



Testimony before the District of Columbia Council
Special Committee on School Safety and Truancy
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Public Hearing: School Safety & Truancy

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Good morning, Chairman Biddle and members of the Special Committee on School Safety and Truancy. I am Judith Sandalow, the executive director of the Children's Law Center (CLC),¹ the largest non-profit legal services organization in the District of Columbia and the only such organization devoted to a full spectrum of children's legal services. Every year, CLC represents more than 1,200 low-income children and families, including 500 children in foster care, several hundred foster parents and relatives of children in foster care and children with special health and educational needs. Through this work we interact with many children struggling to attend school regularly for a variety of reasons. I am so pleased that the Council formed this new Special Committee and that you called today's hearing to bring attention to the issue and the ways we can work together towards solutions that will support children and families and lead to improved educational success.

As you know, truancy is a serious problem in DC. The District of Columbia Public Schools (DCPS) reported a 20% truancy rate during the 2008-2009 school year.² We have not seen official school attendance data for the 2009-2010 school year, but a recent newspaper article noted that 3700 DCPS students were truant in the first semester of the 2010-2011 school year and 13% of secondary students had 15 or more unexcused absences.³ Children are truant for a wide variety of reasons and understanding the complex and varied factors that lead to truancy is critically important to crafting appropriate intervention strategies. Research finds that truancy stems from three main areas – personal, home and community and school factors -- and in my testimony today I will discuss each of these and actions the Council can take to reduce truancy in light of them.

As a general matter, the District needs to do much more to intervene early before children become chronically absent and drop out of school. At the earliest stages of attendance problems, we must intervene to uncover the root causes of the behavior and offer appropriate, high-quality supports and services. There must be better collaboration among parents, teachers, school social

workers and non-school staff including mental health professionals, other social services providers and, when necessary, the child welfare and court systems. Additionally, any approach to improving the truancy problem in DC must take into account recent changes to our educational neglect law and related school system regulations. Prior efforts and current pilot projects related to improving mental health services and reducing truancy should be carefully examined and, if found successful, replicated.

Personal Factors

Personal factors that lead to truancy include unmet physical or mental health needs, poor academic performance (sometimes due to special education needs) and the resulting lack of self-esteem, and alcohol and drug use.⁴ While there are a variety of things schools and others can do to address the personal factors that lead to truancy, today I want to focus on how improving mental health services will help the District address our truancy problem. Improving mental health services for children, with a particular emphasis on treatments which are shown to reduce behaviors which lead to truancy, offering evidenced-based parenting programs, and improving and expanding school-based mental health programs is a key part of addressing the causes of truancy. The Council should work with the Department of Mental Health (DMH) to ensure these services are expanded to meet community need.

Good mental health is essential to children's overall health, development, and ability to learn. Children and youth with untreated mental health problems have more problems in school, more involvement with the criminal justice system, and fewer stable and longer-term placements in the child welfare system than children with other disabilities. If these children are not screened and treated, these childhood conditions may persist and lead to a cycle of school failure, poor

employment opportunities and poverty. According to The President's New Freedom Commission on Mental Health, "no other illnesses damage so many children so seriously."⁵

Living in poverty, witnessing violence, being the victim of abuse and neglect, and being removed from one's family are difficult events which can lead to a variety of mental health problems. Given DC's high child poverty rate – 29% of children in the District are poor⁶ – we can expect a high percentage of our children to have mental health problems. Approximately 80,000, close to 70%, of DC children are enrolled in the District's Medicaid program.⁷ DMH has estimated that between 14-20% of children in the District have emotional or behavioral disorders.⁸ Yet, DMH is serving just slightly over 5% of children in the District through its Mental Health Rehabilitative Services (MHRS) and Medicaid Managed Care Organization (MCO) system.⁹ And these children are simply receiving at least one mental health service, not necessarily the correct treatment or all the services to which they are entitled or need to truly improve their health and quality of life. By comparison, Maryland reports that almost 9% of youth under the age of 18 receive a service through its public mental health system.¹⁰

Although in recent years the District has made some notable progress in improving access to quality mental health services, there is much room for improvement. The District's mental health system is extremely complicated and fragmented. This leads to a shortage of providers, resulting in many children failing to get important treatment or facing long delays that impair their health and can lead to school absences.

