs (51%), housing placements (13%), connections to mental health services (8%), and health services or health insurance enrollment (5%). Families in Sunflower and Washington counties are now better connected the resources they need to ensure stable homes and children who can focus on school.

Relevance: The formal infrastructure of the collaborative provides LPC partners the processes, communications infrastructure and accountability framework required to ensure full integration of services and resources.

***2.e. Evaluation Plan to Assess Improvement in the Achievements of Students and others***

***Served by the LPC's Pipeline of Programs.*** DHA will capture, analyze and interpret different levels of data to better understand LPC results as evidenced by program indicators, then building upon those results to replicate what works, improving what needs strengthening and replacing interventions that are not having a measurable impact. First, DHA will collect performance data using a universal case management data system. DHA staff will track information on participation, program fidelity, and impact, following the training we received at the Annie E. Casey Foundation's Results Based Leadership program and from Raj Chawla of the OCL Group.

In addition to program-level data, DHA is focused on population level change in order to strengthen outcomes for all children and families in Leflore County. The team will collect annual data on a set of prescribed 15 population-level (GPRA) indicators. Every LPC strategy aligns to moving at least one of those indicators in a positive direction. By providing programs that work,



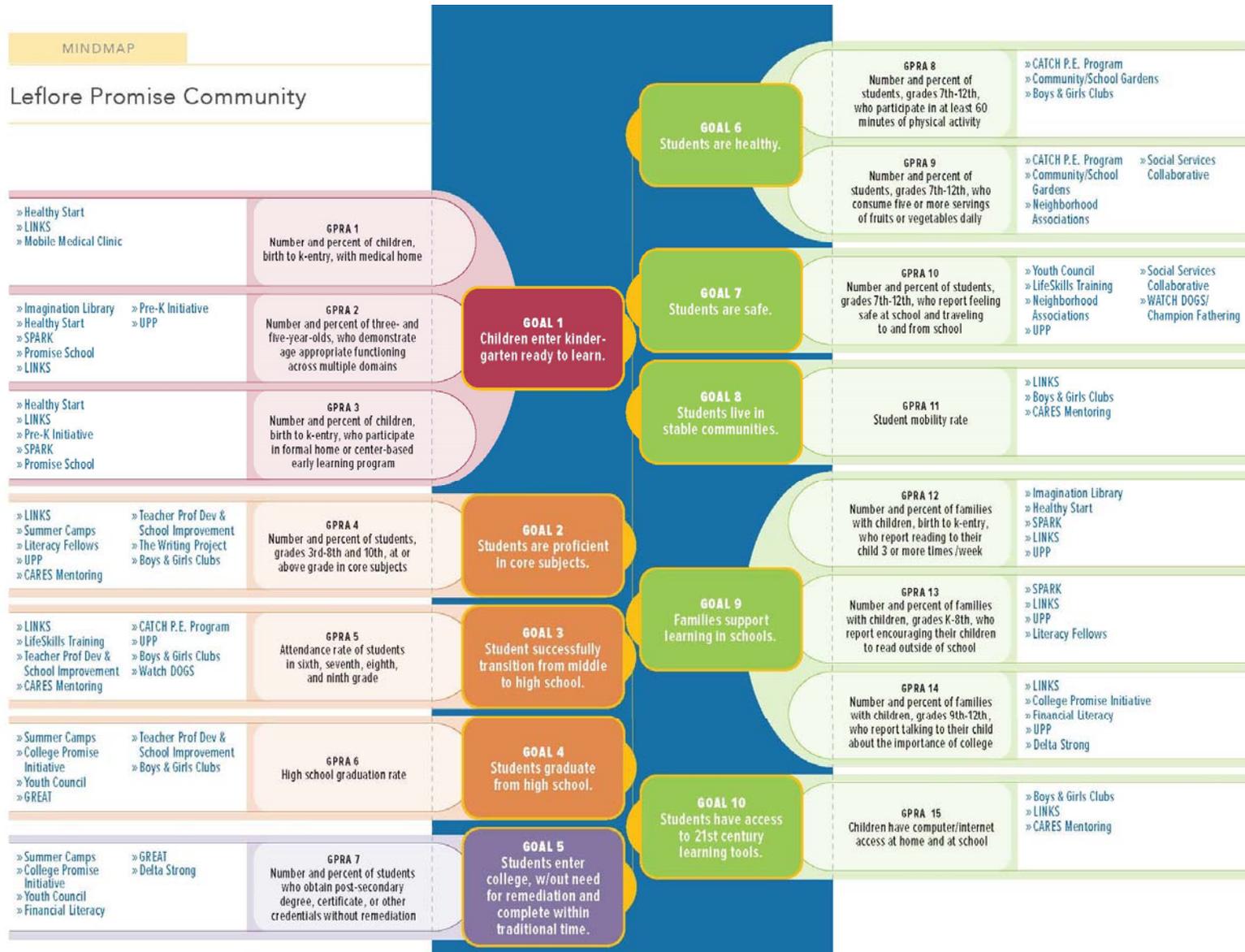
it becomes possible to scale, replicate, and sustain successful initiatives. In this way, the LPC will have the capacity to drive measurable, systemic and lasting change.

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

***Delta Health Alliance is the only previous Promise Neighborhood awardee to have successfully reported on all 15 GRPAs for all years of operations.***

All of the services proposed align to the projects overarching goals and indicators. Indicator data will be collected and reported on annually. However, in order to make the strongest impact, DHA will collect performance measure data at the program-level on a monthly basis in order to ensure alignment of services to results and to adjust strategies in real-time based on data analysis. To do this, DHA has developed a set of shared program performance measures for each of the GPRA indicators. This data will be collected on program participants and will be reported more frequently than the annual GPRA indicators. **Figure B.2** on the following page provides a visual map of how program goals, GPRAs and initiatives interact. In addition to setting targets for annual population-level indicators, **Table B.2** on the next page shows how DHA will develop short-term performance targets for each programs' and strategy performance measures.

**Figure B.2. LPC Map of the Continuum of New/Expanded Services by Goal, GPRA and Initiative**



**TABLE B.2 .**  
**Goals, Indicators, Programs and Strategies and Shared Performance Measures**

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



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



<b>Goal 6 - Students are Healthy</b>	
<p><b>Indicator 8:</b> Number and percent of children who participate in at least 60 minutes of moderate to vigorous activities each day.</p> <p><b>Indicator 9:</b> Number and percent of students who consume five or more servings of fruits and vegetables daily</p> <p><b>Program and Strategies</b>—LMC, CATCH PE Program, Delta EATS</p>	<ol style="list-style-type: none"> <li>1. Number and percent of LPC participants who understand the importance of healthy eating habits.</li> <li>2. Number and percent of LPC participants who understand the importance of daily physical activity.</li> <li>3. Number and percent of LPC participants who consume 5 or more servings of fruits and vegetables daily.</li> <li>4. Number and percent of LPC participants who participate in at least 60 minutes of vigorous physical activity a day.</li> <li>5. Number and percent of LPC participants who live within a mile of grocery store, farmers market or community garden.</li> <li>6. Number and percent of LPC participants who are a member of a sports team</li> </ol>
<b>Goal 7 - Students are safe at school and in the Community</b>	
<p><b>Indicator 10:</b> Number and percent of students who feel safe at school and traveling to and from school.</p> <p><b>Program and Strategies</b>—Youth Council, LifeSkills Training, Neighborhood Associations, Social Services Collaborative, UPP and Watch DOGS</p>	<ol style="list-style-type: none"> <li>1. Number and percent of LPC participants who feel safe at school.</li> <li>2. Number and percent of LPC participants who feel safe traveling to and from school.</li> <li>3. Number and percent of LPC participants with safe transportation (bus, parent, car pool) or pathway (walk/bike) route to school.</li> <li>4. Number and percent of LPC participants who report never feeling “bullied” at school.</li> <li>5. Number and percent of LPC participants who report never carrying a weapon to school.</li> <li>6. Number and percent of LPC participants who report never being in a physical fight on school property.</li> </ol>
<b>Goal 8 - Students Live in Stable Communities</b>	
<p><b>Indicator 11:</b> Student mobility rate</p> <p><b>Program and Strategies</b>—LINKS, Neighborhood Associations, Social Services Collaborative</p>	<ol style="list-style-type: none"> <li>1. Number and percent of LPC participants who enter or exit the school district after official enrollment.</li> <li>2. Number and percent of LPC participants who live in temporary housing.</li> <li>3. Number and percent of LPC participants who are considered homeless.</li> </ol>
<b>Goal 9 - Families Support Learning in Schools</b>	
<p><b>Indicator 12:</b> For children birth to kindergarten entry, the number and percent of parents or family members who report that they read to their children three or more times a week.</p> <p><b>Program and Strategies</b>—Imagination Library, LINKS, SPARK, UPP</p>	<ol style="list-style-type: none"> <li>1. Number and percent of LPC participants whose parents or family member report reading to their child three or more times a week.</li> <li>2. Number and percent of LPC participants who are enrolled in the Imagination Library program.</li> </ol>
<p><b>Indicator 13:</b> For children in kindergarten through 8th grade, the number and percent of parents or family members who report</p>	<ol style="list-style-type: none"> <li>1. Number and percent of LPC participants who whose parent or family member report encouraging their child to read books outside of school</li> </ol>



<p>encouraging their child to read books outside of school. <b>Program and Strategies</b>— LINKS, UPP, Literacy Fellows</p>	<p>2. Number and percent of LPC participants who have obtained a library card</p>
<p><b>Indicator 14:</b> For children in the 9th to 12th grades, the number and percent of parents or family members who report talking with their child about the importance of college and career.  <b>Program and Strategies</b>— LINKS, College Promise Initiative, GREAT, Financial Literacy</p>	<p>1. Number and percent of LPC participants whose parent or family member report talking to their child about the courses they select in high school. 2. Number and percent of LPC participants whose parent or family member report talking to their child about the importance of college. 3. Number and percent of LPC participants whose parent or family member report talking to their child about the importance of career. 4. Number and percent of LPC participants whose parent or family member completes the FAFSA application. 5. Number and percent of LPC participants whose parent or family member who attends a college and career night for neighborhood parents.</p>
<p><b>Goal 10 - Students have Access to 21st Century Tools and Technology</b></p>	
<p><b>Indicator 15:</b> Number and percent of children who have school and home access to broadband internet and a connected computing device. <b>Program and Strategies</b>— LINKS</p>	<p>1. Number and percent of LPC participants who report having access to internet and computing device at home. 2. Number and percent of LPC participants who report having access to internet and computing device at school. 3. Number and percent of LPC participants who report having access to a smart phone.</p>

### Strong Theory Support for the Leflore Promise Neighborhood

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



## Section C – Quality of the Project Design for LPC

### **1. Plan to Create a Complete Pipeline of Services, Without Time or Resource Gaps, Designed to Prepare All Children in Leflore County to Attain a High-Quality Education and Successfully Transition to College and a Career**

*Note on Serving Students who do not Attend Partnering School Districts.* All residents of Leflore communities will be eligible to participate in LPC programs, although recruitment efforts will target populations at greatest risk as identified by our segmentation analysis, including students of our public GLCSD schools, Black families, low-income families, single parent families and individual with disabilities. All residents will have the opportunity to register for LPC programs, the process for which is described in greater detail in **Section C.2. Strategy to Significantly Increase Participation.** A concerted effort will be made to ensure that all programs reflect the racial and ethnic make-up of our communities. Summer camp programs and community events will be advertised in all cities, through social media, and in local newspapers and church bulletins that will encourage private school attendees and home-schooled students to participate in LPC programs. All residents will also benefit from new services, an annual County Health Fair and Neighborhood Associations.

**System-Wide Solutions.** The trauma and stress of poverty and systemic disparities can significantly damage an individual’s physical and mental health,<sup>147</sup> as well as the health and development of infants in the womb and young children during critical years of development.<sup>148</sup> Disparities in the cognitive performance of white and Black children may present as early as two years of age, so that by the time children begin school Black students already lag far behind



---

White students.<sup>149</sup> Even when controlling for other factors like mother's background and income, the gap between Black and white students remains.<sup>150</sup> Given the influence of family and environment indicators on child development and academic performance, schools cannot be held solely responsible for student achievement. It is now understood that communities and families play a large role in the development of key skills and abilities, which has led many in the field to advocate for place-based initiatives that offer support to parents at birth, in and outside of the classroom, during and after the school day. The LPC pipeline, case management system, and operational management structure are designed around the concept that children can succeed when they have consistent, seamless access to the resources they need in and out of school.

***Evidence-Based Models.*** First and foremost, DHA will rely on the ***Promise Neighborhoods*** model of using community-driven, place-based efforts paired with *continuous quality improvement strategies* to improve educational and developmental outcomes for children. Many of the programs, policies and management components developed by DHA under the Indianola Promise Community have been recognized by the Center for the Study of Social Policy as Emerging Practices<sup>151</sup> and contributed to the Urban Institute's development of best practices for the use of Case Management Data.<sup>152</sup> The Harlem Children's Zone (HCZ), a place-based initiative which has influenced the Promise Neighborhoods framework, has been studied by researchers to understand its impact on course performance and attendance. Similar to the proposed LPC, the HCZ provides participants with a pipeline of services that start at birth and follow children through college and career. HCZ offers a combination of both community- and school-based program and strategies. The HCZ schools provide medical, dental, and mental health services. In a recent study, HCZ students attend more school and perform higher on state



---

tests, compared to other NYC charter schools. In addition to performing better in school, modest estimates suggest that attendance at an HCZ middle school is associated with “4.8 to 7.5 percent increase in earnings”, “2.25 percent decrease in committing a violent crime”, and an “11.25 percent decrease in having a healthy disability.”<sup>153</sup> Leadership from the HCZ program worked with DHA in the establishment of our first Promise Community and continue to offer advice and insight was needed. This model shows that the right combination of community and school inputs can yield positive and sustainable academic, health and life outcomes.

In light of the pervasive current and historical trauma of intergenerational poverty, our collaborative will also draw from the *Trauma-Informed Community Building* model, which takes into account residents’ emotional needs and unique life experiences to empower individuals and take a sustained approach to community and school improvement. DHA will engage in an ongoing reflective practice that responds to new developments and knowledge, and will cultivate community leadership through support and skill building.<sup>154</sup> DHA will leverage the *inner strength and resilience* of our troubled neighborhoods and empower residents to make lasting changes *in their own communities*. Addressing system transformation through a “Race Equity Lens”, DHA will continue to gather and analyze *disaggregated data* and identify *high leverage points* that can induce and reinforce ongoing change in vital sectors and institutions – starting with two local school districts and the communities they serve.<sup>155</sup> DHA has demonstrated its ability to serve as an effective backbone organization to replicate and adapt proven models from other rural communities and actively engage local and regional stakeholders across sectors to design systems that support lasting, population-level change for our residents.

**Community partners, organizations and schools of the LPC believe that:**



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

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



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

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

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

*Complete Pipeline of Services.* The 24 new and expanded projects of the LPC pipeline are designed to work in concert and within the context of existing programs in the region (including the Healthy Start Collaborative for pregnant women and women with infants, the Teen Pregnancy Prevention program, the Delta Assault Response Teams to address domestic violence, the two opioid prevention and treatment programs, etc.) to improve the achievement of all Leflore residents at different stages of the life course, (i.e., at varying segments of the pipeline). These initiatives are designed to improve achievement through enhanced educational opportunities, as well as coordinated support outside of school, including a focus on access to



---

health care, nutrition, family support, community involvement, and much more that aids child well-being and achievement throughout the life course. Each program is connected to one or more GPRA metrics thus having a direct effect on the stated goals of LPC. The narrative that follows describes exactly how our proposed pipeline will prepare children of Leflore County to attain a high-quality education with successful transitions to college and careers.

***Goal 1 is for children to enter kindergarten ready to learn.*** To reach this goal, support of families with children ages 0-5 is key. Families will be able to receive educational sessions on pregnancy issues, nutrition, breastfeeding, parenting and baby supplies through the existing Healthy Start Coalition, the Delta Breastfeeding Coalition and the Leflore Women’s Advisory Council. A healthy birth and birth weight are essential for future success and achievement in a child’s life. Other new programs in the LPC pipeline that address wellness in the birth to age 5 stage include: LMC’s Mobile Medical Clinic; Imagination Library as an early literacy program in the form of free books each month; the Pre-K Quality Initiative to expand slots and improve quality of pre-kindergarten; Promise School emphasizing literacy and numeracy for rising kindergartners; SPARK to promote Kindergarten readiness for children with learning disabilities and other at-risk factors; and LINKS for connecting families to social services. Each evidence-based program addresses the needs of children at different stages from infancy to the beginning of school. Primary measures/indicators will show that progressively more LPC children are able to demonstrate age-appropriate functioning across multiple domains during the project period.

