



616 H Street, NW · Suite 300
Washington, DC 20001
T 202.467.4900 · F 202.467.4949
www.childrenslawcenter.org

**Testimony before the District of Columbia Council
Committees of the Whole and the Judiciary
July 12, 2012**

**Joint Public Oversight Roundtable:
Truancy Reduction in the DC Public School System (School Year 2012-2013)**

**Judith Sandalow
Executive Director
Children's Law Center**

Good morning Chairman Mendelson and members of the Committees of the Whole and the Judiciary. My name is Judith Sandalow. I am Executive Director of Children's Law Center ¹(CLC) and a resident of the District. I am testifying today on behalf of CLC, the largest non-profit legal services organization in the District and the only such organization devoted to a full spectrum of children's legal services. Every year, we serve more than 2,000 low-income children and families and through this work we interact with many children who fail to attend school regularly for a variety of reasons. I appreciate you convening this Roundtable to gather more information on the District of Columbia Public Schools' (DCPS) response to the problem of truancy. Recently, there has been a great deal of discussion about truancy reduction. Unfortunately, there is a lack of transparency and complete information about the various truancy reduction efforts currently underway in the District. There are various mental health pilots which touch upon truancy reduction and other specific truancy reduction programs being implemented in schools that I will discuss below. We know that other programs exist, but have been unable to get specific information about them such as what school are implementing which programs, how many students are being served and whether programs have been evaluated, and if so, what the results show. We hope this Roundtable, and your continued oversight, will yield a more complete picture of the District's efforts.

While DCPS, of course, has a large role to play in the reduction of truancy, it will take the coordinated and sustained efforts of many other child and family-serving agencies to ensure that all our children are attending school. Our testimony today will also touch upon the truancy reduction efforts of these other relevant agencies, including the Office of the State Superintendent of Education and the Child and Family Services Agency. Additionally, although our comments focus on DCPS many are also relevant to the charter schools who also face unacceptably high levels of truancy among their students.

Causes of Truancy

As you know, truancy is a serious problem in DC. DCPS reported a 20% truancy rate during the 2008-2009 school year and a 12% truancy rate for the 2010-2011 school year.² 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 in turn. 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 identify the root causes of the behavior and offer targeted high-quality supports and services. Absenteeism should be seen as a symptom, not the disease. 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.³ 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 long-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.

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 – approximately 30% of children in the District are poor⁴ – we can expect an even higher percentage of our children to have mental health problems. Nationally, 12.4% of children aged 6 to 17 who receive Medicaid have mental health conditions.⁵ Yet, the District's public mental health system is serving just 5.48% of children in the District.⁶ 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.

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 children with attendance issues (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):⁷

- 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.⁸
- 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.⁹
- 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.¹⁰

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:

- 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.¹¹
- 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.¹² 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.¹³

DC also has several mental health programs in the schools which should be expanded. DMH currently serves 53 DCPS and charter schools through its School Mental Health Program.¹⁴ 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.¹⁵

DCPS' Office of Special Education, Division of Related Services, also piloted several evidence-based mental health services during the 2011-2012 school year:¹⁶

- Mental Health Consultation: this program in 18 elementary schools allows teachers to have weekly meetings with social workers to strategize about children demonstrating challenging behaviors.
- Cognitive Behavioral Intervention for Trauma in Schools (CBITS): social workers in three middle schools provide trauma-based therapy to students with Post-Traumatic Stress Disorder.
- Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS): social workers in three high schools provide group therapy for children in the midst of difficult situations. The program, also used by DYRS, teaches children how to cope effectively and deal with adversity.

While evaluations of these programs are not yet publicly available, all of these programs *ought* to help reduce truancy among other positive outcomes. If outcome data shows these programs were successful, they should be expanded to many more schools in the 2012-2013 school year.