Parents and guardians are unable to navigate the system and find appropriate services which lead children's problems to be undiagnosed and spiral into crises. Additionally, other professionals who may work with truant children (teachers, principals, social workers, child welfare staff, and judges) through school or court-based programs need high quality services to which to refer children and families. The Council should work with DMH to ensure the District's mental health system is able

to provide evidenced-based mental health treatment which is proven to address issues which can lead to truancy. Some examples include (some of these programs are already offered, in a limited capacity, in the District):¹¹

- Functional family therapy: a family intervention for at-risk youth aged 10-18 with problems ranging from acting out to conduct disorder to alcohol or substance abuse. FFT is a short-term program with an average of 12 sessions over a 3-4 month period. Services are conducted in both clinic and home settings.¹²
- Parent child interaction therapy: This treatment for young children aged 2-7 with emotional and behavioral disorders focuses on improving the quality of the parent-child relationship. Parents are taught specific skills to establish or strengthen a nurturing and secure relationship with their child while encouraging pro-social behavior and discouraging negative behavior. PCIT is generally administered in 15 weekly, 1-hour sessions in an outpatient clinic.¹³
- Multi-systemic therapy: a goal-oriented treatment model that specifically targets the factors in each youth's social network that are contributing to his or her antisocial behavior. MST aims to improve caregiver discipline practices, enhance family affective relations, decrease youth association with deviant peers, improve youth school or vocational performance, engage youth in pro-social recreational outlets, and develop an indigenous support network of extended family, neighbors, and friends to help caregivers achieve and maintain such changes.¹⁴

In addition, there are some interventions aimed at parenting skill that the District should also offer. These programs help parents improve their relationship with their child and deal with their child's difficult behavior, which often includes not attending school. Programs which have been

positively reviewed include (again, some of these programs are already offered, at least in limited capacity, in the District):

- Triple P-Positive Parenting Program: a behavioral family intervention designed to improve parenting skills and behaviors by changing how parents view and react to their children. It teaches healthy parenting practices and how to recognize negative practices.¹⁵
- The Incredible Years: a parent training intervention focused on strengthening parenting competencies and fostering parents' involvement in children's school experiences in order to promote children's academic, social and emotional growth and reduce conduct problems.¹⁶ The U.S. Department of Justice has designated the program as an exemplary best practices program based on its quality evaluation, evidenced excellent effectiveness and overall high ratings.¹⁷

DC also has several mental health programs in the schools which should be expanded. DMH currently serves 50 DCPS and 9 Public Charter Schools through its School Mental Health Program. The program provides individual therapy for students as well as family therapy, parent workshops and consultations, teacher consultations and classroom observations. The DC START pilot program provides a highly structured set of interventions for elementary and middle schools children focused on improving behavioral health and educational success. DC START operates in 11 schools. School-based clinicians are uniquely poised to work with the child, family, teachers and other school staff to get to the root of the child's non-attendance behavior and come up with necessary interventions and supports.

Home and Community Factors

Often, truancy can't be solved simply by focusing on the child's behavior or mental health. Frequently, larger family and community issues are part of the problem and these issues need to be

uncovered and resolved. Home and community factors include: family health or financial concerns that pressure the student to care for family members or work rather than attend school; lack of parental guidance or supervision; domestic violence; pressures arising from teen pregnancy or parenting; parental alcoholism or drug abuse; lack of transportation; safety issues such as violence near home or between home and school.¹⁸

At times, when school-based interventions have failed to improve the child's attendance, involving the child welfare agency may be necessary. Truancy problems often start in elementary school and the Council should focus on resolving young children's attendance problems for two reasons. First, young children's truancy has been shown to have powerful and long-lasting negative consequences. Chronic absenteeism in kindergarten and first grade leads directly to significantly worse academic achievement in later years. Among poor families, chronic absences in kindergarten predict the lowest levels of academic achievement five years later.¹⁹