***Goal 2 is to achieve student proficiency in core subjects.*** This will be demonstrated through measures/indicators that demonstrate an increase in the percentage of GLCSD Kindergarten through 10<sup>th</sup> graders who are at or above grade level in core subjects. There are several evidence-



---

based programs in place to support this goal. SPARK targets early literacy in at risk K-3 children; LINKS addresses at-risk students K-6 through a home visitation program to refer students to the appropriate resource when in need; LPC's Literacy Fellows program targets student intervention for those at risk of failing the 3<sup>rd</sup> grade reading gate; CARES Mentoring is a program that pairs caring adults with at-risk students in need of academic, social, and emotional support; LPC Summer Camps provide 8-week summer learning spaces for K-12 children designed to reduce summer learning loss; and Teacher Development and Coaching is a K-12 program provides one on one instruction to teachers to ensure their instructional materials meet state and national standards.

***Goal 3 is for students to transition successfully from junior high to high school.*** The indicator for success for Goal 3 is the attendance rate of students from 6<sup>th</sup> through 9<sup>th</sup> grade. The programs aimed at accomplishing this goal include LINKS to refer students to the appropriate resources to address their risks; CARES mentoring to provide guidance and one-on-one support from role models in the community; Watch DOGS to engage with fathers of students as positive role models; and Life Skills to help students deal with conflict resolution, peer pressure, self-esteem, drug and alcohol use.

***Goal 4 is for students to graduate high school,*** measured by the high school graduation rate. Several programs will be in place to accomplish this goal, including LINKS to connect students to resources when barriers exist risking their graduation; Life Skills to help students combat the pressures of drug and alcohol use, peer pressure, and low self-esteem; the Youth Council to provide high school students with a voice in programs and policy development; and Summer Camps which reduce the learning loss from the previous year of school.



---

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

***Goal 6 is that students are healthy***, measured by the percent of 7<sup>th</sup> through 12<sup>th</sup> grade students participating in at least 60 minutes of physical activity a day, and consuming five or more servings of fruits and vegetables a day. Programs aimed at achieving this goal include CATCH P.E. which engages students in regular physical activity; Delta EATS aimed at learning about gardening and consuming more fruits and vegetables; Summer Camps which promote education and healthy lifestyle activities. Additionally, the Mobile Medical Home at Leland Medical Clinic provides interventions and screenings for residents of all ages.

***Goal 7 is for students to feel safe at school and in their community***. This is measured by the percent of students 7<sup>th</sup> through 12<sup>th</sup> grade who report feeling safe at school and traveling to and from school. The programs designed to reach this goal are Life Skills Training to combat drug and alcohol use, peer pressure, conflict resolution and self-esteem issues; Neighborhood Associations to promote neighborhood safety and give a voice to local residents to address neighborhood concerns; WATCH D.O.G.S. which fosters father involvement, perceptions of safety, security, and reduced bullying; Social Services Collaborative to improve access to essential social services; and Youth Council to build leadership capacity and civic engagement.

***Goal 8 is to make sure all children in Leflore County live in a stable community***. The measurements/indicators of Goal 8 include safety, healthcare, economic, and educational



---

indicators. The evidence-based programs implemented to achieve this goal include Delta EATS, which are designed to provide real-life gardening experiences for children and adults and to increase the consumption of fruits and vegetables; Neighborhood Associations empower members of the neighborhood to coordinate an aligned effort to improve the neighborhood; and the Social Services Collaborative to break down the isolation between local, state, and federal services to streamline social services.

***Goal 9 is to make families more focused on child well-being and to have access to resources to support optimal development and success.*** Measurements and indicators designed to reach this goal includes reading to children at least 3 times per week; encouraging their children to read outside of school and talking to their children about the importance of college and careers. LPC has several evidence-based programs designed to target parents. UPP are centers where parents and children can receive free professional counseling and emotional support from licensed therapists. Financial Literacy exposes parents and youth to low-cost banking products, teaches financial literacy, discusses different strategies for saving, and reviews common scams that target low-income communities. GREAT and Delta Strong provide participants with the training and certification necessary to enter the work force.

***Goal 10 is that students have access to 21st Century technology.*** This traditionally was measured by the percentage of students that have access to computer/internet at home and at school. This goal has evolved dramatically in the wake of the COVID19 pandemic and shift by GLCSD to an all online-learning approach. All students of GLCSD have been issued tablets, headphones, microphones and mobile hotspots for participation in video conference educational programing, so the percentage of students with a computer at home is now at or near 100%.



---

However as reported by parents and key stakeholders, not all students are able to access these systems with equal reliability and equal online speeds. LINKS navigators and CARES mentors will work with families to ensure that students have the support they need to maximize their equipment and connections, and LPC staff will develop targeted outreach events to promote better use of available technologies and resources.

There are 24 new or expanded initiatives beyond the School Transformation Model activities that make up the pieces of the DCPN pipeline, each directly or indirectly targeting student achievement at different stages in the life course. We have successfully implemented many of these programs in other rural communities of the Delta, attaining marked improvement in multiple outcomes. The objective of each program is to reduce adverse experiences in each student's life, thereby increasing the chances of success and achievement for each individual, and consequently at the population level for all Leflore County students. Potential adverse experiences begin in the womb, thus the LPC programming begins by coordinating with existing interventions that serve pregnant mothers and seek to reduce the likelihood of a low-birth-weight birth. Subsequently, other program interventions prepare children for important markers in life, including preparing them for kindergarten, preparing them to be at third grade reading level, reducing the negative effects of drugs and alcohol in the teenage years, and preparing them for high school graduation and beyond. At each stage, our programs identify children at risk and intervene into their academic, family, and social lives to maximize their chances of success. The methodology by which we evaluate these factors includes using t-tests to measure change over time from pre-test and post-test scores, control groups compared to intervention groups to test the effectiveness of our programs when such comparisons are made possible, and educational



assessments that have comparisons built in (i.e., standardized test scores compared to national averages and/or state established benchmarks).

## **2. Strategy to Significantly Increase the Proportion of Students in Leflore County who are Served by our Complete Continuum of High-Quality Services**

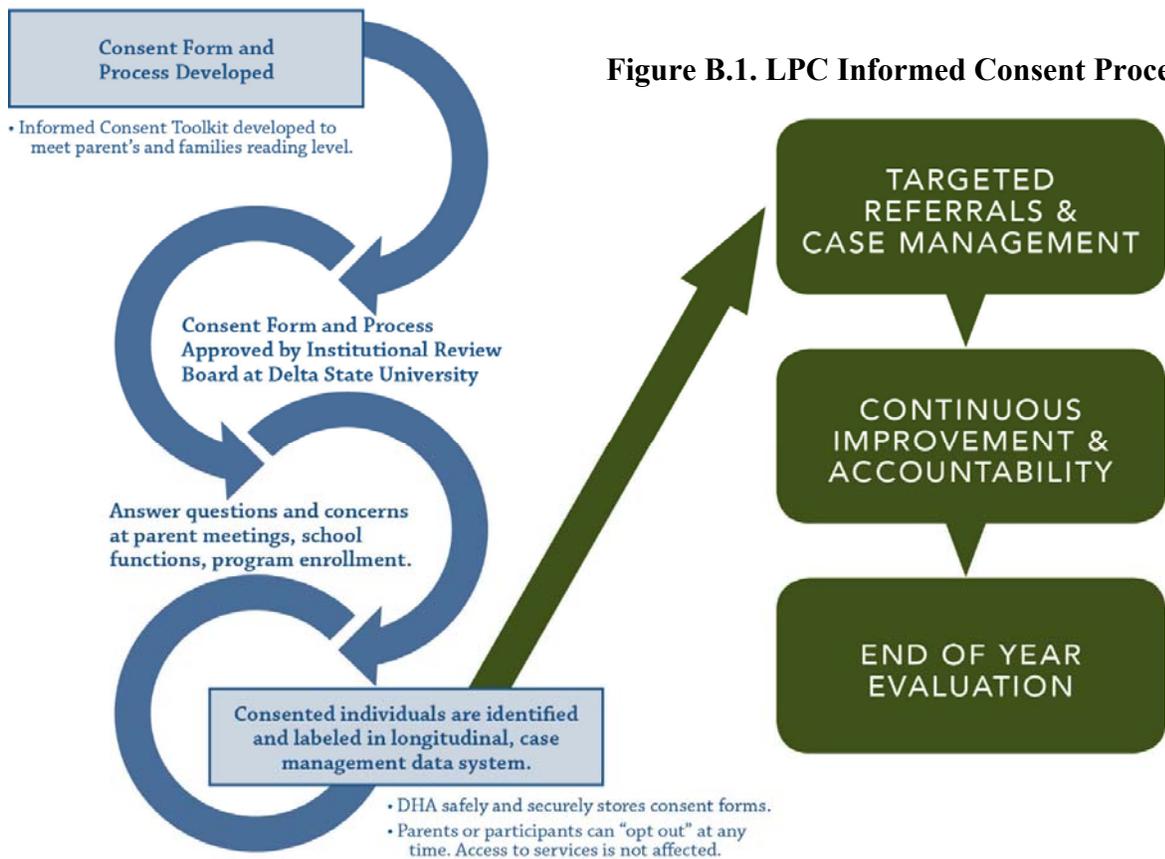
The GLCSD currently serves 4,161 students (2020-2021 enrollment). LPC anticipates that 3,500 students (85%) will be enrolled in one or more LPC programs by our fifth year of operations.

*Recruitment of Participants.* Our recruitment strategy will build upon the lessons learned from recruitment at our other two successful Promise Communities, and include:

1. At all public schools during student registration in the Fall and Spring: all parents will receive information on the LPC pipeline and be given the option to opt-out if they do not wish to be enrolled in services. LPC staff will come and speak at the schools during New Parent nights and be available during Parent Teacher nights to answer any questions that parents may have.
2. Open recruitment during LPC Week each fall with a series of outreach events scheduled every day of the week, including an Open House of the LPC offices, a College and Career Fair in partnership with MDCC and MVSU, a financial literacy workshop, fire safety programs with our local fire departments, and reading circles in partnership with the City of Greenwood.
3. From cross-project referrals from the list of 25+ existing programs serving Leflore, many of which are led by or already partnering with DHA in their implementation and evaluations.
4. In person year-round at a new DHAs office to be established in Leflore County, and
5. Directly with individual initiatives as they launch their recruitment drives (e.g. Literacy Fellows recruiting directly from 3<sup>rd</sup> grade teacher recommendations each semester).



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





program partners to reinforce proper informed consent protocols within their own initiatives.

DHA has several years of experience collecting informed consent of at-risk populations. For the IPC, DHA secured the consent of 93% of residents across our continuum of programs, with **the highest consent rates** among all Promise Neighborhood programs. DHA’s transparent informed consent process (**Figure B.1** on previous page) is monitored by an Institutional Review Board at Delta State University. Our Promise Neighborhood consent form includes the purpose, data and information that will be collected, and risks and benefits for the project as a whole and for the specific initiatives in which they’ll be enrolling. At the beginning of the project, DHA will coordinate with the school district and partners to provide information on the project and the importance of informed consent and data sharing. DHA has developed an informed consent “summary sheet” for parents and providers that details what the consent form covers, written at a fifth-grade reading level. Informed consent forms will be collected and stored at the DHA office in a locked cabinet. Although DHA encourages participants to consent to share data, DHA will not deny services to participants if they choose to opt out.

### **3. LINKS – LPC’s Family Navigation System**

As previously described, our Family Navigation System utilizes the **Linking Individuals Neighborhoods and Kids to Services (LINKS)** model, a system based on an existing evidence-based family home visitation model rooted in research that demonstrates that children who come from stable homes do better in school<sup>156</sup> and have overall better health.<sup>157</sup> The use of case managers have also been found to have a statistically significant improvement on increasing college community completion rates among low-income students, in a study that met What Works Clearinghouse standards without reservations.<sup>158</sup> A comprehensive evaluation was



---

recently completed by DHA’s external evaluator of the existing LINKS model that has nearly 10 years of operations in Indianola, MS. The data suggests students who are enrolled in the LINKS program and begin the school year in the 25 percentile or lower demonstrate significantly more growth in reading than similar participants who do not have a LINKS navigator.<sup>159</sup>

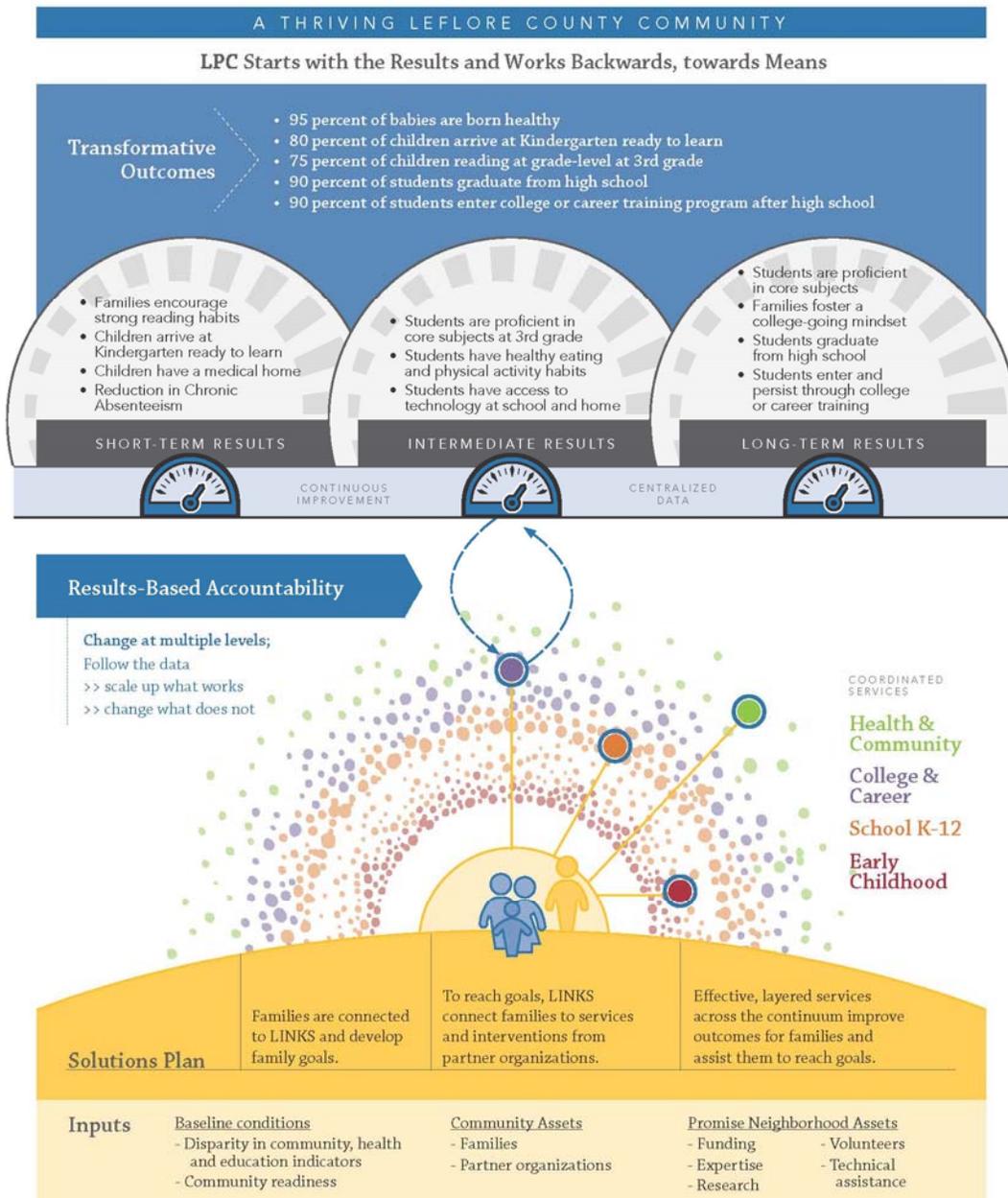
LINKS navigators are individuals who have been recruited from the local community, so they intimately understand the concerns and barriers of the families we serve and have experience navigating the culture of our communities. At-risk, eligible families residing in Leflore County are identified for the LINKS program by using data collected from the school district through our case management system, prompting contact from LINKS and solicitation of parent consent. After a family is formally enrolled into the LINKS program, a LINKS navigator works one-on-one with parents to set family goals called Service Plans and connect them with the right programs to support the family’s goals. LINKS provide families with referrals to health services, educational resources, social / network supports and other programs, working in close concert with the Social Services Collaborative and other programs in Leflore County. The primary role of a LINKS is act as a support system for families and remove barriers to their success, checking in with each family monthly to assess their ongoing needs and address any new problems as they arise. LINKS are part of a **family navigation and case management system** designed to address student issues relating to academics, behavior, health and attendance *as early as possible*, to mitigate the potential negative impact on student outcomes.

