



## *A Center Policy & Practice Brief*

### **Pursuing Promise Neighborhoods: With or Without the Grant Program**

(July, 2011)

#### **Abstract**

The federal *Promise Neighborhoods* program underscores the importance of all children and youth having “access to great schools and strong systems of family and community support that will prepare them to attain an excellent education and successfully transition to college and a career.” From this perspective, this brief stresses the importance for grantees to use what has been learned about

- (1) rethinking and coalescing existing programs and services in order to develop a unified and comprehensive system
- (2) establishing an effective school, home, and community collaborative to weave together different funding streams, reduce redundancy, and redeploy available resources.

The brief also states that there is no reason for non-grantees to wait for findings from the demonstration projects. Any locale, despite sparse dollars, can use available resources to begin the process.

As design aids, prototypes are offered for a unifying intervention framework and for a school, home, and community collaborative infrastructure.

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## Pursuing Promise Neighborhoods: With or Without the Grant Program

The Promise Neighborhoods program provides federal validation that traditional reform strategies are insufficient. As indicated by Paul Reville, the Massachusetts secretary of education, traditional strategies *will not, on average, enable us to overcome the barriers to student learning posed by the conditions of poverty.*

In July 2011, the U.S. Department of Education released the application for the second phase of the *Promise Neighborhoods* program, including new implementation grants and a second round of planning grants, totaling \$30 million. As stated by the Department: the vision of the program “is that all children and youth ... have access to great schools and strong systems of family and community support that will prepare them to attain an excellent education and successfully transition to college and a career.” The purpose “is to significantly improve the educational and developmental outcomes of children and youth in our most distressed communities and to transform those communities.” (<http://www2.ed.gov/programs/promiseneighborhoods/index.html> ; also see Komro, Flay, Biglan, et al., 2011.)

Such a vision and purpose, of course, is not limited to a federal grant program. Many efforts to improve outcomes for young people are concerned with strengthening schools, families, and neighborhoods. And, many reflect the objectives of the Promising Neighborhoods program which include:

- Identifying and increasing the capacity of eligible organizations that are focused on achieving results for children and youth throughout an entire neighborhood
- Building a complete continuum of cradle-through-college-to-career solutions of both educational programs and family and community supports, with great schools at the center
- Integrating programs and breaking down agency "silos" so that solutions are implemented effectively and efficiently across agencies
- Developing the local infrastructure of systems and resources needed to sustain and scale up proven, effective solutions across the broader region beyond the initial neighborhood

While few initiatives have the resources to be as ambitious as the Promise Neighborhoods program, valuable work is in play across the country and has generated lessons worth learning (see Blank, Melaville, & Shah, 2004; Center for Mental Health in Schools, 2009a, 2009b, 2011; McMahon, Ward, Pruett, Davidson, & Griffith, 2000; Medriatta, Shah, & McAlistar, 2009). Of particular note is what has been learned about establishing and sustaining (1) a unifying intervention framework and (2) formal and effective school, home, and community collaboration.

These matters are fundamental to all efforts to improve outcomes for young people and are the specific focus of this brief.

## A Unifying and Comprehensive Intervention Framework

Comprehensive efforts to improve outcomes for young people go beyond thinking mainly in terms of providing traditional services, linking with and collocating agency resources, and enhancing coordination. Such concerns all have a place, but they do not address how to unify and reconceive ways to better meet the needs of the many rather than just providing traditional services to a relatively few young people. Moreover, they tend to perpetuate a policy approach that is piecemeal and ad hoc and contributes to fragmented practices.

The focus should be on developing a comprehensive and cohesive system by

- (1) unifying all direct efforts to promote healthy development and facilitate learning
- (2) unifying all direct efforts to address factors interfering with learning, teaching, and parenting
- (3) connecting families of schools (such as feeder patterns) with each other and with a wide range of community resources
- (4) weaving together school, home, and community resources in ways that enhance effectiveness, achieve economies of scale, and provide a base for leveraging additional financial support.

To guide the work, it is essential to adopt a unifying and comprehensive framework that (a) outlines a full intervention continuum and emphasizes weaving together school-community-home resources into integrated subsystems and (b) organizes programs and services into a circumscribed set of arenas reflecting the content focus of the activity. In keeping with public education and public health perspectives, such an intervention framework encompasses efforts to enable academic, social, emotional, and physical development and addresses concerns about factors interfering with healthy development and learning.

### **What is a Full Continuum?**

As illustrated in Exhibit 1, a full continuum ranges from primary prevention (including a focus on wellness or competence enhancement), through approaches for treating problems early-after-onset, and extending on to narrowly focused treatments and specialized help for severe/chronic problems. Such a continuum provides one template for assessing the degree to which the set of community and school programs serving local geographic or catchment areas is comprehensive, multifaceted, and integrated.