Second, effective early intervention can prevent young children's truancy from developing into an epidemic of older youth truancy. Minnesota referred families of chronically absent young children to child welfare authorities who applied a family assessment approach to such referrals, and the vast majority (71.9%) of these children's attendance increased dramatically within one year. Most of these gains remained over the subsequent three years.²⁰

The Council, building on Minnesota's experience, has begun to take steps to effectively identify truancy early and assist families to address the causes of truancy through two Acts passed last year. In June 2010, the Council passed the *Families Together Amendment Act of 2010*, which would permit CFSA to respond more effectively to thousands of child protection hotline calls each year. The law allows the District to adopt a better practice model -- differential response -- for responding to the wide range of child protection calls it receives. In a differential response model CFSA can provide services to families at low or moderate risk rather than investigating them. This model is

particularly appropriate for cases involving truancy where there is no risk of physical harm or high level neglect to the child, but the family is in need of services. Differential response leads to better outcomes for children and families because it permits CFSA to build a collaborative rather than adversarial relationship with families. In addition, it permits CFSA to help families find important services immediately, rather than waiting for the conclusion of an investigation. It also removes the punitive consequences and legal problems that flow from placing parents on the child abuse and neglect registry. Differential response is essential to an effective child welfare response to early truancy – Minnesota achieved the results cited above by using this approach rather than traditional investigations.²¹

In addition, last July the Council passed the *Safe Children and Safe Neighborhoods Educational Neglect Mandatory Reporting Act*, which would require school officials and other mandatory reporters to call CFSA when a child 5 to 13 years old has 10 or more unexcused absences.²² Council leadership is necessary if these bills are to go into effect. Both bills were passed subject to appropriations, meaning, in the current budget climate, that they may never take effect. The *Families Together Act* has only a slight fiscal impact – \$775,000 in training and IT costs over four years.²³ The *Safe Children and Safe Neighborhoods Act* has a larger fiscal impact – \$2.8 million per year²⁴ – but that impact can be reduced if the Council amends the law to focus on elementary school children where the approach is most effective.²⁵

School Factors

School factors are another principle cause of truancy. These factors include: lack of effective and consistently applied attendance policies; push-out policies such as suspension as a punishment for truancy; teacher characteristics such as lack of respect for students and neglect of diverse student needs; unwelcoming school atmosphere and an unsafe school environment.²⁶

Research finds that truancy can be reduced by programs designed to improve the overall school environment, improve children and families' attachment to the school, and enable schools to respond to the different learning styles and culture of children.²⁷ Efforts to reduce truancy must include reforms at the school level.

Some school reforms have already begun. In November 2009, the Office of the State Superintendent of Education (OSSE) issued regulations on Compulsory Education and School Attendance which bind all public schools in the District (DCPS and charter schools).²⁸ A section of those regulations focused on truancy and each local education agency (LEA) is required to “develop and implement in each of its schools a specific protocol for absenteeism...that focuses on prevention of unexcused absences, also referred to as truancy, including academic and behavioral interventions to address the needs of students.”²⁹ The regulations set forth detailed, appropriate steps that each school must take when a student has unexcused absences. The regulations require each LEA to have:³⁰

- Procedures for monitoring, reporting, addressing, and evaluating attendance and absences consistent with DC attendance and absence reporting requirements including:
 - A procedure requiring personal contact(s) with the parent or guardian of a student each time a student has the equivalent of 1 day of unexcused absence and defining the reasonable timeframe in which this contact must be made;
 - A continuum of school practices and services including meaningful supports, incentives, intervention strategies, and consequences for dealing with absenteeism and consultation with parents or guardians, both at the onset of absenteeism and in those circumstances where chronic absenteeism persists;
 - A referral process whereby within 2 school days after a student has accumulated 5 or more unexcused absences in 1 marking period or other similar time frame, the

student shall be referred to a school-based student support team which will meet within 2 days of the referral and regularly thereafter to:

- Review and address the student's attendance and related issues;
- Communicate and/or collaborate with the parents or guardian;
- Provide timely response to the student's truant behavior;
- Make recommendations for academic, diagnostic, or social work services;
- Use school and community resources to abate the student's truancy including referral to a community-based organization when available; and
- Develop an attendance intervention plan in consultation with the student's parents or guardian.