The role of the LINKS is to connect families with the right resources from members of the LPC coalition and other DHA partners, and continually support them along their child’s trajectory. LINKS offer both personal connection and firm retention support for families in the



LPC pipeline, because they know the families of the Leflore community and the resources available to support them, and they are proactively and strategically focused on continually connecting (and re-connecting) them to appropriate services and interventions that address the family and social factors that contribute to the academic success of their children.

**Figure C.1. Logic Model for the Leflore Promise Community**





---

LINKS Navigators reside at the heart of the logic model for our program (Figure C.1. on previous page), connecting families and individuals to essential services and programs, as they move from infancy to early childhood, to K-12, and into college and career, with community and health overarching all stages of our pipeline.

To ensure no one falls out of the LPC pipeline, our LINKS navigators will utilize a data system that creates a “**digital passport**” that follows students from birth through each school and even beyond high school graduation. After a participant consents to participate, LINKS navigators enroll them in a longitudinal case management system supported by **Social Solutions’ Efforts to Outcomes (ETO)** as our organization-wide longitudinal database. DHA’s data-supported system was highlighted as an evidence-based model that works at PolicyLink’s Equity Summit in October 2015. This system involves: (1) monitoring individual progress through the use of one-on-one Case Managers; (2) establishing networking connections that connect all elements of the LPC pipeline; and (3) collecting and analyzing individual-level data on children and families in real-time to continually improve existing services and develop new strategies to address needs as they arise. Our ongoing data capture, analysis and evaluation allows the LPC to be continually “listening” to students and their families and assessing the value and impact of the program from their perspectives. As demonstrated during the needs assessment, DHA enlists a variety of methodologies for soliciting input, engaging individuals and empowering students, families and educators to inform priorities and project design.

***Project Design Translating into Long-Term Change - Advocacy for Policy Reform.*** One of DHA’s key organizational goals is to build an evidence basis and evaluate the efficacy and efficiency of programs to yield results which lead to policy reform. DHA understands how to



leverage data, high profile networks and grassroots organizing to influence public policy and enlist support for evidence-based programs like Promise Neighborhoods. DHA provides expert testimony to the U.S. Senate, and is actively involved in several coalitions and councils that influence statewide policy and promote regional economic development. Our leadership and staff have worked extensively with StriveTogether on policy recommendations and reform, and will continue to receive coaching, leadership and talent development, support for communications and engagement with local residents, and strategies for policy, advocacy and mobilization from StriveTogether staff. (Please see Appendix C: Letters of Commitment). DHA also has an ongoing relationship with the Children’s Defense Fund Southern Region on similar efforts and will continue this partnership to encourage policy reform (Please see Appendix B: MOU). DHA worked with the MS Department of Health and Mississippi Medicaid to develop a clear, step-by-step plan, commonly agreed upon goals, and governance paired with stable infrastructure to organize and improve early childhood programs and our statewide Health Information Network. Our Promise Communities are the only PN awardee that has successfully partnered with our state legislature to provide specific matching funds to support our long-term sustainability. DHA staff and partners also mobilize residents and lead petitioning efforts to successfully lobby for policy change at the grassroots level. DHA has used, and will continue to use, *outcomes of evidence-based programs* to promote and influence legislation for broad reaching changes in statewide policy that reinforce and complement the DCPN. A description of our specific experience with policy development and reform, including our process for identifying priorities and drafting recommendations for policy change is detailed further in Section E. Resources, 2.b. Multi-Year Operating Model on page 181.



**Section D – Management Plan for the LPC**

**1. Responsibilities, Timelines and Milestones**

**1.a. Responsibilities -- Governance Structure of the LPC Management Plan**

**Board of Directors.** The responsibilities of managing, monitoring, engaging with our communities and continually improving Delta Health Alliance’s various collaboratives and projects are addressed through several key infrastructures, including a nine-member Board of Directors which represent a cross section of the Delta population (five of nine Board members are Black) and have a long history of policy development, civil rights and community work in the Delta. **(Table D.1.)** Our board members represent domains and industries important to LPC, including education, business, agriculture, the arts, legislation and policy development. DHA’s Board meets quarterly to review the progress of our programs, discuss ongoing unmet needs, make recommendations, develop comprehensive policies, ensure compliance with regulations and provide fiscal/programmatic support. This diverse and hands-on Board of Directors will also serve as the Governing Board for the LPC.

<b>TABLE D.1. DHA/LPC Board of Directors</b>	
<b>Name</b>	<b>Expertise, Public Service, Networks and Represented Sectors</b>
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.
Honorable Willie Bailey, Vice Chairman	Rep. Bailey is a black attorney in Greenville practicing civil rights and poverty law. He is also a member of the Mississippi State House of Representatives since 1995, representing district 49. 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



	<p>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.</p>
Lisa Percy, Secretary	<p>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.</p>
La Shon Brooks	<p>Mrs. Brooks has been a resident of Greenwood, MS in Leflore County for over 20 years. Ms. Brooks is a cum laude graduate of Mississippi Valley State University (MVSU), earning undergraduate and graduate degrees in Business Administration from MVSU. Prior to her career in higher education, La Shon worked in the automotive and banking industries where she honed her skills in balancing multiple competing priorities and individuals, project management, critical thinking and conflict resolution. Ms. Brooks currently serves as Chief of Staff &amp; Legislative Liaison at Mississippi Valley State University.</p>
Woods Eastland	<p>Mr. Eastland 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.</p>
Donald Green	<p>Mr. Green serves as the CEO and Executive Director at our local economic development agency, Delta Council, where he directs a regional Farm Worker Opportunities, Inc. program from Clarksdale, MS. This collaborative helps seasonal or migrant workers who are economically disadvantaged get jobs by making sure the workers are up to par with the latest technology and career-based certifications.</p>
Walter Gresham III	<p>Walton Gresham III serves as president of Gresham Petroleum Co., secretary of Double Quick, secretary of Delta Terminal and director and member of the executive committee of Planters Bank &amp; Trust Company. He is active in his community and profession and is a past president of Delta Council, the Indianola</p>



	<p>Rotary Club, the Indianola Educational Foundation and the Indianola Chamber of Commerce. He is currently chairman of the Community Foundation of Sunflower County. Gresham is past president of the Mississippi Propane Gas Association and Mississippi Petroleum Marketers &amp; Convenience Store Association. He also served as the Mississippi director to the National Propane Gas Association. A long-time volunteer leader, Gresham’s passion is to promote economic development and a better infrastructure in the Mississippi Delta and the state of Mississippi. A graduate of the University of Mississippi, Gresham has served on the University of Mississippi Alumni Board of Directors as well as the University of Mississippi Foundation Board. He was a member of Phi Delta Theta Fraternity and has remained active as an alumni volunteer.</p>
<p>Dr. Cass Pennington</p>	<p>Dr. Pennington is a retired educator. He was the first black 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.</p>
<p>Willie Simmons</p>	<p>Mr. Simmons currently serves as the Central Commissioner for the Mississippi Department of Transportation, a district covering 22 counties with a population of approximately one million. Simmons served as a Mississippi State Senator for more than 26 years, where he was active in the National Black Caucus of State Legislators and the Mississippi Legislative Black Caucus. For the last 8 years, he served as Chairman of the Senate Highways and Transportation Committee. Under his leadership in the Senate, over \$5B was spent throughout the state on the construction and upgrade of federal and state roads, county and municipal streets and bridges; also, millions of dollars on public transit, ports railroads, airports and other infrastructure support systems. Simmons served as Deputy Commissioner of Corrections prior to joining the Mississippi State Senate. Before that time, he served as a combat veteran of the Vietnam War. He is a graduate of Alcorn State University; and received M. S. Degree and Ed.S. Degree from Delta State University.</p>

The stated mission of our Board of Directors 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 a strong governance structure which ensures that



the board is able to make decisions, strategically plan and implement policies for our initiatives, and spearhead the coordination of efforts across different systems. This robust governance structure will also support future alignment across other programs that support new initiatives, such as health and family support services.

In addition to this Governing Board, the LPC will also be served by a community-based Advisory Board, Parent Committee, Accountability Committee and targeted Sub-Committees, described below.

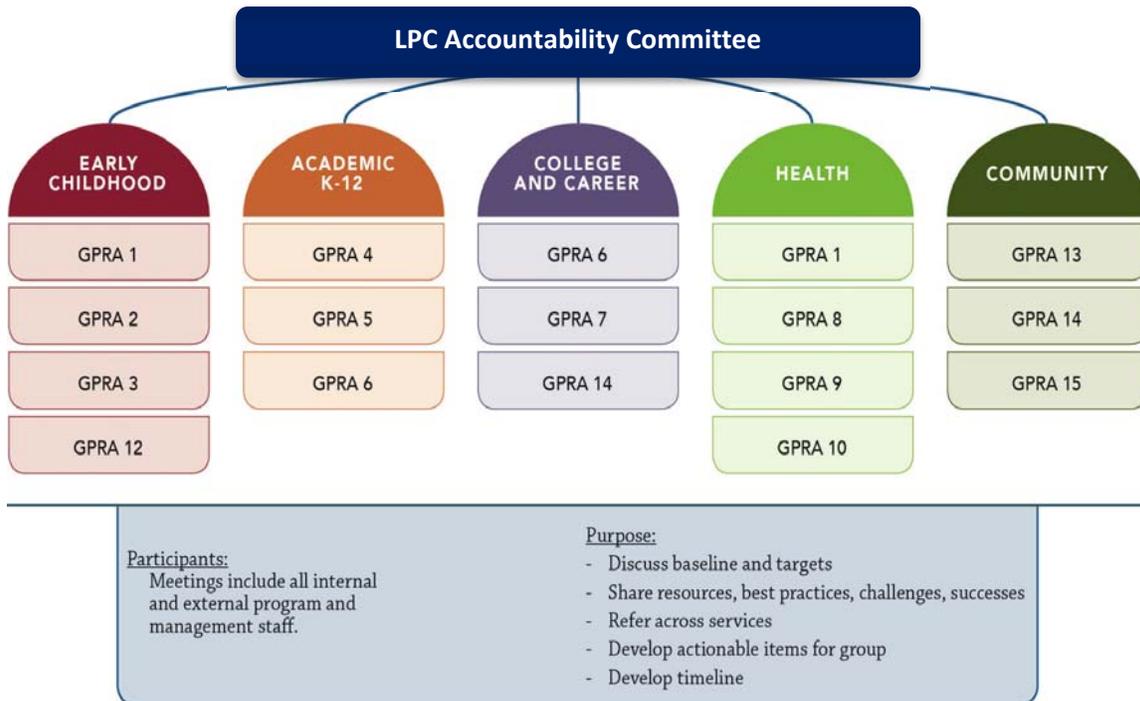
***Leflore Promise Community Advisory Board.*** The LPC Advisory Board already has its nominations and will be formalized in a community-wide meeting, to certify members nominated from the communities we will serve and volunteers from the existing nine-member Women’s Advisory Board of Leflore. Upon notification of award, a LPC Advisory Board will be established of an estimated 13 members at least two-thirds of whom must live in Leflore County and are representative of our communities (75% Black) and/or are less than 80% of our county’s median income (\$42,150 for a family of four)<sup>160</sup> or are public officials that serve Leflore communities. LPC’s thresholds for membership exceed the Promise Neighborhood guidelines of one-third requirement for representation in the Advisory Board. The LPC Advisory Board will meet monthly to: (a) receive a report and presentation from staff on progress made for each of the 15 indicators of the LPC program, (b) discuss challenges and opportunities faced by LPC initiatives, (c) identify new needs and new resources that may be developing in the communities, and (d) develop a list of specific recommendations for the Board of Directors and LPC management.

***Accountability Committee.*** The LPC Accountability Committee reports to the LPC Advisory



Board and is in charge with helping the five LPC Intervention Teams by removing barriers to progress in the community that might impede the progress of the interventions. The committee consists of some members of the Advisory Committee for continuity and other at large members of Leflore County communities. The accountability committee meets during the first week of each month with each of the five intervention teams to receive and discuss a point-by-point update on progress of each LPC goal and indicator, as depicted in **Figure D.1.** below.

**Figure D.1. Process of LPC Accountability Committee Meetings, Review of Outcomes**



The preliminary membership of the LPC Advisory Board and Accountability Committee are listed in **Table D.2.** on the following page.



**TABLE D.2. Community Leadership in the LPC**

Name	Community Role / Represented Sectors
<b><i>Preliminary LPC Advisory Board</i></b> ( <i>≥66% Black/low-income residents of Leflore/public officials</i> )	
Angela Curry	Executive Director of Greenwood Leflore Industrial Board
Chelesa Presley	Director of the Delta Diaper Bank
Kerri Reaves-Grossman	Childlife Coordinator at Greenwood Leflore Hospital
Gwen Pernell	Member, Multidisciplinary Assessment and Planning for LifeHelp
Mike Sturdivant III	Chairman, StaplCotn - local agricultural co-op
Hank Reichle	President & CEO, StaplCotn – local agricultural co-op
Dr. Elizabeth Evans	COVID19 Preparedness & Response for MVSU in Itta Bena
Pastor Steve Collins	Morning Glory Ministries (Church of God in Christ)
Expecting five (tbd) of existing members of Leflore Women’s Advisory Council	Ceredrian Battie, Shaketa Gillion, Skyla Davis, Kimoneshia Sherrod, Nikkya Harris, Tiyaana Dukes, Fantasia Campbell, Nikkole Payne & Reanna Spivey, all low-income residents of area
<b><i>LPC Accountability Committee</i></b> ( <i>80% Black/African American, 100% residents of Leflore</i> )	
Dr. Mary Brown	GLCSD superintendent
Chief Terrence Craft	Police chief of Greenwood, MS
Mayor Carolyn McAdams	Mayor of the City of Greenwood, MS
Mayor Thelma Collins	Mayor of the City of Itta Bena, MS
Dr. Jerryl Briggs	President of Mississippi Valley State University

**Residents’ Role in Decision Making, Learning, Continuous Improvement and**

**Accountability.** Research suggests that children do better in school when their parents are involved. In addition, parents personally benefit from involvement as well. DHA is already beginning some early childhood interventions in Leflore County which will be able to be significantly expanded with support from the Promise Neighborhood program. A ***Parent Committee*** of 12-18 members will be organized and run by parents, recruited from all schools participating in the LPC. It will provide a chance for parents to have input into their child’s education and work with schools to develop solutions. The LPC Parent Committee will:

- Advise LPC and school district staff in the development and implementation of local program policies, activities, and services;



- 
- Plan, conduct, and participate in informal as well as formal programs, activities and data collection for LPC pipeline program; and
  - Participate in continuous quality improvement activities utilizing data and public perceptions to inform recommendations.

The Parent Committee will have regularly scheduled monthly meetings throughout the school year. DHA will make video conferencing equipment and technical support available to its members to facilitate connectivity while classes are in online or hybrid mode, both during the COVID19 pandemic and to ensure connectivity during other future school closings.

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

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

- Are responsible for providing feedback and recommendations on LPC program direction, program design, operation and goal planning.
- Receive appropriate training and technical assistance to assure members understand information they receive and can provide effective oversight and make appropriate decisions which must include: officer training, orientation, and ethics training.
- Are supported by the program in fulfilling their governance responsibilities by receiving reasonable reimbursement of their expenses for participation.



- Participate in developing policies and activities to be submitted to the governing body.

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

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

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



**1.b. Timelines and Milestones – Management Plan for Accomplishing Project Tasks on Time and Within Budget by Intervention Teams**

**Note on a Planning Period:** Due to the extensive engagement we have had with our schools and communities, we do not anticipate needing any time or funds set aside for a “planning period” beyond hiring and training for certain staff positions. We expect to be able to be fully operational by January 1, 2022, particularly if we are authorized to hire and train in the winter of 2021.

