An Open Letter to Congress*

Re: Reauthorizing the Elementary and Secondary Education Act to Better Address Barriers to Learning and Teaching

Any fundamental effort to close the achievement gap and reduce dropout rates must directly zero-in on matters that are keeping too many students from connecting effectively with good instruction.

Good instruction, of course, is essential! It's a truism that schools continuously need to improve the quality of teaching. And, so it is quite logical that many facets of the Elementary and Secondary Education Act (currently designated the No Child Left Behind Act) are designed to focus school improvement efforts on enhancing instruction.

But, as you know, better instruction alone cannot ensure that all students have an equal opportunity to succeed at school. Indeed, focusing *mainly* on improving instruction is a recipe for maintaining a very unsatisfactory status quo for too many students in urban schools and in poor rural areas. So, a critical question is: What else needs to be considered as you move to reauthorize the act?

The answer is: Ensuring there is a strong focus on how to help schools improve the ways they address barriers to learning and teaching.

As policy analyses make clear, this is a concern that has had so little attention that it can only be described as grossly *marginalized* in policy and practice. As a result, there continues to be an amazing disconnect between the rhetoric and the reality of leaving no child behind.

Policy analyses clarify where policy to date has failed. Research on what schools are currently doing indicates fundamental gaps in school improvement planning and initiatives for linking community resources to schools that often are poorly conceived (references available on request). The situation is as follows: Most school districts offer a range of programs and services oriented to student learning, behavior, and emotional needs and problems. Some are provided throughout a school district, others are carried out at or linked to targeted schools. Some are owned and operated by schools; some are from community agencies. The interventions may be for all students in a school, for those in specified grades, for those identified as "at risk," and/or for those in need of compensatory or special education. Looked at as a whole, a considerable amount of activity is taking place and substantial resources are being expended. But, it is widely recognized that the whole enterprise is not well conceived, practices are fragmented, and too many school planners continue to treat the work as nonessential.

For various reasons, those concerned with addressing barriers to learning and teaching have focused narrowly on specific matters such as parent involvement, school safety, mentoring, and coordination of services. These types of efforts often are referred to as low-hanging fruit by politicians looking to show they are "doing something." Unfortunately, such a piecemeal and ad hoc approach tends to increase the widespread problems of fragmentation, wasteful redundancy, and counterproductive competition for resources. In turn, this has exacerbated, rather than reduced the marginalization of efforts to address barriers to learning and teaching and has made a mockery out of stated commitments to close the achievement gap and reduce dropout rates. Instead of tinkering around the edges, you should focus on the big picture and the central policy question:

How can school and community resources be braided together to develop a comprehensive, multifaceted, and cohesive systemic approach for addressing barriers to learning and development?

And, this involves focusing on more than coordinating publicly funded services. It requires an emphasis on coalescing *all the resources* in a community that have overlapping missions and

concerns about ensuring children and adolescents have an equal opportunity to succeed at school and in adult life.

The attached Figure was developed to highlight aspects of such an approach in terms of a public health continuum. The illustrated continuum encompasses efforts to enable academic, social, emotional, and physical development and address learning, behavior, and emotional problems at every school. As noted, most schools have some programs and services that fit along the entire continuum. However, the tendency to focus mostly on the most severe problems has skewed things so that too little is done to prevent and intervene early after the onset of a problem. The result has been characterized in Congressional testimony as a "waiting for failure" approach.

Policy that helps schools and communities move forward in developing the full continuum is the only way to stem the tide of students who are referred for learning, behavior, and emotional problems and who eventually dropout or are pushed out of school.

Such policy must effectively establish a *comprehensive intervention framework* that can be used to map, analyze, and set priorities. It must call for *rethinking infrastructure* so that there is leadership and mechanisms for building a system of learning supports at every school and for connecting school and community resources. And, it must provide guidance for the difficulties inherent in facilitating major *systemic changes*.