If a student accumulates 10 unexcused absences at any time during a school year, the school-based student support team assigned to the student shall notify the school administrator within 2 days after the 10th unexcused absence with a plan for immediate intervention including delivery of community-based programs and any other assistance or services to identify and address the student's needs on an emergency basis (there is also information about when a child will be referred to CFSA, Court Social Services and the Office of the Attorney General).³¹

This OSSE regulation appropriately makes the child's school, and ideally teachers and other staff who work with the child on a regular basis, the nexus of any truancy reduction effort. The regulation calls upon schools to notify parents any time the child has one day of an unexcused absence and refers the child to a school-based team for further interventions after 5 unexcused absences. While these OSSE regulations look promising on paper, the real question is, of course, how they are being implemented and whether or not they are having an impact. This Committee should investigate whether they are being properly and fully implemented and what changes have been seen in the schools as a result. The Council should request data from OSSE regarding: 1) how

many students have had unexcused absences; 2) how many students have been referred to the student support team after 5 absences and the outcomes of those team meetings; 3) how many students have been referred to the school administrator after 10 absences and the outcome of those interventions. The Council may also want to consider codifying these regulations in part or in whole with some additional language or modifications.

Additional school factors which may cause truancy include an unwelcoming atmosphere and ineffectively dealing with negative student behaviors. The Council should investigate the behavioral intervention models being used by DC schools and ensure that programs which are shown to reduce classroom discipline issues and improve attendance are being implemented. One model to consider is the Positive Behavioral Interventions and Supports (PBIS) which seeks to establish the social environment and behavioral supports necessary for a school to be an effective learning setting for all students. PBIS is a well-known national model that is supported by the U.S. Department of Education. This program has been used in DC previously, although we do not know the extent to which it is currently being implemented; in 2008, DC reported PBIS was being used in 33 schools.³²

PBIS' framework includes primary prevention practices (proactive support for students in all locations); secondary prevention practices (targeting students at risk for behavioral problems and educational failure); and tertiary prevention practices (providing intensive support for students with chronic patterns of problem behavior). Schools that implement that model have found improvements in attendance, among other positive changes (better classroom management, less exclusionary discipline practices, improved supports for children with behavioral health needs).³³ Maryland law requires elementary schools with high suspension rates to implement PBIS programs or similar behavior modification programs and many middle and high schools have voluntarily implemented PBIS.³⁴

For children and families who do not respond to less intense interventions, the Council may want to explore restarting and expanding the Family Court Truancy Diversion Program. Several years ago, this innovative project was started in three DC middle schools and brought a family court judge into the school to intervene in truancy cases. This DC pilot was based on the Byer Model, a nationally recognized program started by Judge Joan Byer in Louisville, Kentucky, that addresses truancy within the context of the whole family and uses a judge's influence and power without having the child become formally court-involved.³⁵

The Byer model is based on several key premises. First, that truancy so often arises out of familial conditions and regular court processes are not well positioned to identify and treat the underlying challenges in families that lead to the child's problems in school. Second, that weekly contact between the judge and the family, in the school, is critical to getting the child back into school. Third, that positive reinforcement and small rewards are necessary to motivate the child throughout the process.

The model is based on collaboration between the judge, parents, a family advocate (a seasoned social worker familiar with services in the community), school officials (attendance clerk, counselor and educational liaison). Some programs also involve mental health professionals and community providers (in DC the Healthy Families/Thriving Communities Collaboratives were involved). It is our understanding that this pilot was well-received and successful; the Council should explore restarting and expanding this program.