Exhibit 1. From primary prevention to treatment of serious problems: A continuum of community-school programs to address barriers to learning and enhance healthy development

<b><i>Intervention Continuum</i></b>	<b><i>Examples of Focus and Types of Intervention</i></b>
	(Programs and services aimed at system changes and individual needs)
Systems for Health Promotion & Primary prevention	<ol style="list-style-type: none"> <li>1. <i>Public health protection, promotion, and maintenance to foster opportunities, positive development, and wellness</i> <ul style="list-style-type: none"> <li>• economic enhancement of those living in poverty (e.g., work/welfare programs)</li> <li>• safety (e.g., instruction, regulations, lead abatement programs)</li> <li>• physical and mental health (incl. healthy start initiatives, immunizations, dental care, substance abuse prevention, violence prevention, health/mental health education, sex education and family planning, recreation, social services to access basic living resources, and so forth)</li> </ul> </li> </ol>
Systems for Early-after-problem onset intervention	<ol style="list-style-type: none"> <li>2. <i>Preschool-age support and assistance to enhance health and psychosocial development</i> <ul style="list-style-type: none"> <li>• systems' enhancement through multidisciplinary team work, consultation, and staff development</li> <li>• education and social support for parents of preschoolers</li> <li>• quality day care</li> <li>• quality early education</li> <li>• appropriate screening and amelioration of physical and mental health and psychosocial problems</li> </ul> </li> </ol>
	<ol style="list-style-type: none"> <li>3. <i>Early-schooling targeted interventions</i> <ul style="list-style-type: none"> <li>• orientations, welcoming and transition support into school and community life for students and their families (especially immigrants)</li> <li>• support and guidance to ameliorate school adjustment problems</li> <li>• personalized instruction in the primary grades</li> <li>• additional support to address specific problems</li> <li>• education and social support for parents &amp; parent involvement in problem solving</li> <li>• comprehensive and accessible psychosocial and physical and mental health programs (incl. a focus on community and home violence and other problems identified through community needs assessment)</li> </ul> </li> </ol>
	<ol style="list-style-type: none"> <li>4. <i>Improvement and augmentation of ongoing regular support</i> <ul style="list-style-type: none"> <li>• enhance systems through multidisciplinary team work, consultation, and staff development</li> <li>• preparation and support for school and life transitions</li> <li>• teaching "basics" of support and remediation to regular teachers (incl. use of available resource personnel, peer and volunteer support)</li> <li>• education and social support for parents &amp; parent involvement in problem solving</li> <li>• resource support for parents-in-need (incl. assistance in finding work, legal aid, ESL and citizenship classes, and so forth)</li> <li>• comprehensive and accessible psychosocial and physical and mental health interventions (incl. health and physical education, recreation, violence reduction programs, and so forth)</li> <li>• Academic and career guidance and assistance</li> <li>• Emergency and crisis prevention and response mechanisms</li> </ul> </li> </ol>
	<ol style="list-style-type: none"> <li>5. <i>Other interventions prior to referral for intensive, ongoing targeted treatments</i> <ul style="list-style-type: none"> <li>• enhance systems through multidisciplinary team work, consultation, and staff development</li> <li>• short-term specialized interventions (including resource teacher instruction and family mobilization; programs for suicide prevention, pregnant minors, substance abusers, gang members, and other potential dropouts)</li> </ul> </li> </ol>
Systems for Treatment of severe/chronic problems	<ol style="list-style-type: none"> <li>6. <i>Intensive treatments</i> <ul style="list-style-type: none"> <li>• referral, triage, placement guidance and assistance, case management, and resource coordination</li> <li>• family preservation programs and services</li> <li>• special education and rehabilitation</li> <li>• dropout recovery and follow-up support</li> </ul> </li> </ol>

The programs cited in Exhibit 1 are seen as integrally related. Therefore, it seems likely that the impact of each can be exponentially increased through organizing them into subsystems. These can be conceived as three interconnected levels of intervention:

- (1) subsystems to promote healthy development and prevent problems (including economic well-being)
- (1) a subsystem for intervening as early after the onset of a problem as is feasible
- (2) a subsystem to assist with chronic and severe problems.