**LPC Intervention Teams.** The implementation, management and evaluation plans for the LPC hinge in large part upon the groundwork done by our five LPC Intervention Teams, each of which will be focused on one of the five key areas of service of the LPC pipeline. Each Team will accept responsibility for a specific set of LPC indicators of education, family and community well-being that are directly linked to their collective efforts. Intervention Teams will be staffed by personnel with expertise in each field. All Teams will meet bi-weekly to review progress made over the previous two weeks towards improving each GPRA measure assigned to their group, identify challenges and opportunities for improvement in operations, coordinate the movement of participants and sharing of resources between their programs, then discuss upcoming activities and events. **Figure D.2.** in the Academic K-12 Team description provides an example of these alignment maps, which serve the Teams by ensuring an accountable structure is adopted for completion of assignments, that the entire group is on the same page and that synergies are formed between all partners involved in this work. Each Team consists of DHA staff with relevant experience, school personnel, program partners and in the case of early childhood, parents and community members. Our five Teams include:



---

**Team 1: Early Childhood Team****LPC Lead: Monica May**

---

The LPC Early Childhood Team’s guiding focus every day will be to ask themselves, “What can I do **today** to move the needle forward on ensuring that Leflore County children entering kindergarten are ready to succeed in school?” Each bi-weekly meeting for LPC’s Early Childhood Team will focus on strategy alignment of early childhood programs for the sake of collectively moving the Early Childhood GPRA’s in a positive direction. The meeting activities will specifically address tactics for: increasing dual enrollment of participants across programs, increasing involvement of parents in early childhood programs, child-centric planning between providers who share participants, transitional plans for participants moving from one program to another, stronger alignment of program interventions, curriculums and assessments, plus joint professional development opportunities. This Team will focus on the following GPRA metrics:

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

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

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

Responsibilities: This Team will consist of parents, one representative of the Leflore County Early Head Start/Head Start Centers, one GLCSD teacher associated with the school’s Pre-K program, and LPC staff assigned to the following four projects:



- Expanded Quality Pre-K Initiative
- SPARK
- Promise School
- Imagination Library

Timelines & Milestones:

Pre-K	Quarter 1 2022			Quarter 2 2022			Quarter 3 2022			Quarter 4 2022			2023 & Beyond		
	J	F	M	A	M	J	J	A	S	O	N	D			
<b>Timeline for Enrollment</b>															
Staff hired and trained, protocols in place	█														
Program awareness efforts in community	█	█					█	█					█	█	█
Consent forms obtained	█	█					█	█					█	█	█
Identify children with developmental delays for SPARK participation	█	█					█	█					█	█	█
Begin SPARK enrollment			█	█					█	█			█	█	█
Outreach & enrollment in Head Start/Early Head Start Centers		█						█					█	█	█
Enrollment in Imagination Library				█						█			█	█	█
Enrollment in Promise School						█						█	█	█	█
<b>Timeline for Implementation</b>															
SPARK sessions begin with parents & children meeting one-on-one with staff					█					█			█	█	█
SPARK staff initiate school & home visiting for participants						█							█	█	█
Imagination Library books delivered							█	█	█	█	█	█	█	█	█
Children begin attending pre-K programming			█									█			
Promise School takes place for Kindergarten-bound children								█	█						
Community-based reading events begin						█	█	█	█	█	█	█	█	█	█
Quarterly reports & CQI			█			█			█			█	█	█	█
<b>Milestones</b>															
Increase Pre-K enrollment to reach all eligible children													█	█	█
Children are prepared for Kindergarten								█	█				█	█	█
Children and families read together at home							█	█					█	█	█
Kindergarten readiness scaled scores trending positive to reach state benchmark													█	█	█



---

**Team 2: Academic K-12 Team****LPC Lead: Allison Washington**

---

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

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

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

GPRA 6: Graduation rate from the three Leflore County High Schools.



**Responsibilities:** This Team will consist of DHA staff, one teacher and one administrator from GLCSD and partners’ staff assigned to the following seven projects of the K-12 Team:

- LINKS
- CARES Mentoring
- Teacher Professional Development
- WATCH DOGS
- Summer Camps
- Literacy Fellows
- The Writing Project

**Timelines & Milestones:**

K-12	Quarter 1 2022			Quarter 2 2022			Quarter 3 2022			Quarter 4 2022			2023 & Beyond	
	J	F	M	A	M	J	J	A	S	O	N	D		
<b>Timeline for Enrollment</b>														
Staff hired and trained, protocols in place	█													
Program awareness & communication	█	█	█	█	█	█	█	█	█	█	█	█	█	█
Consent forms obtained	█	█	█	█	█	█	█	█	█	█	█	█	█	█
Identify at-risk students with chronic absences, behavioral referrals, poor coursework, etc.		█	█	█	█	█	█	█	█	█	█	█	█	█
Enroll at-risk students and their families in LINKS		█	█	█	█	█	█	█	█	█	█	█	█	█
Identify and enroll students in CARES mentorship program			█	█	█	█	█	█	█	█	█	█	█	█
Pair students with CARES mentors			█	█	█	█	█	█	█	█	█	█	█	█
Identify students needing reading intervention & enroll in Literacy Fellows		█	█	█	█	█	█	█	█	█	█	█	█	█
Enroll teachers & students in Writing Project			█	█	█	█	█	█	█	█	█	█	█	█
Enroll fathers in WATCH D.O.G.S.				█	█	█	█	█	█	█	█	█	█	█
Recruit teachers to undergo Teacher Development		█						█						
Enrollment in Summer Camps						█								
<b>Timeline for Implementation</b>														
Families in LINKS meet one-on-one with case managers					█	█	█	█	█	█	█	█	█	█
LINKS families make Service Plans and set goals					█	█	█	█	█	█	█	█	█	█



K-12 continued	Quarter 1 2022			Quarter 2 2022			Quarter 3 2022			Quarter 4 2022			2023 & Beyond		
	J	F	M	A	M	J	J	A	S	O	N	D			
LINKS families continue regular check-ins with case managers															
Students in CARES meet regularly with mentors															
Literacy Fellows meet in small-group cohorts															
Writing Project teachers receive instruction to improve reading/writing techniques															
4th-6th grade students work with teachers in Writing Project															
Training for WATCH D.O.G.S. participants															
WATCH D.O.G.S. fathers volunteer at school, promoting feelings of school safety															
Teachers receive evidence-based training & credentialing															
Summer Camps take place to prevent summer learning loss & career/college readiness															
Quarterly reports & CQI															
<b>Milestones</b>															
Families meet goals outlined in Family Service Plans															
Students engage in extracurricular & summer programming															
3rd grade reading pass rates increase															
Students improve on math and reading test scores															
Level of chronic absences & behavior referrals decreases															
Increased feelings of security at school															
Teachers complete professional development & improve skills															
ACT, MAP and other standardized score improve due to teacher coaching															
Teacher retention improves															

The LPC Academic K-12 Team will work closely with the school district (which will have representation on this team) and other K-12 partners to better align school-level strategies and



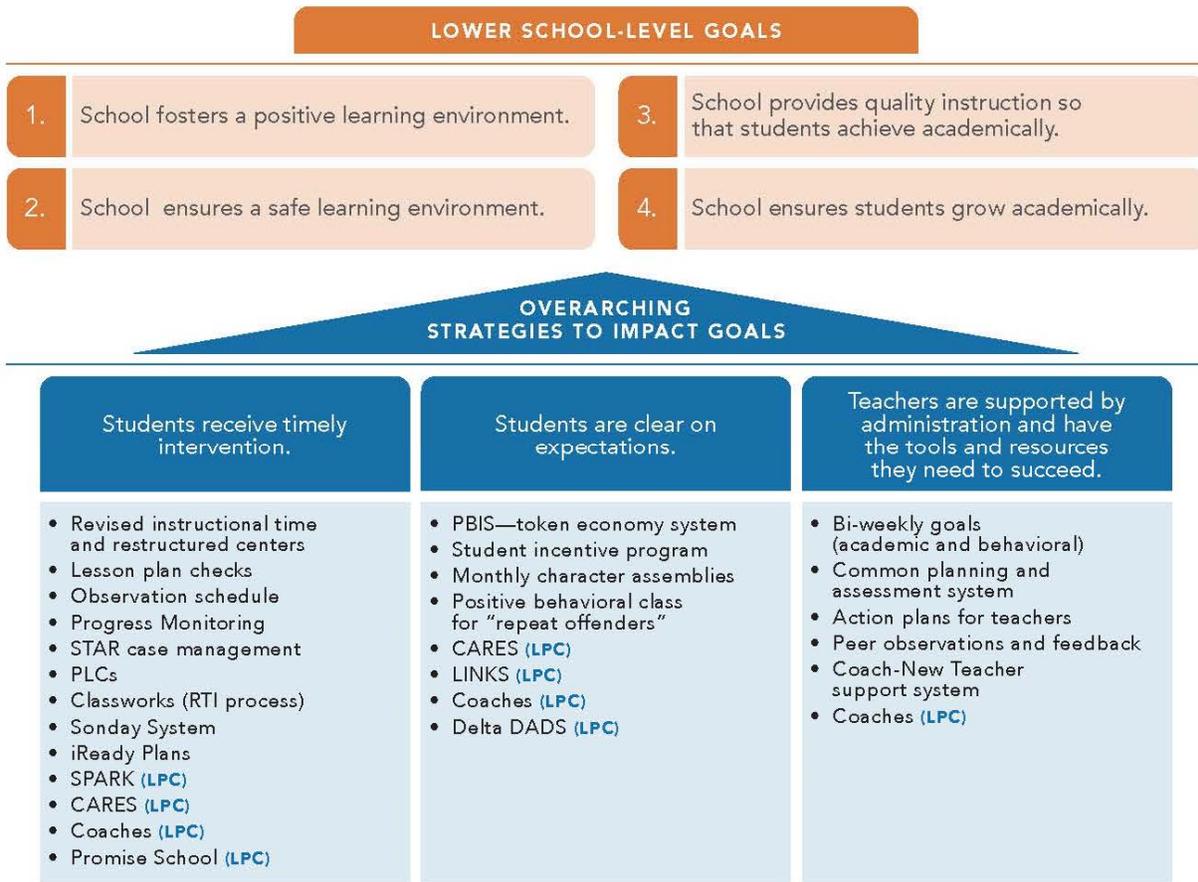
---

support services. As part of our planning process, LPC has already developed asset maps for each of the schools that identify school goals, shared performance measures, and over-arching strategies. The LPC Academic K-12 Team will meet with all thirteen schools each month to better understand how current resources and strategies can support school and district goals for student course performance, behavior and attendance.

Upon notification of funding for the implementation program, we will establish meetings with school principals and staff as teams (elementary school team, secondary school team and post-secondary school team) each month to begin the process of alignment and asset mapping. As a team, we want to ensure that existing resources are being utilized efficiently and effectively to produce the greatest impact on student outcomes. The group will start with the school's overarching goals. For each goal, we have developed shared performance measures that could help determine if we are making progress towards the result. Next we will determine what current strategies are available (school- or community-based) that could make an impact on each of the goals. During this process, the group will identify areas of misalignment or gaps and begin to develop action plans to fill in the holes with existing resources. The monthly meeting structure allows the group to share performance data, align strategies and develop action items on a frequent enough basis that drives better results. **Figure D.2.** on the following page provides an example of a preliminary mapping that was done for GLSCD's Elementary Schools, as a component of the planning that has already been completed.



**Figure D.2. Preliminary GLCSD’s Elementary School Goals and Strategy Alignment Map**



**Team 3: College and Career**

**LPC Lead: Jon Delperdang**

The LPC College and Career Team’s guiding focus every day will be to ask themselves, “What can I do **today** to move the needle forward on ensuring that Leflore County’s High School graduates obtain a postsecondary degree, certification, or credential, and how can I spur economic growth in our service area?” Each bi-weekly meeting for LPC’s College and Career Team will intently focus on strategy alignment for the sake of collectively moving the College and Career GPRA’s in a positive direction. The meeting activities will specifically address tactics for: student-centric development of individual college and career pathway portfolios,



efficient coordination of support to graduate and enter college or the workforce, strengthening recruitment of participants and building a stronger awareness among residents to improve utilization of existing resources, establishing supportive relationships with colleges and universities that enroll the largest proportion of graduates from GLCSD schools, and developing placement opportunities and internships with leading industries for LPC graduates. The GPRA's on which this Team will focus include:

GPRA 6: Graduation rate from the three Leflore County High Schools.

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

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

Responsibilities: Members of this Team will consist of DHA staff, one representative of Delta Council, one representative of Mississippi Delta Community College, one representative of Mississippi Valley State University, one representative of the Greenwood-Leflore-Carroll Economic Development Foundation or Greenwood Leflore Chamber of Commerce and partners' staff assigned to the following four projects:

- College Promise Initiative
- Financial Literacy
- GREAT
- Delta Strong



Timelines and Milestones:

College & Career	Quarter 1 2022			Quarter 2 2022			Quarter 3 2022			Quarter 4 2022			2023 & Beyond		
	J	F	M	A	M	J	J	A	S	O	N	D			
<b>Timeline for Enrollment</b>															
Program awareness & communication	■						■						■	■	■
Consent forms obtained	■						■						■	■	■
Enroll high school students in College Promise Initiative		■						■							
Enroll students in Financial Literacy classes		■						■							
Enroll 16-24 year olds and parents in GREAT			■						■						
Introduce partnerships with vocational training & local colleges			■	■				■							
Recruit participants for Delta Strong			■					■							
<b>Timeline for Implementation</b>															
Students are introduced to college/career counseling process		■	■	■	■				■	■	■	■	■	■	■
Financial Literacy Workshops take place			■	■					■	■					
GREAT participants participate in and complete GED and/or certification programs				■	■	■			■	■	■				
GREAT participants explore college and career options				■						■					
Delta Strong participants prepare & take NCRC exam						■	■								
Students create graduation plans for career/college			■	■	■										
Students learn about financial aid				■	■										
Students enroll in college preparatory classes									■	■	■	■	■	■	■
Students have option to begin dual enrollment programs									■	■	■	■	■	■	■
<b>Milestones</b>															
Increased graduation rates in LPC					■	■	■	■	■	■	■	■	■	■	■
Students graduate with college/career readiness plan							■								
Financial literacy increases among young people								■	■	■	■	■	■	■	■
Families talk about college and career								■	■	■	■	■	■	■	■
Student matriculating to college do not need remedial courses															



	Quarter 1 2022			Quarter 2 2022			Quarter 3 2022			Quarter 4 2022			2023 & Beyond		
	J	F	M	A	M	J	J	A	S	O	N	D			
College degree completion rates improve															
ACT scores improve															
Delta Strong participants obtain credentials															
Participants complete vocational training and credentialing															
Strong, credentialed workforce is built in Leflore County															
Referrals begin from now-implemented programming such as LINKS, etc.															

**Team 4: Health**

**LPC Lead: Barbara Ann Beckham**

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



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

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

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

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

Responsibilities: Members will consist of DHA staff, one representative of the Leland Medical Clinic, one representative of Region One Mental Health and partners assigned to these projects:

- Mobile Medical Clinic
- Delta EATS School/Community Gardens
- Universal Parenting Place
- Catch P.E. Program
- LifeSkills Training

Timelines and Milestones:

Health	Quarter 1 2022		Quarter 2 2022		Quarter 3 2022			Quarter 4 2022		2023 & Beyond		
	J	F	M	A	M	J	J	A	S	O	N	D
<b>Timeline for Enrollment</b>												
Staff hired and trained, protocols in place	█											
Program awareness & communication								█				
Consent forms obtained	█											
Delta EATS planning activities begin		█										
CATCH P.E. enrollment		█										
UPP center established				█								
LMC Mobile Medical Clinic determines service locations			█				█					
Life Skills enrollment	█	█					█					



Health, continued	Quarter 1 2022			Quarter 2 2022			Quarter 3 2022			Quarter 4 2022			2023 & Beyond		
	J	F	M	A	M	J	J	A	S	O	N	D			
<b>Timeline for Implementation</b>															
Delta EATS establishes lesson plans															
Delta EATS begins building first gardens															
CATCH PE programming begins															
LMC Mobile Medical Clinic begins providing healthcare services															
Residents receive immunizations and well child visits															
Parents begin visiting the UPP Center for services															
Parents visiting UPP center receive personalized consultations															
Life Skills training is implemented															
Students learn about alcohol & drug use															
Students learn about anger management and conflict resolution skills															
Children and families are referred to appropriate healthcare providers through network															
<b>Milestones</b>															
One EATS gardens established each year															
Knowledge of healthy eating & fresh produce increased															
Children exercise more															
All eligible children receive full immunizations and annual physicals															
Students feel safer at school															
Families receive patient-centered healthcare															
Parents feel supported by trusted partners in caring for their children															
Use of alcohol/tobacco/illicit drugs decreases															
Children ages 0-5 have medical homes															
Families are able to make informed decisions about their healthcare															



---

**Team 5: Community****LPC Lead: Eileen Beasley**

---

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

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

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

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

Responsibilities: Community Team will consist of DHA staff, one government representative from the cities of Greenwood and Itta Bena, one member of the Social Services Collaborative and partners’ staff assigned to the following four projects:



- Youth Council
- Boys & Girls Clubs
- Neighborhood Associations
- Social Services Collaborative

Timelines, Milestones and Measures:

Community	Quarter 1 2022			Quarter 2 2022			Quarter 3 2022			Quarter 4 2022			2023 & Beyond		
	J	F	M	A	M	J	J	A	S	O	N	D			
<b>Timeline for Enrollment</b>															
Staff hiring and training, protocols in place	█														
Program awareness & communication								█						█	█
Consent forms obtained	█							█						█	█
Preliminary Youth Council interest meetings/recruitment begin		█													
Boys and Girls Club programming introduced	█													█	█
Preliminary Neighborhood Association interest sessions			█											█	█
Social Services Collaborative introduced		█													
<b>Timeline for Implementation</b>															
Youth Council is formed, annual recruiting			█											█	█
First Youth Council meeting				█										█	█
Children attending Boys and Girls Club		█	█	█	█	█	█	█	█	█	█	█	█	█	█
Neighborhood Association is formed, annual						█								█	█
First Neighborhood Association meeting							█							█	█
Social Services Collaborative referrals begin			█											█	█
Neighborhood Association begins community-wide programming each summer						█	█	█						█	█
<b>Milestones</b>															
Youth Council participants have increased leadership & civic engagement scores								█						█	█
Residents and Youth are more engaged in Leflore Community									█	█	█	█	█	█	█
Additional Neighborhood Associations are formed (1 per year)														█	█
Feeling of community safety increases														█	█
Families obtain access to essential services through Social Services Collaborative				█	█	█	█	█	█	█	█	█	█	█	█



## **2. Capacity to Operate LPC Longitudinal Data System Beyond the Initial Five-Year Plan**

### **2.a. Experience, Lessons Learned and Proposal to Build Capacity**

For over six years, Delta Health Alliance has adopted and utilized Results-Based Accountability (RBA) as a framework for implementation of programs and strategies. Leadership at DHA has been formally trained by the Annie E. Casey Foundation (AECF) in RBA and Results-Based Leadership (RBL) and Facilitation (RBF). From March 2014 – March 2015, DHA management and staff participated in AECF and the Promise Neighborhood Institute’s (PNI) Skills to Accelerate Results (STAR) professional development program. PNI is a partnership between the Harlem Children’s Zone, PolicyLink, and the Center for the Study of Social Policy. The seminars were developed to better equip Promise Neighborhood leaders with the skills and tools needed to accelerate population-level results. Carolyn Willis, LPC’s Project Director, has already completed the STAR professional development program and can provide ongoing support to other LPC staff as they complete this program.