Conclusion

There is much work to be done in DC to ensure that all of our children are receiving a quality education. A key first step is, of course, to make sure all our children are attending school, rather than being truant or dropping out. We must create schools and communities that ensure that

children who are struggling to attend school are identified early, that parents are contacted and engaged in an action plan to assist the student, and that meaningful, high-quality support services are easily accessible. Truancy prevention strategies, service plans and accountability regiments need to be tailored to the age of the child. As this Committee and the Council consider this issue in the following month, we urge you to take the following steps to improve school attendance:

- Ensure the District's mental health system is able to provide accessible, high-quality evidenced-based children's mental health treatment and parenting programs.
- Fully implement and fund the *Families Together Act* and the *Safe Children and Safe Neighborhoods Educational Neglect Mandatory Reporting Act* to ensure CFSA has the ability and funding to most effectively respond to families where truancy is a problem.
- Ensure DC schools have effective and consistently applied attendance policies and are not using push-out policies such as suspension as a punishment for truancy.
- Inquire about the implementation of the OSSE school attendance regulations issued in November 2009.
- Ensure the DC schools are implementing a behavior intervention model which is proven to reduce classroom discipline problems and improve attendance.

Thank you for the opportunity to testify today. I look forward to your questions.

¹ Children's Law Center works to give every child in the District of Columbia a safe home, meaningful education and healthy life. As the largest nonprofit legal services provider in the District, our 75-person staff partners with hundreds of pro bono attorneys to serve 1,200 at-risk children each year. Applying the knowledge gained from this direct representation, we advocate for changes in the city's laws, policies and programs. For more information, visit www.childrenslawcenter.org.

² This is the most recent data available as of 2/21/11. District of Columbia Public Schools, Facts and Statistics General Data about DCPS: Schools, Demographics and Performance. Available at <http://dcps.dc.gov/DCPS/About+DCPS/Who+We+Are/Facts+and+Statistics>.

³ Lisa Gartner, Nearly 4,000 truant from District schools last semester, *The Washington Examiner* (February 3, 2011).

⁴ The National Center for School Engagement, Factors Contributing to Truancy, www.truancypreventon.org; U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, *Juvenile Justice Bulletin: Truancy Reduction: Keeping Students in School* (September 2001).

⁵ The President's New Freedom Commission on Mental Health, *Final Report to the President*, at 58 (2003).