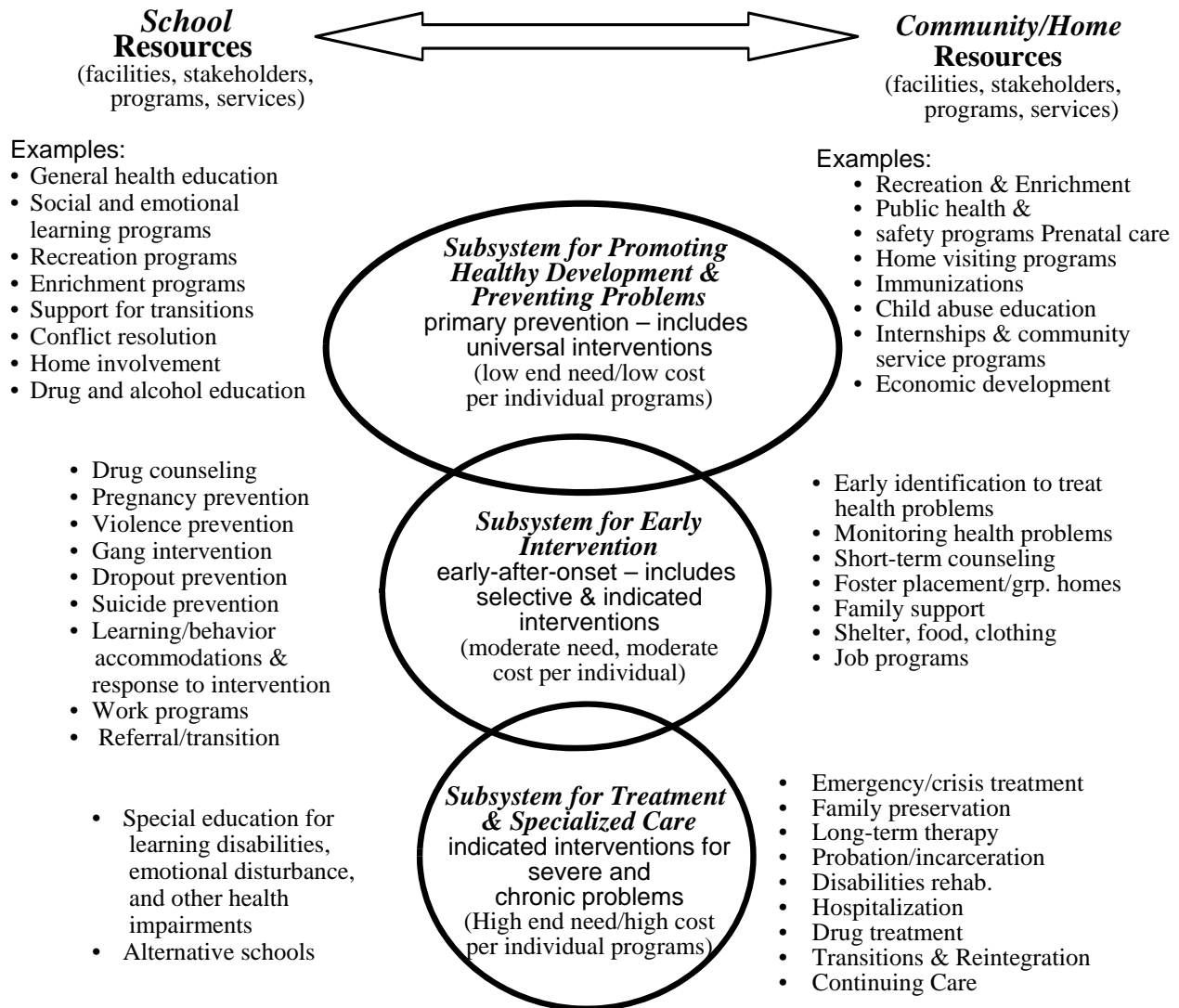
As suggested by the diminishing size of the ellipses in Exhibit 2, the assumption is that effectiveness at the upper levels will result in fewer persons requiring intervention at lower levels. Note that the continuum encompasses the concepts of primary, secondary, and tertiary prevention, as well as the Institute of Medicine's classification of a continuum of care which groups prevention approaches according to target population into a three-tiered categorical schema: universal, selective, and indicated (Mrazek & Haggerty, 1994).

Also note that (a) each level represents a subsystem, (b) the three subsystems overlap, and (c) all three require integration into an overall system that encompasses school and community resources. Educational, physical and mental health, and psychosocial concerns over the life-span are a major focus of such a continuum. Special attention is paid to maintaining and enhancing physical health and safety. And, of course, economic concerns run throughout.

*So much more  
is involved than  
health and  
human services*

While much of the focus of interagency collaboration has been on improving access to health and human services, the continuum stresses that so much more is involved. Interventions at each level encompass a focus not only on individuals, but on ways to enhance nurturing and support at school, at home, and in the neighborhood. A major aim is to increase conditions and opportunities for personal and family development, empowerment, and resilience by fostering and strengthening positive attitudes and capabilities (e.g., enhancing motivation and ability to pursue positive goals, resist negative influences, and overcome personal and economic barriers).