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

#### **i. Plan to Build capacity of DHA’s Management Team and Project Director**

DHA will build the capacity of the management team by providing data system training,



---

data coaching sessions and development trainings. Data system training is provided to all staff and will be provided for new hires of the LPC program. Ongoing training is provided quarterly to all internal and partner staff to ensure high quality, frequent data collection.

Building upon the lessons learned from the Annie Casey Foundation, DHA has engaged with **Raj Chawla, Principle of OCL Group**, author of Choose Results and the founder of the Results Based Facilitation (RBF) Network, and we will repeat this training for the project director, management team and key staff of the LPC collaborative. DHA program leaders have already been through several levels of results leadership work. An intensive Results Based Leadership program provided a small group of leaders at DHA with a large set of tools and skills to use in developing community-based strategies. Several rounds of Results Based Facilitation Certification have allowed us to build the skills needed for community involvement around those results in program staff. Twenty DHA staff are already certified in Results Based Facilitation and six addition management staff are certified in Results Based Leadership. Three DHA management staff have been trained as coaches in the Results Based Facilitation model to ensure this work lives within the culture of DHA and can be passed on to future employees of the LPC. One coach is receiving certification in other community-based solution inclusion tools to train staff and establishing a community of practice including Emergent Learning with Fourth Quadrant Partners and Action Research. These measures are also utilized for diversity and inclusion strategies both with staff and community and participant involvement.

Beyond collecting and entering data, project management and frontline staff will be trained to understand how they can use data in their specific roles to drive results, reviewed monthly by the LPC Project Director and reported to our Board of Directors and Advisory Board



---

quarterly. 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, DHA’s data team provides coaching sessions with home visitors that focus on how to properly score and use the screeners they were collecting to inform family lesson plans.

## **ii. Developing a Culture of Improvement + Accountability**

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

As a result of these strategies, DHA has developed a culture of accountability in communities where this did not previously exist. A barrier to the development of this culture has been the limited number of potential partners with the organizational capacity to meet such demanding standards. Because of the barrier, DHA has put formal structures in place to provide capacity building for leadership and partner staff, including data system training and “data coaching.” By helping to guide 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.



### iii. Improvement and Accountability Structure and Decision-Making Teamwork

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. Using the program's Scorecard to drive the conversation, the team discusses the strengths and weaknesses

***DHA goes beyond traditional compliance, using data to drive community actions and focus on accountability within the organization.***

of their efforts, using data-driven analysis to promote and expand efforts that are going well, while examining initiatives that aren't working and engineering

solutions and corrective actions. Specific team members are responsible for action items and adhere to a timeline for implementation and assessment, and at the next accountability meeting, the whole team reviews progress toward meeting corrective goals. This collaborative approach toward accountability ensures that program-level staff who have day-to-day, hands-on experience with ongoing efforts can 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). We have been informed by our program officer that across all 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 across the entire continuum of education.* 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 while recognizing the value of everyone’s voice in shaping their community. 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.

#### **iv. Informed Consent for Individual-Level Data**

For this project to be successful, DHA needs to know how children are doing in school, and when and where they need help. DHA has worked with communities in the Delta for the past four years, connecting these pieces of information which allows us to make informed decisions about how to help children learn and achieve. In order to collect and store individual-level data



across partners, DHA has implemented an informed consent process. DHA strongly believes that informed consent is an *on-going process* that involves parents, students, partner organizations and the school district. DHA will work to properly inform all families of the risks and benefits of participating in the project. DHA has years of experience collecting informed consent of at-risk populations, including our two ongoing rural Promise Communities where DHA has secured the consented for over 85% of the target population consistently over all years of operations. DHA will expand the current informed consent process and longitudinal data system to collect and report data from LPC partner organizations.

## **2.b. Plan to Expand our 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 LPC to track consented individuals across programs and over their lifetime. DHA's ETO system was specifically designed to **integrate student-level data from multiple sources** (e.g. Mississippi Department of Education, School Climate Surveys, nSPARC, Teacher Surveys, etc.) **to measure progress while abiding by all state and federal privacy laws and requirements,** including FERPA.

DHA's ETO database includes individual "sites" for external partners, as well as an internal "site" for DHA programs. Staff at each partner site has been trained by DHA ETO Administrators to enter demographic, attendance, and assessment data for children participating in partner-provided programs. Ongoing training is provided to partner staff on a quarterly



---

schedule in an effort to promote high quality, frequent data collection. The database is used by each partner to track and run individualized reports on demographics, efforts, and assessments.

DHA is currently partnered with seven school districts on a variety of academic achievement, teen pregnancy prevention and wellness programs, including Greenville Public Schools, Leland Public Schools, 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 also operates the Early Head Start and Head Start Centers of three rural counties, including all programs in Leflore County. 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.

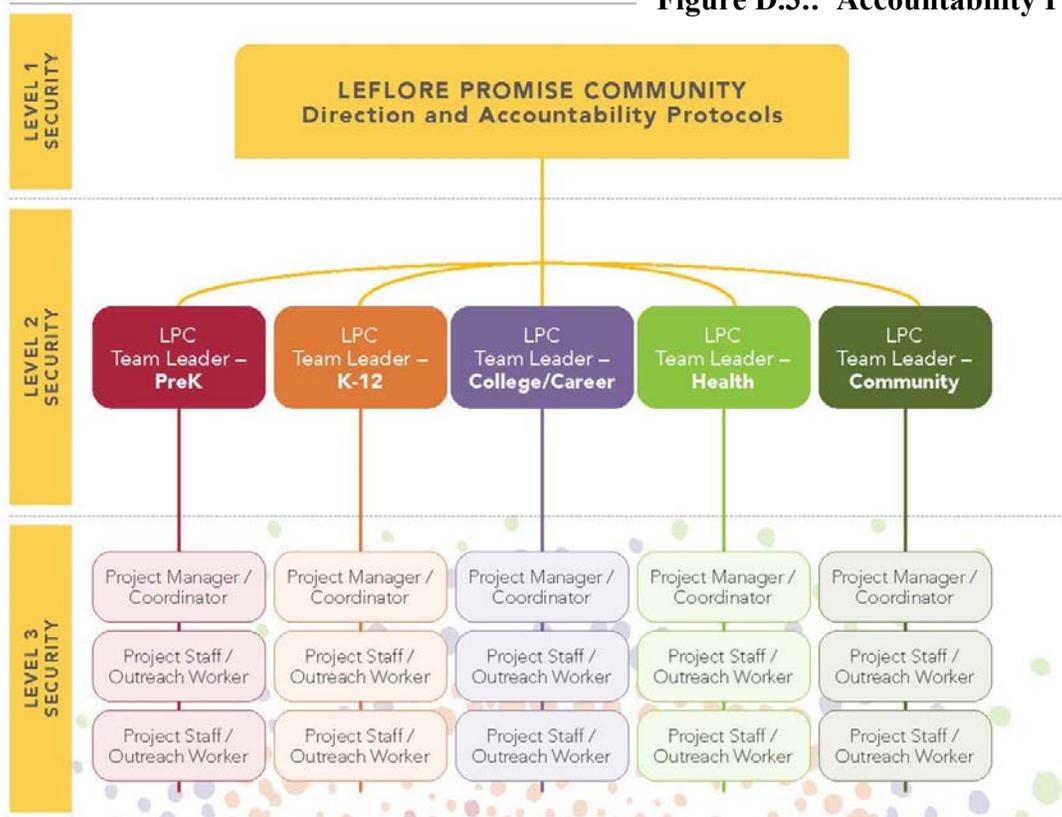
Since implementation of the ETO data system in 2011, DHA has realized significant success in collecting individual data from core partners. However, there were originally some challenges with partners meeting mutually agreed upon deadlines. Because of this, DHA established formal processes to encourage 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.

Data Security. The ETO software is HIPAA compliant and equipped with security measures to restrict access based on the purview and responsibilities of the user (per **Figure D.3.** on the next page). Level 3 Security - Each individual project resides in this zone. Those projects only have access to the data originating from their individual projects. Each project will enter the



information and data for each individual involved in their project. The software creates a unique identifier for that individual and links the data to that individual. Level 2 Security - Several individual projects will be managed by a single Team Lead staff member, grouped according to Team (e.g., Early Childhood Programs, College/Career Programs). The Team Lead will have access only to the projects that are his/her responsibility. At this level, the data will be accessible by the unique identifiers only. The software will allow the Team Lead to track and analyze trends to ensure that each individual project is progressing and meeting their goals.

**Figure D.3.: Accountability Protocols**



Level 1 Security - All LPC Team Leads fall under the direction of the Program Director who answers to DHA’s President & CEO, who in turn answers to our Board of Directors. These individuals, along with the internal data and research team, will have access to all data from all



projects, accessible by the unique identifiers. At this security level, staff will be able to match unique identifiers to specific individuals. This is required in order to identify needs among specific individual children so that those needs can be addressed by either steering the children into the appropriate program or providing the necessary services.

### **2.c. Process to Establish and Maintain Family and Community Engagement**

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

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

As a result of previous Promise Neighborhood work and other outreach programs conducted over the last 20 years, 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.



---

In addition to the work of the Advisory Board described earlier, ***Delta Health Alliance Team Leaders and project staff*** will be responsible for maintaining direct relationships with city leadership, law enforcement, Early Head Start / 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 GLCSD***. Meetings are inclusive of school district personnel, project staff and Delta Health Alliance staff who will work with this project. Monthly status reports are shared and reviewed to determine collaborative solutions to any delays or problems that may arise. During monthly accountability meetings, data will be shared and strategies will be collectively developed to determine what the work will look like moving forward. Individuals will make action commitments to confirm their contribution to the ongoing work.

Coordination with the residential neighborhoods will also be facilitated by a ***monthly meeting and training with neighborhood associations*** which will allow the LPC teams and partners to engage community members in identifying needs in their community and becoming problem solvers and solution seekers to develop strategies to address issues. Associations will also be taught how and assisted with becoming incorporated as non-profit organizations.

Work in our existing Promise Communities has assisted in gleaning lessons learned about how social services and health organizations need to collaborate to leverage resources and maximize services offered. The ***Social Services Collaborative*** was originally formed in 2012 to serve Sunflower County, was expanded in 2016 to serve Washington County, and is made up of local, state and federal resource agency representatives. These participants meet monthly to:

- break down silos to prevent working in isolation,



- identify duplication of services to better coordinate efforts,
- educate on services/resources that are readily available to families and children, and
- provide internal and external referrals.

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

Delta Health Alliance also recognizes the importance of parent engagement in their children's education. Through our previous Promise Community work a 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, neighborhoods, cities and the county. LPC staff work 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. Our 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 Greenwood Leflore Consolidated School District. This same model will be employed in the LPC to ensure parents are given a voice as well as opportunities to participate in decisions that impact their children's education.



---

Communication Policy and Structure between Partners. Delta Health Alliance's communication strategy for the LPC is built on our experience engaging families, partners and decision makers in other large-scale collaborative programs, along with our knowledge of the communities within the LPC. The following are lessons learned through our 20 years of community service, which will guide the LPC strategy for communications: (1) the smaller the venue (e.g. rural communities), the more important word-of-mouth and program performance becomes – consequently, the more we can personally engage someone, the more effective our communication will be; (2) the most effective communication strategies target specific messages to specific audiences and ask the person receiving the message to take some action (e.g., join the neighborhood association, sign a petition, mentor a child, or attend a meeting); (3) while the least effective messages are those delivered to a general audience, they can buttress and complement the activities cited in #1 and #2 above; (4) the most effective communication strategies incorporate messages that are coordinated with programs, simple and repeated, and timely. Informing residents and generating interaction with the LPC will be a long term endeavor and take multiple approaches and multiple venues for people to absorb and retain messages. In that sense, this communication plan promotes traditional ways of imparting messages about LPC to the general public, but also devotes resources to neighborhood and community organizing.

Building on our lessons learned, the LPC Community Team will take the lead in overseeing our *specific communication activities*, which will include: (1) announcement of LPC grant award and new programs; (2) neighborhood organizational meetings and placement of LPC banners on power poles to show pride in the promise community and raise awareness; (3) announcement of summer camp opportunities and RFP; (4) announcement of new school year



programs; (5) flyers and posters posted in area businesses, restaurants and shops to foster participation in the initiatives; (6) reports from bi-weekly meetings of our five Focus Teams with partners; (7) information shared with Advisory Board and Parent Committees; (8) findings from school data and surveys released; and (9) public service announcements to highlight key education, work training, and health topics<sup>161</sup> and to remind local families of our 10 goals and progress to date on moving the needle on the 15 GPRAs of the Leflore Promise Neighborhood. *Communications Strategy from the Ground Up.* Greenwood and Itta Bena are rural cities and getting residents connected to the LPC will be linked to either their participation in programs or what they hear from friends and associates about our programs. Our Team Leader for Community Engagement will build these connections to the programs from the ground up by taking the lead on the following community outreach and organizing activities:

- (1) **Creating Neighborhood Associations** – using the existing neighborhood watch organizations in both communities, this person will build one new associations in Year 1.
- (2) **Leflore Neighborhood week** – replicating a highly effective system that DHA has used since 2014 with the IPC, we will host a week-long series of events that occur the week before public schools start, conducted in collaboration with our cities and all partners of the LPC. LPC Week will involve such things as: a family reading night with literacy-based learning games; a college-readiness night for middle and high school students and parents; a community service project sponsored by the LPC Youth Council; a Kids’ Showcase focusing on students’ talents; a back-to-school night for new students entering or transitioning into the elementary and middle schools; and a community health fair. LPC Week is an exciting opportunity to saturate the entire



---

community with information about our programs, enrollments for participation and to recruit volunteers, and solicitation of new partners.

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

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

(5) **Posters and Banners** – LPC will create a series of “Promises Posters and Banners” which outline the ten goals of LPC framed as promises that we are making and will keep with the communities of Leflore County. By June 2021, these Promise Posters will be hung in storefronts of businesses, partners’ offices and neighborhoods to raise awareness, foster involvement and promote enrollment in LPC initiatives.

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

The LPC Community Team Leader will work full-time in the community, meeting one-on-one with individuals or in group meetings, generating connections to LPC and its specific



---

programs, and getting feedback from community members. If programs are working, if students are engaged and learning differently, then this person will hear about it.