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- ⁶ Jenny Reed, DC Fiscal Policy Institute, *New Census Data Reveal the Uneven Impact the Recession Has Had on the District* (September 28, 2010).
- ⁷ Department of Health Care Finance, *Monthly Enrollment Report* (January 2010). Non-SSI Children: 72,363; Specialized MA Children: 7,162.
- ⁸ Christine Ferguson et al., The George Washington University, School of Public Health & Health Services, Department of Health Policy, *Mental Health Carve Out Assessment* at 2.
- ⁹ Dennis R. Jones, Court Monitor, Report to the Court (*Dixon v. Fenty*), Exit Criteria 5 at 7 (January 27, 2011).
- ¹⁰ ¹⁰ Christine Ferguson et al., The George Washington University, School of Public Health & Health Services, Department of Health Policy, *Mental Health Carve Out Assessment* at 3.
- ¹¹ Multi-Systemic Therapy is currently offered by one DMH certified provider. Family Functional Therapy is now offered by two Choice Providers (specialty DMH Core Service Agencies which serve CFSA children) and DMH is planning to train providers in Parent Child Interaction Therapy in the third quarter of FY11.
- ¹² <http://www.fftinc.com/>. See also U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, *Juvenile Justice Bulletin: Functional Family Therapy*, (December 2000). See also Mary Terzian and Kassim Mbwana, *What Works for Parent Involvement Programs for Adolescents: Lessons from Experimental Evaluations of Social Interventions*, *Child Trends* (December 2009).
- ¹³ U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, National Registry of Evidenced-Based Programs and Practices, <http://www.nrepp.samhsa.gov>. See also <http://www.pcit.org>.
- ¹⁴ <http://www.mstservices.com/>
- ¹⁵ Richard Barth, *Preventing Child Abuse and Neglect with Parent Training: Evidence and Opportunities*, *Future of Children*, Volume 19 No. 2 (Fall 2009). See also <http://www.triplep.net/>
- ¹⁶ <http://www.incredibleyears.com>
- ¹⁷ U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, *Juvenile Justice Bulletin: The Incredible Years Training Series*, (June 2000).
- ¹⁸ The National Center for School Engagement, *Factors Contributing to Truancy*, www.truancypreventon.org; U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, *Juvenile Justice Bulletin: Truancy Reduction: Keeping Students in School* (September 2001).
- ¹⁹ Education Commission of the States: *The Progress of Education Reform, Chronic Early Absence: Providing Solutions for increasing achievement in the early grades and preventing school drop-out* (February 2010).
- ²⁰ Id. See also Testimony of Timothy Zuel, summarized in Committee on Human Services Report on Bill 18-529, *Safe Children and Safe Neighborhoods Educational Neglect Mandatory Reporting Amendment Act of 2009*, at 9-11.
- ²¹ See Testimony of Timothy Zuel, at 9-10 (noting that family assessments are used to respond to educational neglect reports in 94 percent of cases in jurisdictions in which family assessments are an option).
- ²² D.C. Council Bill 18-529.
- ²³ District of Columbia Chief Financial Officer, *Fiscal Impact Statement – “Families Together Amendment Act of 2010,”* May 14, 2010, http://app.cfo.dc.gov/services/fiscal_impact/pdf/spring09/B18-667_.pdf.
- ²⁴ District of Columbia Chief Financial Officer, *Fiscal Impact Statement – “Safe Children and Safe Neighborhoods Educational Neglect Mandatory Reporting Amendment Act of 2010,”* May 18, 2010, http://app.cfo.dc.gov/services/fiscal_impact/pdf/spring09/B18-529_.pdf.
- ²⁵ Anita Larson, Tim Zeul, et al., *Are Attendance Gains Sustained? A follow-up on the educational and child welfare outcomes of students with child welfare involvement for educational neglect*, at 21 (2009).
- ²⁶ The National Center for School Engagement, *Factors Contributing to Truancy*, www.truancypreventon.org; Myriam L. Baker, Jane Nady Sigmon, M. Elaine Nugget, *Juvenile Justice Bulletin: Truancy Reduction: Keeping Students in School*, U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, (September 2001).
- ²⁷ National Center for Mental Health Promotion and Youth Violence Prevention, *Issue Brief: Truancy Prevention*, www.promoteprevent.org/publications/prevention-briefs/truancy-prevention.
- ²⁸ 5 D.C.M.R. A-21
- ²⁹ 5 D.C.M.R. A-2103.2
- ³⁰ 5 D.C.M.R. A-2103.3
- ³¹ The Safe Children and Safe Neighborhoods Educational Neglect Mandatory Reporting Act (D.C. Council Bill 18-529) would modify the OSSE regulation regarding when truant children are reported to CFSA; however, the remaining parts of the regulation regarding internal school procedures would remain in effect until otherwise modified.
- ³² Scott A. Spaulding et al, *Implementation of School-wide PBIS across the United States*, U.S. Department of Education, Office of Special Education Programs (November 2009). In 2004, the District of Columbia Public Schools Board of Education under was awarded a five-year State Improvement Grant (SIG) by the U.S. Department of Education, Office of Special

Education Programs to focus on behavioral supports for students. DC worked with national leaders in PBIS and trained teams from 36 public and charter schools in this model. District of Columbia State Improvement Website.
<http://www.dcsig.org/pbis.htm>

³³ National Center for Mental Health Promotion and Youth Violence Prevention, Evidence Based Program Fact Sheets: Positive Behavioral Interventions and Supports (PBIS), <http://www.promoteprevent.org/publications/ebi-factsheets>.

See also www.pbis.org and www.pbismaryland.org

³⁴ Maryland Department of Legislative Services Office of Policy Analysis Approaches to Solving the Problem of Truancy, 12 (October 2008).

³⁵ American Bar Association, Standing Committee on Substance Abuse, Truancy, Literacy and the Courts: A User's Manual for Setting up a Truancy Intervention Program (2001).