Exhibit 2. A Full Continuum of Interconnected Intervention Subsystems.\*



Systematic school-community-home collaboration is essential to establish cohesive, seamless intervention on a daily basis and overtime within and among each subsystem. Such collaboration involves horizontal and vertical restructuring of programs and services.

\*Various venues, concepts, and initiatives permeate this continuum of intervention systems. For example, venues such as day care and preschools, concepts such as social and emotional learning and development, and initiatives such as positive behavior support, response to intervention, and coordinated school health. Also, a considerable variety of staff are involved. Finally, note that this illustration of an essential continuum of intervention systems differs in significant ways from the three tier pyramid that is widely referred to in education circles in discussing universal, selective, and indicated interventions (see the Center 2011 report entitled “Moving Beyond the Three Tier Intervention Pyramid Toward a Comprehensive Framework for Student and Learning Supports” at <http://smhp.psych.ucla.edu/pdfdocs/briefs/threetier.pdf> ).

## **Unifying the Content Focus of the Continuum**

Focusing only on a continuum of intervention is insufficient. For example, “mapping” done using only the continuum does not do enough to escape the trend to generate laundry lists of programs and services at each level. Thus, in addition to the continuum, it is necessary to organize programs and services into a circumscribed set of arenas reflecting the content purpose of the activity. Thus, pioneering efforts across the country not only are striving to develop a full continuum of programs and services, they are framing the content by clustering the work into a circumscribed set of arenas of intervention (Center for Mental Health in Schools, 2011).

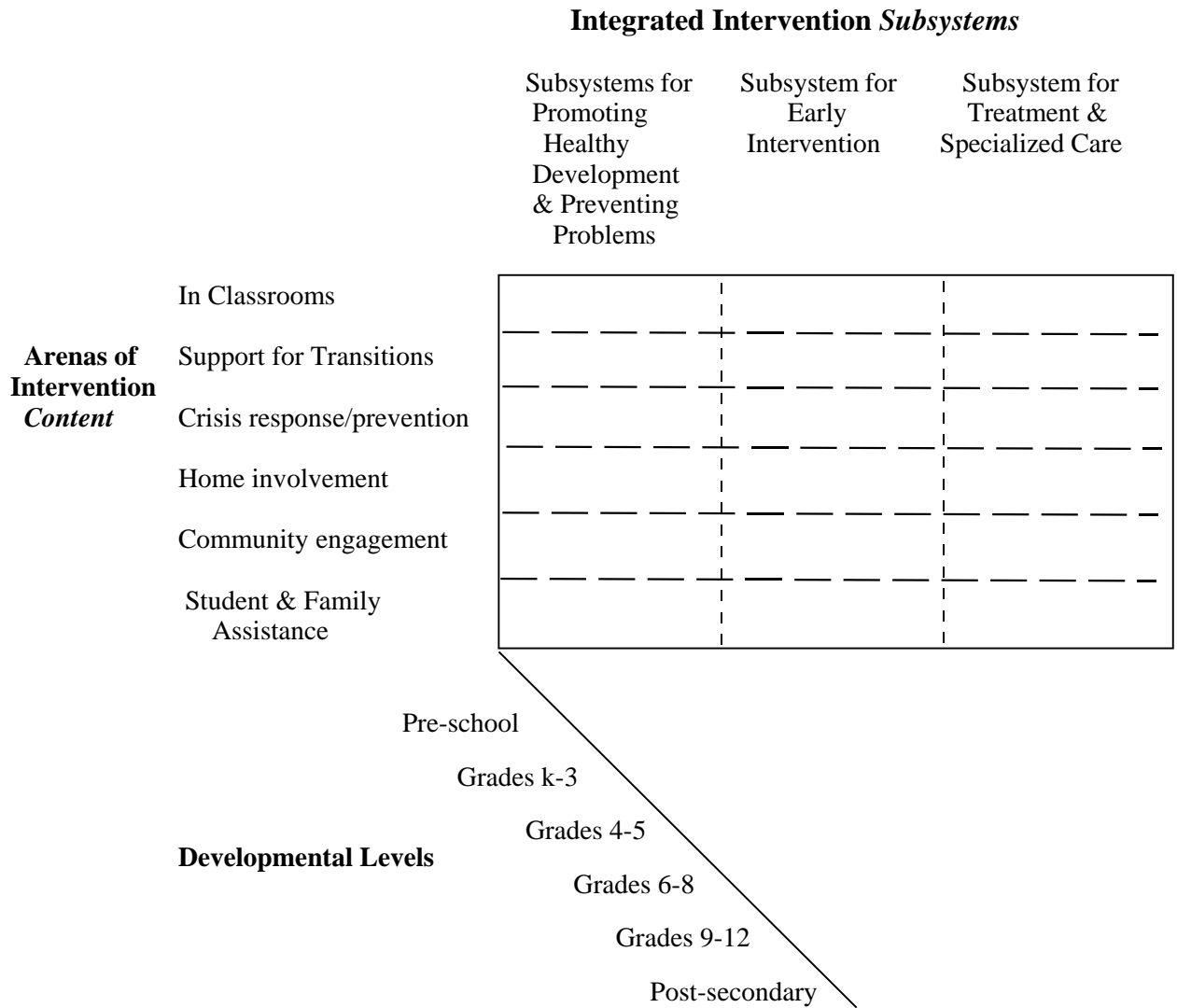
For example, in our work with schools, we stress six clusters:

- (1) Direct strategies to enable learning in the classroom (e.g., improving instruction for students who have become disengaged from learning at school and for those with mild-moderate learning and behavior problems; includes a focus on prevention, early intervening, and use of strategies such as response to intervention)
- (2) Supports for transitions (e.g., assisting students and families as they negotiate school and grade changes and many other transitions)
- (3) Increasing home and school connections
- (4) Responding to, and where feasible, preventing crises
- (5) Increasing community involvement and support (outreach to develop greater community involvement and support, including enhanced use of volunteers)
- (6) Facilitating student and family access to effective services and special assistance as needed.

## **Continuum + Content**

As illustrated in Exhibit 3, the result of combining the continuum and the six arena example is a unifying, comprehensive, and cohesive framework that captures many of the multifaceted concerns schools, families, and neighborhoods must address each day (e.g., see Adelman & Taylor, 2006a b; Center for Mental Health in Schools, 2008b).

Exhibit 3. A Unifying Intervention Framework to Aid Schools, Families, and Neighborhoods in Providing a Comprehensive and Cohesive System of Supports.



## School, Home, and Community Collaboration

Operationalizing a unifying, comprehensive, and cohesive intervention framework requires substantial school, home, and community collaboration over time.

The current reality is that many schools are islands with no bridges to the community. Families may have little connection with each other or their children's schools. And it is commonplace for neighborhood resources such as agencies, youth groups, and businesses to operate in relative isolation of each other and local schools.

Schools and community agencies can and need to play a fundamental role in developing connections and collaborations with home and community. However, the objective must be to establish and sustain formal collaborations.

Informal linkages are relatively simple to acquire; establishing major long-term connections requires committed and organized outreach and a productive operational infrastructure. This is particularly so when the aim is to develop a comprehensive, multifaceted, and integrated system. Such a system involves much more than informally linking a few community services and activities to schools. The work requires weaving a wide range of school and community resources together and doing so in ways that formalize and institutionalize working relationships among stakeholders (e.g., Adelman & Taylor, 2002, 2003, 2007; Blank, Melaville, & Shah, 2004; Center for Mental Health in Schools, 2005, 2008a; Forum for Youth Investment, 2011; Honig, Kahne, & McLaughlin, 2001; Southwest Regional Educational Laboratory, 2001; Taylor & Adelman, 2003).

### *Collaborations flounder without a sound operational infrastructure*

Many efforts to collaborate have floundered because too little attention was paid to establishing a sound operational infrastructure for working together. An effective collaborative is the product of well-conceived mechanisms that are appropriately sanctioned and endorsed by governing bodies (Center for Mental Health in Schools, 2009a). Key elements are mechanisms for governance and leadership, planning, steering oversight, ongoing capacity building, monitoring, supporting improvement, and accomplishing specific tasks on a regular basis. The process of initially establishing such a collaborative infrastructure may begin at any level; however, it is good to think first about what is needed locally and then what is necessary to support the local work.

Exhibit 4 graphically illustrates the basic facets of a sound collaborative operational infrastructure. It is important to ensure that all key stakeholders are represented. And, there must be

- (1) authority to act and adequate resources (time, space, materials, equipment) to support the infrastructure
- (2) capacity building (e.g., training and support) to ensure participants have the competence to perform their roles and functions
- (3) ways to address personnel turnover quickly so new staff are brought up to speed.