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

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

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

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

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

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

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

The structure that connects and drives LPC project partners will replicate the successful model developed by our previous Promise Communities in the neighboring rural counties of



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

## Section E – Adequacy of Resources

### 1. Reasonableness of Costs Per Person and Anticipated Results and Benefits

In 2019-2020 school spending in Mississippi averaged \$10,655 per student, while school spending for the GLCSD was \$11,310 per student.<sup>162</sup> The consensus of researchers in Mississippi is that achievement does not follow spending, in that more funding does not necessarily equate to improvements in student outcomes. Rather, innovative solutions and evidence-based, student-centered reforms, including the power and assets of the community, have been found to help schools achieve.<sup>163</sup> The solutions offered by the LPC involve precisely these types of reforms. The LPC addresses solutions at the child’s cultural, emotional and mental foundation - outside the classroom in the family and community - where lasting change can be implemented. The anticipated benefits of coordinated, evidence-based support will provide a rock-solid foundation for the classroom instruction.

The Leflore Promise Community was developed to make the best possible use of *existing*



---

personnel, materials, infrastructure, and systems already in place, and leveraging these assets to yield the greatest possible impact of Promise Neighborhood Funding. **By LPC's fifth year, projected penetration is expected to be 80%, meaning that 22,546 of our 28,183 residents will be involved in at least one project supported by Promise Neighborhood funding.** This equates to a per person cost of \$266.12 for Promise Neighborhood funding in the final year.

While 80% of all Leflore County residents will be directly involved in one or more projects, all residents will see indirect benefits through safer neighborhoods, lower crime, lower unemployment, improved community relations, educational programs, community events and reduced truancy at area schools. These benefits will also be realized more profoundly by our residents that were shown to have the most dire and complex needs through our segmentation analysis, including single-parent households, residents living below the poverty level, families with children ages 0-5 who are not enrolled in an evidence-based childcare center, and public-school students. Students will have the greatest opportunity to be served by LPC initiatives and public school students are expected to directly benefit from, or participate in, an average of **six (6) LPC programs each.**

*Anticipated Results and Benefits.* Based upon the results of similar programs that utilize these evidence-based initiatives and program design, we can reasonably anticipate the following benefits after five years which will dramatically transform long-term outcomes for our residents and reduce long-term costs to these communities relating to health outcomes and the cost of healthcare, educational outcomes, meaningful careers and economic growth across the county:

1. 95 percent of babies born to families in Leflore County are born healthy;
2. 80 percent of Leflore County children arrive at Kindergarten ready to learn;

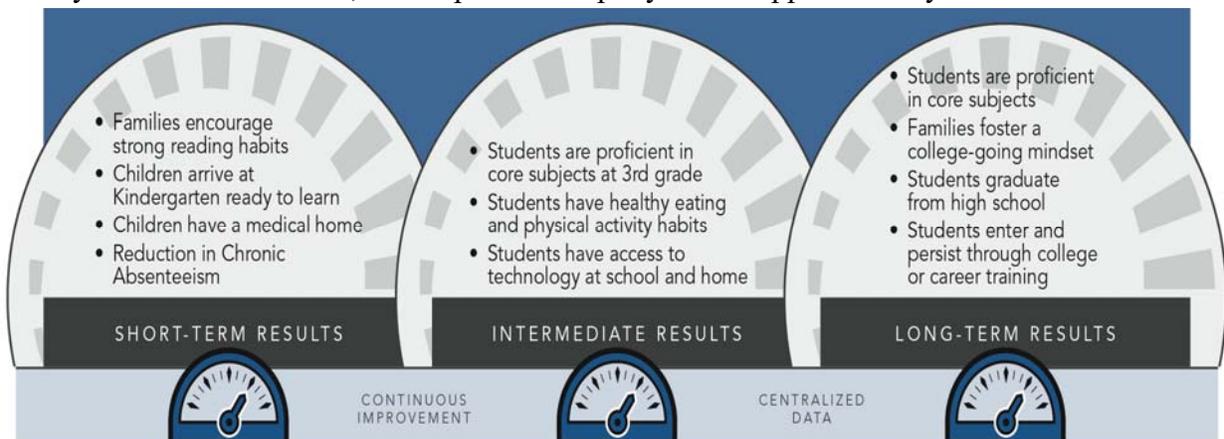


3. 75 percent of children are reading at grade level at GLCSD school systems;
4. 90 percent of students from our three high schools graduate high school on time; and
5. 90 percent of students from GLCSD enter college or a career training / industry certificate program after graduation.

Our transformative outcomes will be yielded through LPC results depicted in **Figure E.1.** below.

### **Figure E.1. Short-Term, Intermediate, and Long-Term Benefits of the LPC**

*Anticipated Cost Savings.* The cost of incarceration in Mississippi for minimum- and medium-security level inmates is \$19,607.80 per inmate per year.<sup>164</sup> Approximately \$700 million



statewide is currently spent on public assistance programs, a figure which has dramatically declined every year since its height of \$1.7 billion in 2010<sup>165</sup> despite Mississippi’s statewide poverty only falling from 22.4% in 2010 to 19.6% in 2019.<sup>166</sup> Mississippi Medicaid’s FY2020 expenditures totaled another \$6.38 trillion, as enrollment increased with the onset of the Covid-19 pandemic.<sup>167</sup> The LPC Year 5 cost of \$283.86 per participant is a **positive** investment, not only for the individual lives and families that it will directly impact, but for this community in the “other America” living in the Mississippi Delta.



## 2.a. Resources and Capability of the Lead Applicant - Delta Health Alliance

Delta Health Alliance, Inc. (DHA) is a rural, community-based 501(c)(3) nonprofit organization located in neighboring Washington County,



**DELTA HEALTH  
ALLIANCE**

Mississippi that currently operates over a dozen community-based programs in Leflore County. Since its inception in 2001, DHA has collaborated with researchers and community stakeholders to develop, implement and evaluate efforts to identify and address social, educational and health needs in the Delta region. DHA has marshalled cross-sector partners to catalyze strategic investments that promote the financial, physical and emotional stability of Delta residents, including the development and maintenance of a regional electronic health record (EHR) system, clinic-based medical homes, care coordination, maternal and infant wellness education and home visits and culturally-tailored outreach programs. Since 2006, Delta Health Alliance (DHA) has administered several multi-year, multi-million dollar grants in addition to many smaller grants, and is currently overseeing externally funded research initiatives in 21 counties of Mississippi. DHA's current staff of 425 FTE program specialists, educators, outreach workers, researchers, and support personnel will provide the foundational infrastructure, local connections, regional networking relationships, and practical expertise required to implement this large-scale, coordinated education and social service effort. DHA programs have directly served over one-third of Delta area residents; reaching over 800,000 individuals in 2019 alone, with innovative services developed to maintain operations during this ongoing pandemic, including telehealth programs, distance learning opportunities, three community centers for students ages 5-12 with



---

working parents, home-based garden kits and video conference home visits, all in keeping with CDC safety recommendations.

*Financial Stewardship.* DHA has managed over \$250 million in multi-year, grant-funded programs from our first award twenty years ago through the Centers for Disease Control for a collaborative effort with four partners, to a current mix of grant support from federal, state, and foundations; including the Office of Rural Health Policy of the Health Research Services Administration, Office of the National Coordinator for Health Information Technologies, Office for the Advancement of Telehealth, the Agency for Healthcare Quality Research, the Administration for Children and Families, Department of Education's Promise Neighborhood Program, USDA's Delta Health Care Services Program, W.K. Kellogg Foundation, Kings Daughters Circle Foundation, Wapack Foundation, the United Healthcare Foundation and the 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 financially sustain programs over many years, designed with input from the communities served.

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



---

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

*Strategic Planning and Performance Improvement.* To ensure that multi-year support of the operation and continual improvement of our programs is being addressed, five-year project plans for DHA as a whole and for each Promise Community are continually updated and presented to DHA's Board each quarter. Chief Executive Officer Karen Matthews, Ph.D., has led DHA since 2006 and has established a data-driven, research-based culture of decision-making, ensuring that



---

appropriate benchmarks, data capture infrastructure and accountability measures are in place to integrate performance improvement throughout every facet of DHA's programming.

DHA's multi-year operations are also supported by independent, external researchers from the Center for Community Research & Evaluation who will conduct community-participatory program evaluation to assess progress towards LPC goals and analyze the effectiveness of the intervention. DHA leverages data yielded from our ongoing formative evaluation every quarter to maintain regular feedback loops with front-line providers, managers, stakeholders and consumers to advise continuous quality improvement. **All partners are visited regularly and surveyed every quarter** to specifically identify any challenges or concerns that may be impacting their efforts. All issues are documented then submitted to the DHA Management and the Advisory Council review. Each issue remains on the agenda of our monthly management meetings until it has been resolved to the satisfaction of all concerned. A tracking system will be utilized to measure changes in the program's processes over time to reconcile new systems or protocols with any observed changes for program participants.

*Sustainability.* DHA began as an entirely CDC-funded entity in 2001 but has since excelled in administering funds from multiple federal granting agencies, private funding agencies, state contracts, and projects that generate program income which can support ongoing operations. Mississippi is one of the poorest states in the union with **no** Fortune 500 companies and limited resources, making sustainability of services extremely challenging. Over the past 20 years, DHA leadership has learned how to create new pathways and funding streams using the insight and expertise gained from grant activities, making them self-sustaining in order to continue to provide the desired outcomes for DHA goals. Recognizing the return on investment of our



operations, the Mississippi's legislature set aside dedicated funds to support our Promise Community programs. Another example of our multi-year operational sustainability is the Electronic Health Records (EHR) system administered by DHA and the Leland Medical Clinic. Our EHR network began completely grant funded as a free-service and research opportunity. The network and research now continue under a self-sustained umbrella of services that DHA provides for a fee to doctors and clinics. The Leland Medical Clinic was established as a partnership between DHA and the City of Leland to provide safety net care using a patient-centered medical home model after the local non-profit clinic closed. DHA leadership turned a defunct clinic into a profitable model for the research and a much-needed resource in a rural town that now operates as an independent clinic with state-of-the-art wellness center and fitness classes. As previously mentioned, LMC is in the process of applying for designation as a FQHC which will open additional options for the long-term sustainability of its services. DHA also operates two ongoing Promise Communities as previously described. The first of these, the Indianola Promise Community, began in 2009 with planning activities and preliminary programs and now **12 years later is still delivering programs that together report on all 15 GRPA indicators** through a combination of federal, state, city and foundation support, donations from area businesses and significant volunteer time from the communities we serve. DHA currently administers \$24 million a year in federal, state and foundation grants, and has negotiated a 50.0% Indirect Rate for federal grants that recovers all Facilities and Administrative costs required to support community-based programming. As demonstrated by past projects and outcome metrics, DHA can provide *real outcomes* for participants, *quality data* for model dissemination and policy advocacy and *local leadership* to sustain and build on gains realized from funded projects.



## **2.b. Multi-Year Financial and Operating Model**

Since 2001, DHA has served as the primary backbone / convening organization in the Mississippi Delta region, successfully managing funding and material support from federal and state agencies, including the Department of Health and Human Services, Department of Education, Department of Agriculture, Mississippi Department of Health and Mississippi Department of Medicaid. DHA has also received significant cash and in-kind support from national and regional foundations (e.g., W.K. Kellogg) and local businesses. DHA and its senior leadership team have twenty years of experience securing funds to initiate or expand projects and executing plans to sustain efforts in the Mississippi Delta of our most highly effective services. Examples of these instances have varied in project scope, scale and amount of resources necessary to continue effective work.

*Seasoned Project Leadership.* **Dr. Karen Matthews**, CEO and President – DHA has secured over \$250M since Dr. Mathews joined our organization in 2006 to implement and sustain projects in and around the 18 rural counties that comprise the greater Mississippi Delta region. Dr. Matthews has the ability to administer and coordinate large-scale programs, as well as amplify outcomes and disseminate results via high profile networks and publications. She has significant expertise in program evaluation and dissemination of research findings in peer-reviewed scientific journals including the American Journal of Public Health, Journal of Adolescent Health, Journal of Correctional Health Care, Journal of Computer Information Systems, Telemedicine and e-Health, Scientific American Mind, Journal of Telemedicine and Telecare and Information Systems Management. **Carolyn Willis**, Vice President for Education Programs has worked since July 2009 for DHA and currently leadership in the areas of



---

integration, scope and implementation, cost, time management, human resources, quality, and evaluation of education and outreach grants. She will ensure the ongoing development and enhancement of partnerships in support of education and health needs of the Leflore Promise Community. **Hilary Meier** joined DHA in April 2017 and will serve as LPC's full-time Program Director, overseeing and guiding the implementation of, recruitment for, continuous improvement, growth and reporting of all programs within the LPC pipeline. Her prior experience with DHA includes director contractual services to build relationships with area schools and Early Head Start programs, oversee health outreach, manage staff and fiscal responsibilities, and participate in the development of the new public Wellness Center in neighboring Washington County.

*Long-Term Integration of Revenue Streams.* DHA's Board of Directors, CEO and Vice President of Educational Programs maintain a constant focus on sustaining our organization's most effective efforts by identifying public and private sources of funding and in-kind support then developing strategic plans for resource acquisition. Our experience over the last decade has taught us how to follow a disciplined approach in integrating funding streams that foster sustainability of effective services. The approach involves these steps: (1) Hire the right person, preferably drawn from the service area, to serve as a Project Director; (2) Maintain a laser-focus on obtaining early successes; (3) Learn quickly from early failures and implement course corrections where needed; (4) Share progress and results with stakeholders, policy-makers, local residents, and prospective funders early and often; (5) Continuously monitor and adjust for program performance; (6) Make decisions about dollars invested based on data, outcomes and return on investment; and (7) Share results again. This process and the combined experience of



DHA’s Board and senior staff have resulted in successful integration of funding streams from federal, state and private sources for several large-scale initiatives. These successful efforts have allowed us to acquire the funds necessary to support ongoing effective services to residents of the Mississippi Delta. Table E.1. below provides an overview of our multi-year model.

**Table E.1. Multi-Year Financial and Operating Model**

	2022				2023	2024	2025	2026	2027	2028	2029	2030 +
	Q1	Q2	Q3	Q4								
Funding from Dept of Ed, PN program												
Matching from GLCSD												
Matching from Dollywood Foundation												
Matching from City of Greenwood												
Establish and continually engage with Advisory Board for growth of LPC												
Recruit and train local talent for staffing												
Finalize contracts with partners												
Provide regular professional development of “train the trainer” modeling to build capacity of local residents/stakeholders												
Establish recruitment and future growth plans for volunteers, renew yearly												
Publish & disseminate LPC outcomes												
Establish mechanisms for fee-for-service programs that benefit private companies (e.g. EHRs, workforce training)												
Create new local business and college sponsorships (e.g. internships)												
Submit proposals to foundations to sustain program operations												
Submit proposals to federal agencies to expand successful LPC programs												
Present findings to MS Legislature to create state funding support												

 *Financial Element of LPC Model*

 *Operational Element of LPC Model*

Our experience learning how to integrate funds and sustain programming for two successful federally-funded Promise Neighborhoods (IPC & DCPC) will easily be transferable



for the same task of integrating funds and sustaining the Leflore Promise Community (LPC). Twelve years ago, planning for the Indianola Promise Community commenced prior to being awarded **any** federal funds, driven solely by the passion and dedication of area residents, school staff, and area partners. After working with area residents to identify the community's greatest needs, we pursued a variety of funding sources from private foundations, individuals, corporations, state and federal sources to best address those needs. The Indianola Promise Community's first federal funding was awarded by the Health Research and Services Administration (HRSA) in July 2009 as a component of a larger Delta Health Initiative program. This effort supported our first ten summer camps for ages 3-18, established our first neighborhood association, and supported the building of a community park and playground in partnership with 200+ volunteers from the neighborhood and surrounding businesses. The following year, IPC earned a Department of Education Promise Neighborhoods Planning grant in October 2010 to build upon those efforts, then the largest source of private foundation support was acquired soon afterward from the W. K. Kellogg Foundation (3 years/\$5 million). The DoE's Promise Neighborhoods Implementation grant was then awarded in 2012 following Kellogg's investment. Over the course of the IPC and DCPC implementation periods, we have also successfully integrated additional funding for both from the private sector. Regional and global corporations who have a presence in the Mississippi Delta have financially supported efforts of our promise communities over this time period. Monsanto, AT&T-MS, Entergy-MS, the Compass Initiative, the Mississippi Department of Health and Mississippi Governor's Office have all made financial contributions to support programming that fit within their giving priorities. WGBH, Boston's public media affiliate, has been continuing to provide financial



support for student engineering projects containing a global competency framework for youth. In addition to these private sources, we have integrated federal and state funding to sustain and carry on some of the most promising work developed in the IPC and DCPC. We currently operate over \$10 million dollars in non-PN federal funds for the following components of work that either occur wholly in Indianola and Deer Creek, or overlap with those service area including: (1) Financial Literacy & Savings Programs - \$718,278 awarded through the Administration for Children and Families' Assets for Independence Grant; (2) Early Childhood Development - \$4.6M awarded through the Administration for Children and Families' Early Head Start/Child Care Partnership Grant; (3) Maternal Home Visitation - \$3.5M awarded through the Health Resources and Services Administration's Healthy Start Initiative; and (4) Teen Pregnancy Prevention - \$7.5M awarded through the Office of Adolescent Health's Replicating Evidence-Based Teen Pregnancy Prevention Grant. We have also integrated funding from the State of Mississippi to support Maternal Home Visitation by being awarded a pilot project through the Mississippi Division of Medicaid to address population health and pre-term births through better utilization of electronic health records, connecting our IPC and DCPC residents to a medical home during the prenatal period. Mississippi Medicaid has also funded a study to examine if our LINKS program can have the same positive impact on health outcomes as it has had on education measures. All of these funded initiatives began in our promise communities and we have now integrated additional funding streams from government and private sectors to sustain our most effective services.

