Session A

Truancy and Absenteeism: Creating a Plan for School/Agency Collaboration

LEA INSTITUTE: IT TAKES A CITY

Bridging LEAs to Resources for Enhanced Student Outcomes
• The Department of Behavioral Health provides access to the Public Mental Health System.

• **The Department of Behavioral Health is responsible for helping people recover from mental health and substance use disorders to build healthy communities.**

• We work to make our services easy to access by calling just one number 24 hours a day 1-888-7WE-HELP or 1-888-793-4357. You can talk with a counselor who can help you choose a provider that meets your needs.

• We have certified more than 50 mental health and substance use disorder providers located across the District and work to make sure that people receive the best possible treatment and support.

• We offer a range of services based on individual need that includes emergency assistance, counseling, medication assisted treatment, detoxification, and life skills support. More than 30,000 people were served last year.

• We also have teams of mental health clinicians who will go to the home, school or community locations to help children and adults in crisis who can’t or won’t go to an emergency department.
Direct and/or indirect services provided to students and families:

- A range of treatment and support services for children, youth and their families are available, including specialized evidence-based practices for youth and families recovering from trauma, emergency care and ongoing treatment primarily through certified, community based mental health providers.

- Ongoing treatment includes individual, group, and family counseling, diagnostic assessment, medication management, and family support.

- In addition, community based providers are certified to provide substance use disorder treatment.
Key initiatives that support students, families, and educators:

- School Mental Health Program (SMHP)
- Primary Project
- Healthy Futures Program
- High Fidelity Wraparound
- Psychiatric Residential Treatment Unit
- Juvenile Behavioral Diversion Program (JBDP)
- DC Mental Health Access in Pediatrics (DC MAP)
- (PIECE) Early Childhood Intervention and Treatment Services
- Psychiatric Practice Group
- Co-Located Partnerships
- The Assessment Center
- ChAMPS (Child and Adolescent Psychiatric Service)
- Web-based Behavioral Health Trainings for School and Child Development Center Staff
DBH/School Mental Health Program Clinicians collaborate specifically around truancy and absenteeism:

- Member of Attendance Committee
- Member of SST/RTI Teams
- Telephone Calls/Outreach to parents/guardians of students on clinician’s caseload
- Partnership with teacher, dean, truancy staff, mental health team
- Collaboration and Home Visits with Administration, Attendance Coordinator/Counselor, School Social Worker
- Participate in Family Team Meetings
- Participate in Planning and Implementation of School’s Attendance Incentive Programs
- Truancy Reports
- Restorative Justice Circles to prevent suspensions
What do you see as necessary for effective partnerships?

- Understanding of scope, role, and resources of partner
- Clear and agreed upon operations and procedures for the partnership
- Goals
- Objectives
- Obligations
- Responsibilities
- Data Sharing
- Confidentiality
- Problem-solving Contact and Process
DC ReEngagement Center

• **Who do we serve?**
  ✓ District youth (ages 16 to 24) who dropped out of school and who have not yet attained a high school diploma/GED

• **What do we do?**
  ✓ Conduct targeted outreach; accept referrals and walk-ins
  ✓ Assessment of academic and non-academic needs
  ✓ Refer to good-fit options towards attaining HS Diploma/GED
  ✓ Support re-enrollment process
  ✓ Provide ongoing support for at least one year post-enrollment (including connection to non-academic services to support academic success)

• **Where are we located?**
  ✓ Co-located at DOES Headquarters – well-known by youth, in high-needs neighborhood, train/bus accessible, access to work-preparation/placement services
  ✓ Backontrackdc.com
  ✓ Developing partnerships for co-location of re-engagement services throughout the city
School Partnership

- District of Columbia Public Schools’ Student Placement Office
- DCPS Adult/Alternative Schools
- Adult/Alternative Public Charter Schools
- Community Based Adult Education Providers
Partnership around education takes partnership with social service agencies:

- **Department of Employment Services (DOES)**
  - Employment recruitment events.
  - Job skills training.

- **Department of Human Services (DHS)**
  - Specialists screen youth for benefits eligibility and collect all required documentation.

- **Department of Behavioral Health (DBH)**
  - Reengagement Specialists screen youth for mental health/substance abuse barriers and make referrals to DBH.

- **District Department of Transportation (DDOT)**
  - Specialists can order DC1 Cards for those students who qualify under the “Kids Ride Free” program.