*It's relatively easy  
to convene a  
"collaborative" . . .  
it's developing  
and maintaining  
an effective  
infrastructure  
that's hard to do.*

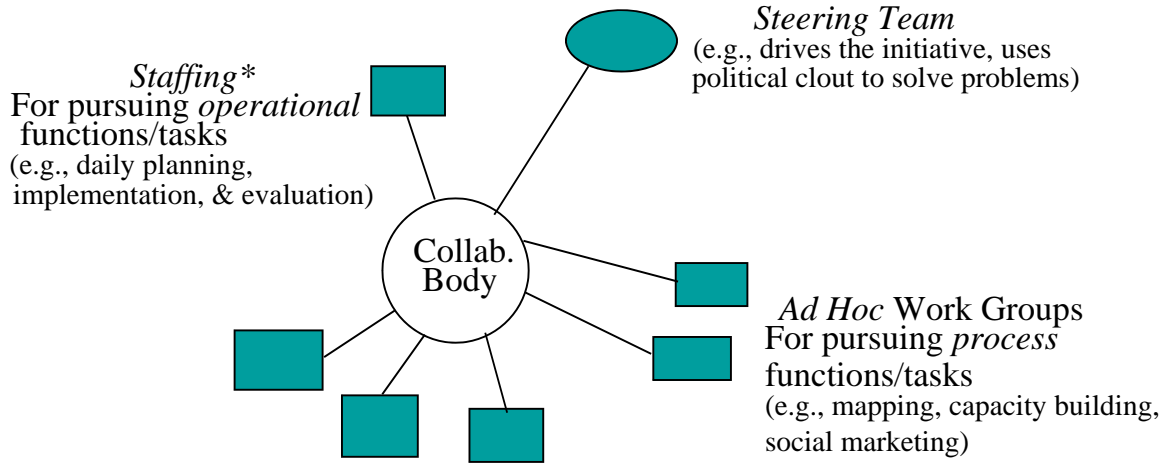
Because work groups usually are the mechanism of choice, particular attention must be paid to increasing levels of competence and enhancing motivation of all stakeholders for working together. (Stakeholder development spans four stages: orientation, foundation-building, capacity-building, and continuing education.)

Note the need for a *Steering Team*. This group champions, guides, supports, and nurtures the process. It must consist of high level individuals who are highly motivated – not just initially but over time. The complexity of collaboration requires ongoing personalized guidance and support to operationalize the collaborative's vision, enhance capacity, and address barriers to progress, including stakeholder anxiety, frustration, and other work-related stressors. This entails close monitoring and *immediate* follow-up to address problems. The other key mechanisms are designated *staff* (operational leaders and staff), and *ad hoc and standing work groups* (e.g., resource-oriented and intervention development teams).

Locally, the focus is on phasing-in processes to connect families and community resources. This may start with one school. Then, collaborative connections can expand to encompass a cluster of schools. For example, many natural connections exist in catchment areas serving a high school and its feeder schools. The same family often has children attending all levels of schooling at the same time. Some school districts and agencies already pull together several geographically-related clusters to combine and integrate personnel and programs. In a small community, a cluster often is the school district.

Exhibit 4

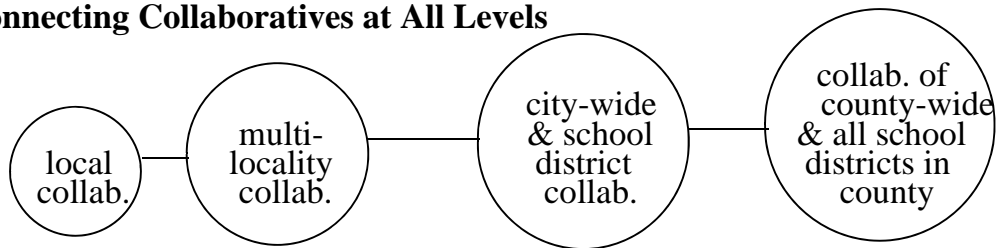
**Basic Elements of a Comprehensive Collaborative Operational Infrastructure**



- \*Staffing*
- >Executive Director
  - >Organization Facilitator (change agent)

- Who should be at the table?*
- >families
  - >schools
  - >communities

**Connecting Collaboratives at All Levels**



Over time, several collaboratives may coalesce to increase efficiency and effectiveness and achieve economies of scale. Because adjoining localities have common concerns, they may have interventions that can use the same resources. Through coordination and sharing, redundancy can be minimized and resources can be deployed equitably and pooled to reduce costs. Toward these ends, a multilocality collaborative can help

- (1) coordinate and integrate programs serving multiple schools and neighborhoods
- (2) identify and meet common needs for stakeholder development
- (3) create linkages and enhance collaboration among schools and agencies.

Such a group can provide a broader-focused mechanism for leadership, communication, maintenance, continuum of programs and services. Multilocality collaboratives are especially attractive to community agencies that often don't have the time or personnel to link with individual schools. Finally, "systemwide" (e.g., district, city, county) mechanisms can be designed to provide support for what each locality is trying to develop.