### **2.c. Commitment of Partners and Key Stakeholders**

DHA has demonstrated experience and proven outcomes yielded from masterful



coordination of partners across a wide variety of 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, sixteen of whom have signed a Memorandum of Agreement specific to this effort with Letters of commitment of matching or program coordination from GLCSD, the City of Greenwood, Dollywood Foundation, the University of Mississippi Writing Project, Mississippi State University's nSPARC and Strive Together, which are current partners of DHA on our existing Promise Community programs (please see Appendix B: MOU and Appendix C: Letters of Commitment). Mississippi State University's National Strategic Planning and Analysis Research Center (NSPARC) is nationally recognized for its work with smart government and expanding the boundaries of data science to create knowledge and innovations. Specifically, they will assist by providing methodological, data collection and management, and analytical support to measure academic, workforce, and health outcomes for participants of the LPC pipeline of programs. Strive Together works with DHA and our partners to build capacity within the communities we serve so that education, housing, health and other systems can improve their coordination to eliminate disparities and improve outcomes. Stive Together will provide LPC partners with coaching, leadership and talent development, data and reporting, systems for engagement with local residents and strategies for policy, advocacy and mobilization.

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 do not. DHA recognizes that long-lasting change comes from within the community we serve. Our project partners range from research intensive universities and government departments to grass-roots, church-based, or community led



---

organizations. DHA facilitates interaction between organizations and helps them find a much broader impact than if they operated alone. DHA project managers work with these organizations to ensure that the organizations understand the required financial and programmatic goals and regulations and provides technical assistance to foster compliance.

To maintain and foster these partner commitments outlined in our MOU and Letters of Commitment, the LPC will operate as a true partnership arrangement rather than a top-down program, with each consortium member serving unique and equally important role in the overall effort. To facilitate communication and active participation, the consortium will meet monthly for the duration of the project, to discuss progress with implementation, future plans, issues with protocols, staffing needs, communication concerns, HIPAA/FERPA compliance and to identify and resolve unexpected challenges that may arise. All members will also receive emailed updates from the Project Director regarding any developments or questions that arise between meeting times. Partner members and representatives from our Community Advisory Group will have an equal place at consortium meetings, with all agencies encouraged to share their experiences or concerns. Items raised for consideration of concern will be tabbed and carried forward to future meetings for discussion and action until they are resolved to the satisfaction of all members. New consortium members will also be sought out, to address any new needs that may arise or to incorporate new services that may become available in the area. DHA has a long track-record of positive relationships with agencies from the region, often working together repeatedly on a wide variety of community-based projects.



**3. Existing Neighborhood Assets and Programs Supported by Federal, State, local and private funds that will be used to Implement and Complement our Continuum of Solutions**

Through CCRE’s 2021 Needs Assessment and Segmentation Analysis of Leflore County, frequent and detailed conversations with current school administrators, childcare centers, churches, city and county officials and residents, recommendations from the Leflore Women’s Council and our own expertise providing services in Leflore County since 2006, we have had the opportunity to conduct a thorough inventory of existing assets and programs in Leflore County, which informed the development of our plan to address ongoing gaps in services. These programs will be integrated into our continuum of solutions and can support our initial implementation through referrals to our programs, joint-hosted community events and public service announcements, and resource sharing. DHA leads or is an active partner in many of these programs or has a working relationship and MOU/Letter of Commitment reflecting the support of unaffiliated programs. These existing assets and programs include:

<p style="text-align: center;"><b>TABLE E.1.</b>  <b>Leflore’s Existing Neighborhood Assets and School Programs</b>  <i>(Programs indicated with an asterisk* are led by DHA.)</i></p>		
<b>Program</b>	<b>Serves</b>	<b>Nature of Services and/or Resources</b>
<i>Early Childhood Development</i>		
First Steps Early Intervention Program	Ages 0-3	Operated by the Mississippi Department of Health, Leflore County’s First Steps Service matches the needs of infants and toddlers who have developmental delays with Early Intervention services and resources within the community. Services include screenings, evaluations and assessments, Individualized Family Service Plans, Early Intervention services, and transition plans to preschool services under Part B of IDEA, or other programs.
Imagination Library (currently small scale only)	Ages 0-5	The Dollywood Foundation, in partnership with the Junior Auxiliary of Leflore County, is currently serving 40 families and seeks to improve school readiness of children ages 0-5 by delivering, free of charge, up to 60 developmentally-appropriate books to their homes. Readiness tests show that children enrolled in this program are significantly more



		prepared to begin kindergarten. **This program will undergo a significant expansion under the IPC umbrella to serve 75% of all children of Leflore County.
MVSU's Child Development Center	Ages 2-4	Center in Itta Bena, MS provides a quality early-childhood educational program for ages 2-4 that includes language development, mathematics, social/emotional development, physical development, scientific investigation, and computer skills. The Center also serves as a laboratory in which MVSU Early Childhood Education students may observe, participate and study in university supervised activities. MVSU serves as the site for one of our state's Early Childhood Academies, supported by the PreSchool Development Grant for Birth through 5, awarded to Mississippi in 2018. MVSU's Center is working with DHA on the opening of three new Early Head Start classrooms in Itta Bena, MS that offer access for ages 0-2.
Head Start / Early Health Start*	Ages 3-5	Creation, maintenance and continual improvement of two accredited EHS/HS centers, one in Greenwood and one in Itta Bena, of 30 classrooms providing a total of 468 children ages 0-4 high-quality, evidence-based, full-year, full-day early childhood education and day care for working families. Other services include transportation, dental care, access to health and wellness programs, social services and family education. Funded by the Administration for Children & Families.
GLCSD Pre-K Program	Ages 4	Greenwood Leflore Consolidated School District currently offers an unaccredited Pre-K programs for 4-year-olds. A total of 89 four-year-olds in Leflore County are enrolled with Leflore County schools which utilize the <i>Creative Curriculum</i> and <i>Opening the World of Learning</i> ™ (OWL) curricula for mathematics and language arts, identical to the curricula used by DHA's Head Start centers (described above). These half-day programs are designed to follow the state's Guidelines and Standards of Early Learning.
<b>K-12</b>		
GLCSD Title 1 Funding	Ages 5 - 18	GLCSD receives Title 1 funding under a school-wide program in which funds are used to improve student achievement throughout their entire schools; <i>every</i> child benefits from the added services and programs, due to the high percentage of students eligible to participate. All of the school staff focuses on upgrading the entire educational program and improving the achievement of <i>all</i> students, in particular, the low-achieving ones. The funding supports instruction (primarily remedial mathematics and reading) and support services as set forth in a school improvement plan which was developed and implemented with the involvement of parents, teachers, principals, and administrators. GLCSD also receives funding from the US Department of Agriculture for its child nutrition programs, from the US Department of Defense for a Reserve Officers' Training Corps, from the US Department of



		Education for career and technical education, rural education, improving teacher quality, 21 <sup>st</sup> century community learning, and health and human services.
MS State Extension Office	Ages 12-18	Community Emergency Responder Training (CERT): Disaster Preparedness classes which prepare students and train them on how to handle and provide aide after a disaster.
Parent Teachers Association	Parents	Amanda Elzy Junior High in Greenwood, MS is the only Leflore County schools that reports an active PTA.
School-Based After School Programs	3 <sup>rd</sup> Grade	There are currently no school-based afterschool programs due to the transition to online learning during COVID19 but some teachers offer small group and one-on-one video study chats for students who need additional support and assistance.
<b><i>College Prep</i></b>		
College Scholarships, Financial Aid and College Prep Summer Programs	Ages 16 - 24	Six colleges serve our region: Delta State University, Mississippi Valley State University (MVSU), Mississippi Delta Community College (MDCC), Northwest Community College, Coahoma Community College and Holmes Community College. All offer financial aid assistance and needs based scholarships to in-state residents, although demand typically far exceeds available resources. MVSU in Leflore County also offers a nine-week summer development program for recent high school graduates who do not meet all criteria for admission.
<b><i>Workforce Development &amp; Economic Growth</i></b>		
Delta Council	Adults 18+	For over two decades, Delta Council (LPC partner) has provided an Adult Literacy program in underserved communities across the Mississippi Delta region, through a 10-week program that has consistently shown to raise reading competencies by more than two grade levels for participants. Over the past few years in Leflore County, Delta Council has taught students at the Mississippi Delta Community College Greenwood site and Greenwood Mentoring Center. New adult literacy workshops can be created and delivered on demand with referrals from LPC's LINKS family navigators.
GLCSD Career and Technical Center	Older Youth and Adults	Provides workforce training for Leflore County High School and Amanda Elzy High School students. There are six (6) CTE programs within the entire Leflore County School District. Three (3) programs are housed on the campus of Amanda Elzy High School and three (3) programs are held at the Leflore County CTE Center. The CTE program spans several career fields within Mississippi's 16 Career Clusters.
Workforce Opportunities for Rural Communities	Adults 18+	Led by Christian Brothers University in partnership with DHA, provides training programs, industry partnerships and residency/internships programs to support growth of rural workforces in the fields of childcare and healthcare. Funded by the U.S. Dept of Labor



Greenwood WIN Job Center	Ages 16 - 24	MS Workforce Investment Network oversees a series of workforce training programs and job placement assistance. There is one WIN Job Center in Greenwood, but the lobbies of their office are currently closed due to the COVID-19 pandemic. The Center offers Job Placement, WIOA Services, Priority Services for Veterans, TAA, Job Corps and On-the-Job Training. LPC case managers will refer, follow-up and assist participants in navigating these services.
Small Business Loans	Adults	Delta Electric Power Company provides zero interest, small business loans of up to \$740,000 for up to 10 years available to minority-owned small business owners. The MS Development Authority also operates various loan programs including minority business micro loans and capital access programs of up to \$150,000 per borrower. The South Delta Planning and Development District also operates revolving programs which provides loan assistance for small business.
<b><i>Community/Health</i></b>		
Healthy Start Collaborative*	Pregnant women and families with infants	Utilizes the evidence-based Parents As Teachers (PAT) evidence-based model to work with families enrolled in Head Start to provide regular home visits by trained case workers, with specific additional strategies to address infant mortality and poor maternal and infant health outcomes. This project also includes a fatherhood initiative using the 24/7 Dad® curricula. <u>Current enrollment</u> of Leflore County residents includes <b>244 individuals</b> [101 babies/children, 134 moms and 9 dads]. Partners of this program include DHA, MS Department of Health, Greenwood Leflore Hospital, Greenwood OB/GYN Associates, Leland Medical Clinic and the Desoto Family Counseling Center. Funded by the DHHS, Maternal and Child Health Bureau
Delta Breastfeeding Coalition (DBC)*	Women with Infants	The Delta Breastfeeding Coalition is an advocacy and support program for current and soon to be mothers and their families. By raising awareness around breastfeeding's health and developmental benefits for mothers and babies, the coalition seeks to remove cultural and logistical barriers to breastfeeding for mothers in five rural counties of the Mississippi Delta. Considered the gold standard in infant feeding, breastfeeding's proven prevention strategy builds a foundation for life-long health and wellness. In Mississippi, breastfeeding rates at birth and six months after birth fall far below the national average; in the Delta, the prevalence of breastfeeding early in a baby's life is even lower. Our breastfeeding coalition 1) hosts <b>weekly Baby Café meetings</b> every Tuesday for mothers and families to learn about the benefits of breastfeeding, receive support, and share stories and experiences, currently only available online due to the pandemic; 2) conducts targeted outreach to improve community attitudes toward breastfeeding; advocates for local workplace and child center policies conducive to breastfeeding; and 3) provides tools and support to create



		designated nursing/pumping rooms in workplaces, child care centers, and other public spaces, and rewards companies that do so.
Infant and Maternal Health Support*	Families with infants	Targeted collaborative serving solely Leflore County launched January 2021 to address the critical needs of women with infants in low-income communities. This initiative has three components. First, to address the immediate need for critical baby supplies that families require. Secondly, to establish a Women’s Advisory Council for Leflore County to engage with our neighborhoods and empower local moms to take an active role in jointly developing new solutions to improve access to and use of maternal and infant wrap around services. Thirdly, to prepare key stakeholders, staff and partners to be in a position to better provide access to these wrap-around services through evidence-based training on how to work with families to identify, prioritize, create referral systems, and ultimately meet their comprehensive needs. Funded by the United Healthcare Foundation.
Delta Futures Teen Pregnancy Prevention*	Ages 12-18 (Grades 6-12)	DHA’s teen pregnancy prevention program in Leflore County is designed to reduce teen pregnancy and improve adolescents’ outcomes relating to academics, behavior, attendance, and graduation rates. DHA’s Associates work in group and one-on-one sessions in grades 6-12 to provide medically and age-appropriate materials that are culturally relevant and inclusive of LGBTQ youth, in partnership with Leflore County public schools, community health centers, and Mississippi’s AmeriCorps VISTA program. Funded by the DHHA, Office of Adolescent Health.
Delta CHANGE (Community Health, Access, Nutrition, Growth and Equity)*	All	Expanding access to essential vaccination and immunization services, EPSDT screening and dental services for low-income families. Partners include Delta Health Alliance, the University of Memphis, Delta Council, Leland Medical Clinic, Head Start and Early Head Start (HS/EHS) childcare centers, social service agencies, and the Dowdy Dental Clinic of Greenville, MS. Funded by the USDA, Rural Business Cooperative Service.
Delta Assault Response Team (DART)*	All	A network of partners including healthcare providers, social services, housing officials and law enforcement that deploys teams for a multifaceted approach to addressing the critical needs of victims of domestic violence, dating violence, sexual assault, and stalking in rural communities. Funded by U.S. Department of Justice, Office of Violence Against Women.
Delta Heart Health Network*	Adults, 18+	Designed to implement and evaluate the impact of a new cardiovascular health program supported by connecting three rural healthcare providers including the Aaron Henry Community Health Centers (five clinics plus one mobile medical clinic), Dr. Arenia C. Mallory Community Health Centers (four clinics) and the Leland Medical Clinic, using electronic



		health records and outreach workers to improve patient care. Funded by the U.S. Department of Health, Office of Rural Health Policy.
Delta Stroke Collaborative*	Adults, 18+	Collaborative program to improve efficiencies, increase access to care, and strengthen rural health systems to reduce disparities among racial and ethnic minorities living in the Mississippi Delta who have been diagnosed with or are at risk for developing diabetes. Funded by the U.S. Department of Health, Office of Rural Health Policy.
Delta Opioid Taskforce (DOT) Initiative*	Adults, 18+	Develops drug treatment programs, establishes recovery support services, alternative strategies for pain management and workforce training programs to combat the misuse of opioids in rural communities. Partners include the Mississippi State Department of Mental Health, Leland Medical Clinic, Region 6 Mental Health Center, Aaron E. Henry Community Health Center, Parkwood Behavioral Health Hospital and the Fourth District Drug Courts of Mississippi. Funded by the U.S. Department of Health, Office of Rural Health Policy.
Delta Opioid Taskforce Network: Rural Rapid Response*	Adults, 18+	Specifically targets the <u>uninsured and underinsured</u> to expand screening, assessments, comprehensive treatment, early intervention, and recovery support services for individuals with opioid use disorders and co-occurring mental health disorders. Funded by the Substance Abuse and Mental Health Service Administration (SAMHSA).
Electronic Health Record Services*	All	Supports healthcare providers across the Delta, assisting with hands-on training, long-term service, and meaningful use certification. Supported through fees for services in partnership with area hospitals and clinics.
Medicaid Population Health Demonstration Project*	All	Uses population health management tools and patient-centered interventions through EHRs to reduce pre-term births and to decrease the number of patients who develop diabetes. Supported by the Department of Mississippi Medicaid.
Cities of Greenwood and Itta Bena	All	Youth League sports (Baseball/Softball/Football), Public Library, Parks and Recreation, Housing Authority, Economic Development Services and Volunteer Fire Departments
Variety of state-wide programs including <b>SNAP, TANF, Energy Assistance, Child Care Assistance, Medicaid Enrollment, County Health Department Clinics and WIC Centers</b> in Greenwood, MS. All of these services are members of the Social Services Collaborative which is an active partner of this proposal.		

