



ESEA Reauthorization Recommendations: Educational Supports and Community, Parent Involvement

Policy Recommendations for the Reauthorization of ESEA

Support successful, healthy, safe, school climates

- Support statewide surveys, indices, and other activities that promote a healthy school climate (including safety, mental health, school connectedness etc.).
- Make physical education a “core academic subject” in order to improve the physical education of students and increase its prominence in the school day.
- Include nutrition education and support as an allowable activity within ESEA programs.
- Support mental health and anti-bullying prevention policies throughout ESEA.
- Support the proposed Successful, Safe, and Healthy Students program within President’s ESEA Blueprint, but maintain a separate funding stream for the Carol M. White Physical Education Program.

Prioritize community schools approaches

- Authorize a dedicated funding stream for community school models that offer quality instructional programs and wraparound services.
- Allow ESEA programs to support a school-based resource coordinator as an access point for services that children need to remove learning barriers, including access to health care (such as MediCal) and other public assistance programs such as food stamps and earned income tax credit (EITC).
- Improve school access to Medicaid for legitimate medical and related services provided to eligible students.

Encourage parent engagement

- Expand family literacy opportunities for high-need families to foster school success and improve employment opportunities.
- Support teacher and administrator training on effective parent and family engagement.
- Promote and allow for parent engagement in federally funded expanded learning programs.
- Incentivize the establishment of State Family Engagement Coordinating Councils, comprised of family members and other stakeholders, to coordinate and integrate systemic family engagement initiatives that support children from cradle to career.

Rationale for Improvements

Although there have been initiatives such as the Full Service Community Schools Act, currently there are no dedicated federal funding streams that would support programs such as Healthy Start in CA. Without additional funds, California has identified six elements of success that have contributed to sustaining Healthy Start in schools and districts after the grant funding has ended:

- Adequate, comfortable, and accessible facilities
- An active local Healthy Start Collaborative with (1) the authority to make policy decisions regarding reinvestment of LEA Medi-Cal funds and (2) representation from the community, including children, families, community organizations, businesses, schools, districts, and agencies
- A full-time children-family coordinator who builds communication between policymakers and those providing supports and services
- Leveraging and combining of resources through Healthy Start
- Sharing of results between collaborative partners and families
- School integration and strong administrative support and staff involvement

Providing the wrap-around services by leveraging community partners and resources for students and their families is critical to ensuring that students are able to focus and succeed in school. States and districts need additional support to maintain and expand existing infrastructures such as Healthy Start to ensure students are college and career ready.

California Overview

In 1992 California established the Healthy Start Support Services for Children Act (Healthy Start Initiative) which is a state-funded school-community collaborative grant for integrating services. Each local Healthy Start provides comprehensive school-integrated services and activities to meet the unique needs and desired results identified for children, youth, and families. These services and activities may include:

- Academic/Education (tutoring, mentoring, dropout prevention, adult education, and staff training)
- Youth Development Services (tutoring, employment, community services, recreation, and sports)
- Family Support (child protection, parenting education, English as a second language, citizenship classes, child care, case management, child abuse prevention, and family advocacy)
- Basic Needs (supplemental food, nutrition education services, clothing, shelter/housing, transportation, and legal assistance)
- Medical/Health Care (vision, hearing, dental, acute care, preventive health care, and health insurance)
- Mental Health Care and Counseling (therapy, support groups, and substance abuse prevention)
- Employment (career counseling, job placement, economic security, job preparation and development)

Healthy Start does not necessarily pay for these services. Rather, Healthy Start coordinates integrated service delivery which directly links children and families to

needed supports and services. Healthy Start Operational and Combined grants provide the seed money to LEAs which then sustain programs and services after the grant period has ended.

A statewide evaluation of the first three years, where 372 schools and over a quarter of a million students and families were served, of Healthy Start reported improvements for children and families in all measures, including the following:ⁱ

- Reduction in unmet need for basic goods and services (including food, clothing, transportation)
- Reduction in unmet need for medical and dental care
- Improvement in emotional health and family functioning
- Reduction in teen risk behaviors
- Improvement in grade point average
- Reduction in student mobility

School-wide results assessed in the same evaluation showed improvements in the areas listed below:ⁱⁱ

- Student behavior (fewer suspensions and expulsions)
- Standardized test performance in math and reading
- Student attendance
- School climate

A second statewide Healthy Start evaluation, using data from operational grants funded in years 1994-1996, showed positive results in the following areas:ⁱⁱⁱ

- Significant increase in academic results for students most in need
- Substantial reduction in unmet basic needs, including housing, food, clothing, transportation, finances, and employment
- Decrease in family violence and increase in parent understanding of child development

ⁱ Wagner, M. and Golan, S. April 1996. “*California’s Healthy Start School-Linked Services Initiative: Summary of Evaluation Findings*,” Menlo Park, CA: SRI International, pp. 13-14.

ⁱⁱ Ibid., pp. 15-16

ⁱⁱⁱ Malloy, J. and Harlick, D. (March 1999) “*Healthy Start Works: A Statewide Profile of Healthy Start Sites*,” Sacramento, CA: California Department of Education, p. 29.