***Any effort to connect school, home, and community resources must embrace a wide spectrum of stakeholders***

Keep in mind that the focus is on all institutionalized entities that can bring public and private money, facilities, and human and social capital to the table (Kretzmann, 1998; Kretzmann, & McKnight, 1993). The aim is to weave together a critical mass of the resources (e.g., family members, service agencies, businesses, unions, community and economic development organizations, recreation, cultural, and youth development groups, libraries, juvenile justice, law enforcement, faith-based institutions, service clubs, media, postsecondary and vocational education institutions, among others). The political realities of local control have further expanded collaboratives to include policymakers, representatives of families, nonprofessionals, volunteers, and anyone else willing to contribute their talents and resources. And, as the collaborative develops, outreach to disenfranchised groups is important.

Finally, we need to note several factors that can undermine effective collaboration:

- (1) Policies that mandate collaboration but do not enable the process (e.g., a failure to reconcile differences among participants with respect to the outcomes for which they are accountable; inadequate provision for braiding funds across agencies and categorical programs)
- (2) Policies for collaboration that do not provide adequate resources and time for leadership and stakeholder training and for overcoming barriers to collaboration
- (3) Leadership that does not establish an effective infrastructure, especially mechanisms for steering and accomplishing work/tasks on a regular, ongoing basis
- (4) Differences in the conditions and incentives associated with participation such as the fact that meetings usually are set during the work day which means community agency and school personnel are paid participants, while family members are expected to volunteer their time.

At the personal level, barriers mostly stem from practical deterrents, negative attitudes, and deficiencies of knowledge and skill. These vary for different stakeholders but often include problems related to work schedules, transportation, child care, communication skills, differences in organizational culture, accommodations for language and cultural differences, and so forth.

Clearly, extensive effort is involved in establishing and sustaining an effective school, home, and community collaboration. This is especially so when the aim is to address the most pressing overlapping concerns in schools, homes, and communities because such an agenda requires a comprehensive intervention approach.

With these matters in mind, see the discussion on the next page of lessons learned about collaborations. Then, see the Appendix to this brief for a discussion of lessons learned from an analysis by the Alliance for Children & Youth of the Promising Neighborhoods Planning Grant Applications.

## ***Lessons Learned***

In developing effective collaborations, keep in mind the following lessons – most of which were learned the hard way. First, *strategic capacity building* is essential. This includes ensuring participants have the authority, training, time, resources, and ongoing support to carry out roles and functions. And, when newcomers join, well-designed procedures must be in place to bring them up to speed.

A second lesson relates to *how agreements are made*. In negotiating agreements to connect, the tendency is just to ask decision makers to sign a memorandum of understanding, rather than involving them in processes that lead to a comprehensive, informed commitment. Often, the signing is done on the basis of some personal relationship. The problem is that the signature is often treated as a ploy (e.g., to obtain extramural funding) and is more cosmetic than substantive. Substantive agreements delineate stable and sustainable *institutional working relationships*, including clear roles, responsibilities, and an institutionalized infrastructure with well-designed mechanisms for performing tasks, solving problems, and mediating conflict. Agreements based simply on personal relationships are vulnerable to the mobility that characterizes many professionals.

Third, collaborative efforts rarely live up to the initial hope in the absence of *skillfull planning, implementation, and ongoing capacity building*. For example, all general and workgroup meetings require adroit facilitation. Otherwise initial enthusiasm for the work quickly degenerates into more talk than action and a waste of time. This is particularly likely to happen when the primary emphasis is on the unfocused mandate to “collaborate,” rather than on moving an important vision and mission forward through effective working relationships and well-defined functions and tasks.

Finally, *collaboration is a developing process*. Collaboratives must be continuously nurtured, facilitated, and supported, and special attention must be given to overcoming institutional and personal barriers. A fundamental institutional barrier to school-community collaboration is the degree to which efforts to establish such connections are *marginalized* in policy and practice. The extent to which this is the case is seen when existing policy, accountability, leadership, budget, space, time schedules, and capacity-building agendas do not support efforts to use collaborative arrangements effectively and efficiently to accomplish desired results. This may simply be a matter of benign neglect. More often, it stems from a lack of understanding, commitment, and/or capability related to establishing and maintaining a potent infrastructure for working together and sharing resources.

## Concluding Comments

The federal Promise Neighborhoods program represents a potential good for funded locales. And, the hope is that what is demonstrated will stimulate and guide others to action.

There is no reason, however, to wait. Any locale, with informed and dedicated leadership, can promote efforts (albeit with sparse dollars) to establish a school, home, and community collaborative designed to improve outcomes for young people. And the work of all such initiatives can be enhanced by adopting a framework that unifies and reconceives intervention.

Ironically, the need for system transformation has taken on greater urgency as resources dwindle. With budget cuts, it is essential to reduce redundancy, redeploy allocated school and community resources, and weave together different funding streams.