Attachment B: Memoranda of Understanding demonstrates the tangible commitments of resources and expertise being offered by project partners. We will use Promise Neighborhoods funding to support numerous programs with technical assistance through a dedicated DHA Project Director, funding to improve access for more students and funds to obtain supplies and



resources to strengthen the delivery of program content. Promise Neighborhoods funding is critically essential for the development of “high-quality” programs in the Leflore Promise Community and will create the infrastructure to bridge and unite resources in the area.

**F. Absolute and Competitive Preference Priorities**

**Absolute Priority 2: Rural Applicants**

Lead Applicant: Delta Health Alliance, located at 435 Stoneville Road in Stoneville, Mississippi in Washington County (sits adjacent to Leflore County), is located in a wholly rural county.

LEA: Greenwood Leflore Consolidated School District (GLCSD), encompassing all twelve (12) public schools and one Technical and Career center in Leflore County, MS, located in a wholly rural county.

P.O. Box 1497, Greenwood, MS 38935

662-644-0667

NCES District #: 2800198 State ID: MS-4211

**School Local Codes: 33,41**

Percent of Children Served below poverty: 64.78%

**RLIS Eligible: Yes<sup>168</sup>**

Our collaborative Leflore Promise Community (a) serves a local educational agency (LEA) that is eligible under the Rural and Low-Income School (RLIS) program authorized under Title V, Part B of the ESEA. Furthermore (b) we propose to serve a community that is served by a LEA with a local code of 33 and 41. Finally (c) the LPC project serves a majority (100% in this case) of schools with a local code of 33 and 41.

**Competitive Preference Priority 1: Community-Level Opioid Abuse Prevention Efforts**

From our earliest planning stages, the Leflore Promise Community has included comprehensive plans to partner with organizations that are conducting a wide array of exceptional, inclusive, community-level services to both prevent **and** treat opioid abuse in our neighborhoods. Leflore



County has one of the highest rates of opioid use in the country with **105.7 opioid prescriptions per 100 residents**, compared to 67.0 opioid prescriptions for every 100 persons across Mississippi and an average U.S. rate of 46.7 prescriptions in 2019.<sup>169</sup> There are two current federally and state-supported initiatives in Leflore County providing opioid prevention services which with LPC will collaborative, summarized following this section.

1) Region Six Mental Health is the lead partner for the LPC collaborative that conducts high-quality, community-level activities to prevent opioid abuse, supported by two federal grant programs detailed in the following section, one open to the general public with the second focusing on services for the uninsured and underinsured. As an active partner in both ongoing community-level opioid abuse prevention efforts, Region Six Mental Health currently meets quarterly with DHA and other partners to monitor and continually improve operations, facilitate and grow referral networks, develop plans for community-based education and engage in outreach to support local prevention efforts. Region Six Mental Health provides this network of partners with access to treatment services, transportation, trainings and presentations, and referrals. LPC's LINKS case managers will be able to make referrals to Region Six for opioid prevention and treatment services, and to assist in the delivery of prevention programs in Leflore County schools, churches and other community settings.

2) Region Six Mental Health's Record of Success in Opioid Abuse Prevention at the Community Level. Since February 2018, Region Six has partnered with DHA, other healthcare agencies, state health officers, judicial systems and law enforcement to map out resources, identify gaps and opportunities for opioid prevention and treatment services, design evidence-based solutions to meet those needs, and implement these solutions in partnership with the communities served.



---

Region Six’s Opioid Prevention Program is also certified by the Mississippi Department of Mental Health. Specific opioid prevention activities include:

- Region Six provides support for local Narcotics Anonymous 12-Step Support groups and Substance Abuse Prevention education, free to the public
- Region Six and other partners of these two opioid programs participates in quarterly taskforce and advisory board meetings to review project progress, identify successes and challenges, develop new prevention outreach programs and improve referral networks.
- Region Six supplies speakers for the Mississippi Department of Mental Health’s annual Opioid and Heroin Drug Summit. (The 2020 summit was cancelled due to the COVID19 pandemic.)

3) Memorandum of Understanding with Region Six Mental Health.

Please see Appendix B of this application. Region Six Mental Health also has existing MOUs in place with DHA for the delivery of these services as a component of the two existing collaborations to serve this region, on file with each funding agency.

***Summary of Opioid Abuse Prevention Programs in Leflore County Partnering with LPC***

1) Agency: U.S. Department of Health & Human Services, Federal Office of Rural Health Policy

Grant Program: Rural Communities Opioid Response – Implementation program

Award Number: GA1RH33497

Project Period: 9/1/2019 – 8/31/2022

Project Title: Delta Opioid Taskforce (DOT)

Service Area: Leflore, Holmes, Panola, Quitman, Tallahatchie, Tunica and Yazoo counties, MS

Target Audience: Adults 18+ residing in targeted counties.

Project Partners: DHA, Mississippi Department of Mental Health’s Bureau of Alcohol & Drug



---

Services, Region 6 Mental Health, LifeHelp CMHC, Parkwood Behavioral Health Hospital, Leland Medical Center, Aaron E. Henry CHC, Fourth District Drug Courts of Mississippi, Social Services Collaborative and Dr. Gary Carr.

*Project Summary:* Components of this collaborative include: 1) development of **rural opioid treatment and counseling programs** with referrals from local clinics and district drug and circuit courts, reducing the need for travel to urban care centers; 2) expansion and support of **recovery support services** in rural communities (e.g. transportation, safe housing, job readiness training, childcare and parenting classes, and peer-support groups); 3) development and promotion of **evidence-based alternatives to opioids for effective pain management**; and 4) a range of **workforce training programs** including the recognition of opioid addiction and overdoses and proper administration of naloxone. Our *DOT Initiative* utilizes the evidence-based Recovery-Oriented Systems of Care (ROSC) model, which offers choice through a flexible menu of services and recovery supports to meet the specific needs of each individual. By partnering with a wide range of providers, our network is able to provide access to medically managed detoxification, outpatient treatments, medication-assisted treatment (MAT), residential treatment programs, individualized drug counseling, group counseling and support, alternative pain management techniques, and recovery support services. Coordination with the Mississippi Department of Mental Health's Bureau of Alcohol & Drug Services and Bureau of Behavioral Health Services/Addictive Services ensures that our program aligns with our state's plans and makes the best use of existing resources and referral networks.



---

II) Agency: U.S. Department of Health & Human Services, Substance Abuse & Mental Health Services Administration (SAMHSA)

Grant Program: Targeted Capacity Expansion: Special Projects

Award Number: 6H79TI082311

Project Period: 9/30/2019-09/29/2022

Project Title: The Delta Opioid Treatment Rural Rapid Response (DOT-R3) collaborative

Service Area: Leflore, Bolivar, Sunflower and Washington counties

Partners: Delta Health Alliance (lead applicant) is joined by partners Region Six Mental Health – Fairland Treatment Center, Desoto Family Counseling Center, the Leland Medical Clinic, the Universal Parenting Place in Washington County, law enforcement, district drug court systems, and over 20 different recovery support service providers.

Project Summary: This collaborative seeks to enhance and expand screening, assessments, comprehensive treatment, early intervention, and recovery support services specifically for **uninsured and underinsured adults** (18+) with opioid use disorders and co-occurring mental health disorders living in four rural counties of the Mississippi Delta. Goals are to: (1) Increase the number of adults screened for opioid use disorder (OUD) in rural primary care and law enforcement settings; (2) Increase the number of adults referred and engaged in evidence-based OUD treatment services; (3) Increase the number of adults accessing integrated care practices to support recovery and reduce reliance on opioids for pain management; and (4) Increase the number of adults receiving coordinated, wraparound recovery support services that are specifically tailored to the target population and designed to mitigate the risk of relapse.



**Competitive Preference Priority 3: Evidence-Based Activities to Support Academic Achievement** \*\*Please also see Grants.Gov “Evidence Form V1.0.pdf”

The Leflore Promise Community utilizes ten (10) IES What Works Clearinghouse reviewed, evidence-based interventions specifically selected with feedback from our communities to support teaching practices that will lead to increased student achievement (e.g. students’ scores on state assessments under the ESEA and student performance on language and math proficiency assessments), increased on-time graduation rates and career readiness. This will be accomplished through the development of a local *LPC Early Childhood Learning Team* organized to align with the expectations, requirements and structure of elementary education working in close collaboration with our *LPC K-12 Team*. Modeled after DHA’s previous experience with early learning and K-12 programs, these evidence-based programs will serve to strengthen connections between existing early learning programs; build continuity of services between families and childhood services; provide training and support to area schools; increase families’ access to health, mental health and nutrition providers; and coordinate the activities of community stakeholders that all align with the primary education systems. All LPC programs will be fully accessible to individuals with disabilities, with special accommodations available to ensure access and feasible participation in all initiatives. Extensive details regarding citations, relevant findings and the overlap of populations and/or settings in provided in the Grants.gov document “Evidence Form V1.0.pdf” but are summarized below. These are the ten LPC Pipeline programs that primarily target academic achievement that meet the IES What Works Clearinghouse (WWC) guidelines for Strong, Moderate or Promising Evidence:



---

### 1. School Transformation Model

*Population:* PreK and K-12

*Level of Evidence:*  Strong Evidence     Moderate Evidence     Promising Evidence

Applies all four evidence-based recommendations from WWC Practice Guide, “Preventing Dropout in Secondary Schools,” for reducing dropout rates in middle and high schools and improving high school graduation rates. Transformation model recommendations utilized by LPC include: 1) Engage students by offering curricula and programs that connect schoolwork with college and career success and that improve students' capacity to manage challenges in and out of school (Strong Evidence); 2) Create small, personalized communities to facilitate monitoring and support (Moderate Evidence); 3) Provide intensive, individualized supports to students who have fallen off track and face significant challenges to success (Moderate Evidence); and 4) Proactively intervene when students show early signs of attendance, behavior, or academic problems (Minimal Evidence).

### 2. Imagination Library

*Population:* 0-5 year olds

*Level of Evidence:*  Strong Evidence     Moderate Evidence     Promising Evidence

1) Study meets WWC standards without reservations but reviewed using WWC Handbook version 1.0; 2) At least one statistically significant positive finding on relevant outcome; 3) No overriding statistically significant and negative effects; 4) Sample from more than one site including at least 350 students or other individuals.<sup>170</sup>

### 3. Quality Pre-K (*Head Start model*)

*Population:* 4-year olds

*Level of Evidence:*  Strong Evidence     Moderate Evidence     Promising Evidence

1) Study meets WWC standards without reservations and reviewed using WWC Handbook version 3.0; 2) At least one statistically significant positive finding on relevant outcome; 3) At



least one finding shows strong evidence of effectiveness (ESSA Tier 1); 4) No overriding statistically significant and negative effects; 5) Sample from more than one site including at least 350 students or other individuals.<sup>171</sup>

#### 4. SPARK

*Population: 3-5 year olds*

*Level of Evidence:*  Strong Evidence       Moderate Evidence       Promising Evidence

1) Study meets WWC standards without reservations and reviewed using WWC Handbook version 3.0; 2) At least one statistically significant positive effect on relevant outcome; 3) At least one finding shows strong evidence of effectiveness (ESSA Tier 1); 4) No overriding statistically significant and negative effects; 5) Sample from more than one site including at least 350 students or other individuals.<sup>172</sup>

#### 5. CARES Mentoring

*Population: Kindergarten – 3<sup>rd</sup> grade*

*Level of Evidence:*  Strong Evidence       Moderate Evidence       Promising Evidence

1) Study meets WWC standards without reservations and reviewed using WWC Handbook version 3.0; 2) At least one statistically significant positive effect on relevant outcome; 3) At least one finding shows strong evidence of effectiveness (ESSA Tier 1); 4) No overriding statistically significant and negative effects; 5) Sample from more than one site including at least 350 students or other individuals.<sup>173</sup>

#### 6. Literacy Fellows

*Population: 3<sup>rd</sup> grade*

*Level of Evidence:*  Strong Evidence       Moderate Evidence       Promising Evidence

i. Reading Partners Program: 1) Study meets WWC standards without reservations and reviewed using WWC Handbook version 3.0; 2) At least one statistically significant positive effect on relevant outcome; 3) At least one finding shows strong evidence of effectiveness (ESSA Tier 1);



4) No overriding statistically significant and negative effects; 5) Sample from more than one site including at least 350 students or other individuals.<sup>174</sup>

ii. Success For All: Beginning Reading Intervention Report of Success For All prepared using WWC Handbook Version 3.0 reports positive effect on a medium to large extent of evidence with no reporting of negative effect.

### 7. The Writing Project

*Population: 4<sup>th</sup> – 6<sup>th</sup> grade & teachers*

*Level of Evidence:*  Strong Evidence       Moderate Evidence       Promising Evidence

1) Study meets WWC standards with reservations and reviewed using WWC Handbook version 3.0; 2) At least one statistically significant positive effect on relevant outcome; 3) At least one finding shows moderate evidence of effectiveness (ESSA Tier 2); 4) No overriding statistically significant and negative effects; 5) Sample from more than one site including at least 350 students or other individuals.<sup>175</sup>

### 8. College Promise Initiative

*Population: 11<sup>th</sup>-12<sup>th</sup> grade*

*Level of Evidence:*  Strong Evidence       Moderate Evidence       Promising Evidence

Dual Enrollment: Transition to College Intervention Report of Dual Enrollment Programs prepared using WWC Handbook Version 3.0 reports positive effect based on a medium to large extent of evidence with no reporting of negative effect.

### 9. Teacher Professional Development

*Population: GLCSD teachers*

i. New Teacher Center Induction Model

*Level of Evidence:*  Strong Evidence       Moderate Evidence       Promising Evidence

1) Study meets WWC standards without reservations and reviewed using WWC Handbook version 3.0; 2) At least one statistically significant positive effect on relevant outcome; 3) At



least one finding shows strong evidence of effectiveness (ESSA Tier 1); 4) No overriding statistically significant and negative effects; 5) Sample from more than one site including at least 350 students or other individuals.<sup>176</sup>

ii. MyTeachingPartner - Secondary

*Level of Evidence:*  Strong Evidence       Moderate Evidence       Promising Evidence

1) Study meets WWC standards with reservations and reviewed using WWC Handbook version 3.0; 2) At least one statistically significant positive effect on relevant outcome; 3) At least one finding shows moderate evidence of effectiveness (ESSA Tier 2); 4) No overriding statistically significant and negative effects; 5) Sample from more than one site including at least 350 students or other individuals.<sup>177</sup>

**10. GREAT**

*Population:* LPC Residents Ages 16-24

*Level of Evidence:*  Strong Evidence       Moderate Evidence       Promising Evidence

i. YouthBuild: 1) Study meets WWC standards without reservations and reviewed using WWC Handbook version 3.0; 2) At least one statistically significant positive effect on relevant outcome; 3) At least one finding shows strong evidence of effectiveness (ESSA Tier 1); 4) No overriding statistically significant and negative effects; 5) Sample from more than one site including at least 350 students or other individuals.<sup>178</sup>

ii. Accelerating Connections to Employment: 1) Study meets WWC standards without reservations and reviewed using WWC Handbook version 4.0; 2) At least one statistically significant positive effect on relevant outcome; 3) At least one finding shows strong evidence of effectiveness (ESSA Tier 1); 4) No overriding statistically significant and negative effects; 5) Sample from more than one site including at least 350 students or other individuals.<sup>179</sup>



---

*Accountability for Academic Achievement Outcomes.* It has been our experience that when members of the community participate in successful quality improvement activities, the projects become **their** projects, as they see their concerns addressed, their problems solved, and their suggestions integrated into implemented solutions. The LPC Early Childhood Learning Team and K-12 Team will develop a system of monitoring that includes monthly shared information reports, monthly site visits, monthly data meetings and quarterly reporting. All network members will use the Efforts to Outcomes and the Results-Based Accountability scorecard systems to monitor and analyze data points. These platforms allow DHA and our partners to perform real-time internal analysis on a secure system and share data with authorized personnel. The data collection process will be one of many program elements reviewed during performance review meetings to examine the effectiveness of ongoing data collection, identify any unanticipated challenges to data collection, and implement new procedures, if necessary, to ensure that valuable outcome data is captured in a timely and secure fashion.

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