The key then is to end the policy marginalization of direct efforts to address barriers to learning and teaching. In doing so, you will have taken great strides toward ending the fragmentation of current practices and toward establishing a unified and fully integrated system of supports to enable the academic, social, and emotional learning of all students.

In moving forward, you don't have to reinvent the wheel. There are a host of pioneering efforts across the country that are working toward comprehensive systems of student/learning supports. Hawai`i, California, and Iowa provide three prominent examples of state level policy to promote developing systemwide comprehesnive approaches. These are all highlighted on the website UCLA has created that includes a focus on new directions for student support.* See

>Hawai'i Department of Education (2004). Comprehensive Student Support System.

Overview online at: http://smhp.psych.ucla.edu/pdfdocs/wheresithappening/hawaii.pdf

>California's Proposed Legislation (2007). Comprehensive Pupil Learning Support System.

Online at: http://smhp.psych.ucla.edu/summit2002/sb288(2-15-07).pdf

>Iowa State Department of Education working with the Iowa Collaborative for Youth Development (2005). Fulfilling a Promise, Investing in Iowa's Future: Enhancing Iowa's Systems of Supports for Learning & Development.

Brief Summary online at: http://smhp.psych.ucla.edu/pdfdocs/iowabriefsummaryofdesign.pdf Full document online at: http://smhp.psych.ucla.edu/pdfdocs/iowasystemofsupport.pdf

Well, that's it for now. We sincerely thank you for playing a role in the best interests of students and their schools.

And, if you want us to help as you move forward with addressing barriers to learning and teaching during the reauthorization process, we are ready to do our part.

As of now, this letter is endorsed by 51 organizations and 178 other individuals. See the list online at http://smhp.psych.ucla.edu/pdfdocs/congress%20letter.pdf

^{*}Note: This letter does not lobby for any specific program, initiative, group, etc. It is designed solely to highlight the results of policy analyses that have clarified fundamental policy gaps that require Congressional attention and to indicate the desire of the signees to help address the gaps.

Integrated Systems for Meeting the Needs of All Students

School Resources

(facilities, stakeholders, programs, services)

Examples:

- · General health education
- Social and emotional learning programs
- Recreation programs
- · Enrichment programs
- · Support for transitions
- Conflict resolution
- · Home involvement
- Drug and alcohol education
 - Drug counseling
 - · Pregnancy prevention
 - · Violence prevention
 - · Gang intervention
 - Dropout prevention
 - Suicide prevention
 - Learning/behavior accommodations and response to intervention
 - Work programs
 - Special education for learning disabilities, emotional disturbance, and other health impairments

Systems for Promoting Healthy Development & Preventing Problems

primary prevention – includes universal interventions (low end need/low cost per individual programs)

Systems of Early Intervention

early-after-onset – includes selective & indicated interventions (moderate need, moderate cost per individual)

Systems of Care

treatment/indicated interventions for severe and chronic problems (High end need/high cost per individual programs)

Community Resources

(facilities, stakeholders, programs, services)

Examples:

- Recreation & Enrichment
- Public health & safety programs
- · Prenatal care
- · Home visiting programs
- Immunizations
- · Child abuse education
- Internships & community service programs
- Economic development
- Early identification to treat health problems
- · Monitoring health problems
- · Short-term counseling
- · Foster placement/group homes
- · Family support
- · Shelter, food, clothing
- · Job programs
- · Emergency/crisis treatment
- Family preservation
- Long-term therapy
- Probation/incarceration
- Disabilities programs
- Hospitalization
- · Drug treatment

Systemic collaboration is essential to establish interprogram connections on a daily basis and over time to ensure seamless intervention within each system and among systems of prevention, systems of early intervention, and systems of care.

Such collaboration involves horizontal and vertical restructuring of programs and services

- (a) within jurisdictions, school districts, and community agencies (e.g., among departments, divisions, units, schools, clusters of schools)
- (b) between jurisdictions, school and community agencies, public and private sectors; among schools; among community agencies
- * 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.

Endorsed by:

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