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.¹⁷

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 focusing on resolving young children's attendance problems should be our priority 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.¹⁸

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.¹⁹

The Council has begun to take steps to effectively identify truancy early and assist families to address the causes of truancy through two recently laws. 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.²⁰

In addition, 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.²¹ Now that CFSA can use a differential response model for these cases, they should be able to provide useful support for these families dealing with chronic truancy. Just because the most serious cases can be referred to CFSA, schools should not neglect their responsibility to provide school-based truancy interventions *before* students are absent for 10 days. Schools should also continue working with these children even once CFSA becomes involved. Also, as it appears the District has decided CFSA will take a large role in providing services for cases involving educational neglect, then the agency must be provided with the proper resources to carry out this function.

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.²²

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.²³ 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).²⁴ 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.”²⁵ The regulations set forth detailed, appropriate steps that each school must take when a student has unexcused absences. The 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.

The South Capitol Street Memorial Amendment Act of 2012 builds off the OSSE regulations and requires the schools to annually report on their truancy interventions (for example, how many students were sent to a student support team, a summary of the action plans and strategies implemented by the team, a summary of the common barriers to implementing the recommendations of the team). It will be extremely useful for DCPS, OSSE, the Council and community to have this detailed information about how the truancy-reduction process is working in each school. Without specific, additional resources allocated to student support teams and staff, I fear this data will show that the schools are not able to meaningfully intervene with many of the students and families who need their support. The Fiscal Impact Statement for the *South Capitol* bill found that the schools don’t have sufficient resources to even meet the pre-*South Capitol*

requirements for school-based student support teams. Just to bring DCPS into compliance with pre-*South Capitol* requirements would cost \$3.715 million. In order to meet the law's new record keeping and reporting requirements, DCPS will have an additional one-time cost of \$1 million for a new, consolidated data system.²⁶ If student support teams are the mechanism we chose to intervene when students are missing school, we need to be serious about funding them properly.

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.²⁷

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).²⁸ 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.²⁹

While truancy itself is a significant problem, it is symptomatic of a larger issue facing the District: lack of school engagement. Our schools over-reliance on exclusionary methods of school discipline (suspension and expulsion) lead to disengaged students who have a higher probability of falling behind in classes, dropping out of school and becoming caught up in the school-to-prison pipeline. We must all work together to create safe and welcoming learning environments for all students.

Recent Truancy-Reduction Initiatives

We are encouraged that Mayor Gray launched the Truancy Taskforce (co-chaired by De'Shawn Wright, Deputy Mayor for Education, and Zoe Bush, presiding judge of the Family Court of the District of Columbia Superior Court) to develop and implement initiatives to reduce truancy and promote school attendance. The pace of the taskforce's work has been rather slow and it's been difficult to get a complete sense of its direction and longer-term objectives.

The Taskforce has initiated several truancy-reduction pilots programs during the 2011-2012 school year. The Byer model is being used at Kramer and Johnson Middle Schools and served 14 students last year. The Byer Model, a nationally recognized program started by Judge Joan Byer in Louisville, Kentucky, 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.³⁰ 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).

The Case Management Partnership Initiative pilot was run at Anacostia and Ballou High Schools and served 34 students. The Healthy Families/Thriving Communities Collaboratives were involved as the community partners in both pilots. These two programs seem promising, but we

have been disappointed to see them only piloted on such a limited basis. We hope there will be outcome data from this year's pilots soon and, if they were successful, that the programs will be rapidly expanded.³¹ Though truancy reduction programs will save the District a great deal of money over time, there will be upfront costs associated with this expansion and I hope we can count on the Council to support expanded funding for these programs.

Conclusion

Schools, other government agencies and community providers, must offer programs and services that get at the root causes of truancy. Student support teams and case management are useful, but not sufficient. These teams need actual services to which to refer children and families. Rather than punish students for the symptoms they display, we must have enough highly trained professionals to work with children and families to uncover the deeper causes of their behavior and offer individually crafted solutions to get them back into the classroom. We encourage the Committee to request a list of all truancy-reduction programs being used in the schools and inquire as to whether or not they have been evaluated for success. Once successful programs have been identified, the District should swiftly expand these programs to all schools. A system of isolated pilots doesn't serve our children and families. We need a comprehensive, coordinated approach to school engagement which is easily understood by all stakeholders. We look forward to continuing to work with the Council and Administration on this issue. Thank you again for the opportunity to testify. I am happy to answer any questions.