The challenges are considerable and call for a high degree of commitment and relentless effort. And while a grant would certainly help, no economically depressed locale can wait for special funding before moving forward.

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- For more references and resources, see our Center's Online Clearinghouse Quick Find on the matter covered – <http://smhp.psych.ucla.edu/>*

**What do you think makes for good collaboration?**



**Good collaboration is when everyone agrees with me!**



## Appendix

### About the Promising Neighborhoods Grants

In December 2010, the Alliance for Children & Youth issued *What It Took: Lessons Learned from the First Cohort of Promise Neighborhoods Planning Grant Applications* ([http://alliance1.org/sites/default/files/pdf\\_upload/report\\_pp/what\\_it\\_took.pdf](http://alliance1.org/sites/default/files/pdf_upload/report_pp/what_it_took.pdf)). The Alliance states the analysis is based on “a review of all 21 Promise Neighborhoods grantee applications, their peer review comments, and memoranda of understanding (MOUs), it covers such topics as project design, organizational capacity, community involvement, work with local schools, project funding, and replicability. It also incorporates peer reviewer comments for 19 applications that were not chosen as grantees as well as both published and unpublished information from our interviews with 47 Promise Neighborhoods planning grant applicant groups and 10 of the peer reviewers.”

The report indicates 941 organizations filed Notices of Intent to Apply, 339 applied, and only 21 were chosen. As general themes, the analysis concludes that successful applicants had the following (all of which were necessary, but no one of which was sufficient):

- (1) *Significant organizational capacity* (e.g., considerable financial and staff resources to devote to grant preparation, including in-house staff, outside grant writers, other outside experts, and lawyers – some offering services on a pro-bono basis)
- (2) *Access to sophisticated evaluation and data expertise* (either in-house or in partnership with other organizations such as local universities, national organizations like the Urban Institute, Promise Neighborhoods Research Consortium, Mathematica and Social Solutions)
- (3) *Substantial experience with local schools* (buy-in of neighborhood schools was associated with having expertise and relationships with local schools; some had substantial roles in the operation of charter and/or community schools; some worked with outside education experts like Mass Insight)
- (4) *Substantial community, political, and fund-raising-related relationships*
- (5) *Solid grant-writing skills and a little luck*

The report goes on to suggest the author’s beliefs about what it will take for successful implementation. (Note: In announcing the next round of the program, the U.S. Department of Education indicates that it expects to award first-year funds for four to six implementation grants with an estimated grant award of \$4 million to \$6 million.)

In reviewing the Alliance for Children & Youth’s analysis about successful implementation, we find a great deal with which to agree. But, as our Center’s brief indicates, we also find fundamental matters unaddressed or given short shrift. Specifically, little attention is given to the interrelated needs for

- establishing a *high policy priority* (along with an *expanded* accountability framework) for schools and communities to address factors interfering with equity of opportunity in a collaborative way and with funds braided to pursue overlapping concerns
- developing a *unifying intervention framework* to guide long-range planning and implementation

- reworking the existing *operational infrastructure* for school, home, and community collaboration to ensure there are representative and effective mechanisms for such functions as governance, planning, steering, ongoing capacity building, monitoring, supporting improvement, and for carrying out everyday tasks
- making substantial *systemic changes* (e.g., transforming organizational cultures such as those associated with schools and community agencies).

With respect to these critical matters, in addition to the citations in our brief, see the references offered in *Transforming the Network of Supports for Children and Adolescents: Policy and Practice Analyses and Prototype Frameworks from the Center at UCLA* – online at <http://smhp.psych.ucla.edu/pdfdocs/transformingnetwork.pdf> and also see the relevant topics listed in our Center’s Online Clearinghouse Quick Find menu, such as the one on *Systemic Change, and the Diffusion of Innovation in Schools (the Implementation Problem)* – <http://smhp.psych.ucla.edu/qf/systemicchange.html>

Note: On July 6, 2011 the U. S. Department of Education made available applications for another round of planning and also for implementation grants for Promise Neighborhoods (see <http://www.grants.gov> )

While the closing date is Sep 06, 2011, the deadline for Notice of Intent to Apply is July 22, 2011.

As aids to those interested, there will be Pre-Application Webinars:

- > Planning Applications: July 14, 2011 and August 2, 2011.
- >Implementation Applications: July 19, 2011 and July 28, 2011.

For detailed information regarding these webinar times, see <http://www2.ed.gov/programs/promiseneighborhoods/index.html>

The Department expects to award first-year funds for four to six implementation grants with an estimated grant award of \$4 million to \$6 million. Implementation grantees will receive annual grants over a period of three to five years with total awards ranging from \$12 million to \$30 million. Remaining 2011 funds will go toward 10 new one-year planning grants with an estimated grant award of \$500,000.