¹Children's Law Center works to give every child in the District of Columbia a solid foundation of family, health and education. We are the largest provider of free legal services in the District and the only to focus on children. Our 80-person staff partners with local pro bono attorneys to serve more than 2,000 at-risk children each year. We use this expertise to advocate for changes in the District's laws, policies and programs. Learn more at 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 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).
- ⁴ In 2010, 30% of children in the District lived below the poverty line. DC Fiscal Policy Institute, *New Census Data Show that One in Five DC Residents Lived in Poverty in 2010* (September 22, 2011); the child poverty rate is 29.6% from 2006-2010. Annie E. Casey Foundation, Kids Count Data Center, District of Columbia Profile.
- ⁵ Embry Howell, Urban Institute, *Access to Children's Mental Health Services Under Medicaid and SCHIP 5* (2004).
- ⁶ Dennis R. Jones, Court Monitor, Report to the Court (*Dixon et al v. Gray*), Exit Criteria 5 at 7 (January 27, 2011).
- ⁷ Multi-Systemic Therapy is currently offered by one DMH certified provider. Family Functional Therapy and Parent Child Interaction Therapy are offered by two providers.
- ⁸ <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, Child Trends, *What Works for Parent Involvement Programs for Adolescents: Lessons from Experimental Evaluations of Social Interventions* (December 2009).
- ⁹ 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>.
- ¹⁰ <http://www.mstservices.com/>
- ¹¹ 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/>
- ¹² <http://www.incredibleyears.com>
- ¹³ U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, *Juvenile Justice Bulletin: The Incredible Years Training Series* (June 2000).
- ¹⁴ DMH website, Children, Youth and Family Services, School-base Mental Health Program. <http://dmh.dc.gov/dmh/cwp/view,a,3,q,515889,dmhNav,|31250|.asp>
- ¹⁵ DC Student Assessment and Resilience Team (DC START). <http://dpr.dc.gov/DME/Publication%20Files/Evidence-Based%20Pilot%20Programs/DC%20START/Learn%20More.pdf>
- ¹⁶ DCPS, Office of Special Education, Evidence-based Treatment and Practice, Powerpoint presentation (May 2012).
- ¹⁷ 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).
- ¹⁸ 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).
- ¹⁹ 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.
- ²⁰ 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).
- ²¹ D.C. Council Bill 18-529.
- ²² 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).
- ²³ National Center for Mental Health Promotion and Youth Violence Prevention, *Issue Brief: Truancy Prevention*, www.promoteprevent.org/publications/prevention-briefs/truancy-prevention.
- ²⁴ 5 D.C.M.R A-21
- ²⁵ 5 D.C.M.R. A-2103.2
- ²⁶ Natwar M. Gandhi, Chief Financial Officer, *Fiscal Impact Statement – South Capitol Street Memorial Amendment Act of 2012* (March 5, 2012).
- ²⁷ 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>

²⁸ 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

²⁹ Maryland Department of Legislative Services Office of Policy Analysis, *Approaches to Solving the Problem of Truancy 12* (October 2008).

³⁰ 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).

³¹ The Urban Institute's District of Columbia Crime Policy Institute has released a draft interim evaluation of the Case Management pilot at the two high schools. It found that it seems very likely that providing assessments, case management, referrals and services improved the well-being of the families served through the program. However, the "attendance numbers reviewed to date from DCPS for the entire group of participants are not encouraging that the program has led to dramatic changes in school attendance for the students." Akiva Liberman et al, District of Columbia Crime Policy Institute, Urban Institute, *Interim Evaluation Report of the Pilot Program of the Truancy Case Management Partnership Intervention 17* (April 2012).