- **OSSE Division of Early Childhood Education (ECE)**
  - Specialists can determine eligibility and provide child care vouchers directly to youth.
CONTACT US:

✓ **WALK-IN:** Monday – Friday from 9:00 a.m. – 4:00 p.m. (DOES)
   4058 Minnesota Avenue, NE 2nd Floor, Washington, DC 20018

✓ **WEBSITE:** Backontrackdc.com

✓ **CALL US:** 202-671-2539

✓ **IN THE COMMUNITY:** Virginia Williams, DC General, Columbia Heights (LAYC), Sasha Bruce Drop-In Center

✓ **FOLLOW US:** @dcreengagement
  - Instagram
  - Facebook
  - Twitter
The Department of Health Care Finance (DHCF) administers DC Medicaid, DC Health Care Alliance, and the Immigrant Children's program.

**Division of Children’s Health Services** is responsible for the development, implementation, and monitoring of policies, benefits and practices for children’s health care services, including Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services benefit, the Children’s Health Insurance Program (CHIP), and the Immigrant Children’s Program.
EPSDT is the pediatric component of the Medicaid Program and has 3 major components:

- **Access**: Inform families of the EPSDT benefit and services their children are entitled to and provide assistance so that children can receive the services they need

- **Screenings and Education**
  - Assessments (and documentation) of physical, developmental and behavioral health in pediatric primary care visits (regular and as-needed)
  - Health education and counseling to parents
  - Assistance in understanding developmental phases of child’s life
  - Information about benefits of health lifestyles and practices

- **Diagnosis and Treatment**
  - When screenings/visits uncover health concerns, EPSDT requires coverage of services needed to diagnose and treat the concerns
  - Medically necessary services must be covered as long as they fall in the federal categories of Medicaid services, and regardless of whether they are in the individual State’s Medicaid Plan
Primary functions to support students & families enrolled in Medicaid

- Inform families of the EPSDT benefit and services their children are entitled to and provide assistance so that children can receive the services they need
- Process TEFRA/Katie Beckett application and renewals
- Medicaid beneficiary travel authorizations and assistance
- Liaison with Ombudsman on access/coverage issues
- Process interpreter requests
Current collaborations with schools:

- **School Health Requirements Interagency Committee**
  - Representation by OSSE, DCPS, DOH & DHCF
  - MOA between DOH, DCPS & DHCF to coordinate and share data to identify disparities in the utilization of EPSDT services, including preventive dental services, well-child visits and associated screenings for children attending DCPS
  - Meets quarterly to discuss how each agency is using the data to drive programmatic and policy change as well as discuss how we can better collaborate to ensure children are accessing the care they need

- **Free Care Rule Working Group**
  - Representation by OSEE, Charter Schools, DCPS, DBH, DOH, DME & DHCF
  - Purpose: to define the current landscape of health care service delivery in schools, and help operationalize the policies needed across the District’s health and education agencies in order to implement the expansion of Medicaid reimbursement for school-based services
Presenter may choose to answer any of the following questions:

1. What is your agency’s primary function?
2. What direct and/or indirect services do you provide to students and families?
3. Please describe some of your key initiatives that support students, families, and educators.
4. How do you currently collaborate with schools?
5. What do you see as necessary for effective partnerships?
6. What ideas do you have for future collaboration?
7. Who should schools contact if they have additional questions or need resources?
Truancy (and Chronic Absenteeism) Taskforce

• Participants:
  – Health, education and justice agencies
  – LEAs (DCPS & PCS)
  – Non-profit Partners
  – DC Council

• Goals:
  – Reduce chronic absenteeism and truancy by crafting and implementing a coordinated, data-driven citywide strategy

• Approach:
  – Bi-monthly meetings
  – Measure, Monitor, Act
Sample I: Measure

SY2015-16

• 21.28% of students were truant.

• 26.11% of students were chronically absent.
Sample II: Measure

Severity of Chronic Absence for All Students

- Profound Chronic Absence (missed 30%+)
- Severe Chronic Absence (missed 20% - 29.99%)
- Moderate Chronic Absence (missed 10% - 19.99%)
- At-Risk Attendance (missed 5% - 9.99%)
- Satisfactory Attendance (missed <5%)
<table>
<thead>
<tr>
<th>Phase</th>
<th>Activity</th>
<th>Taskforce</th>
<th>Steering</th>
<th>Policy</th>
<th>Data</th>
<th>Program</th>
<th>Timeline</th>
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<tbody>
<tr>
<td><strong>Sample: Monitor</strong></td>
<td><strong>Adopt Citywide Plan for Action</strong></td>
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<td>Identify role of public partners</td>
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<td>Set clear Taskforce &amp; partner goals/targets</td>
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<td><strong>Identify Best Practices</strong></td>
<td>Compile best practices</td>
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<td>Identify high/low cost interventions</td>
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<td><strong>Evaluate Investments</strong></td>
<td>Map current investments</td>
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<td>Identify data questions/analyses</td>
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<td>Collect and analyze impact data</td>
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<td><strong>Align Current Policy</strong></td>
<td>Make changes to code and regs</td>
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<td>Develop guidance</td>
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<td><strong>Align Data Collection</strong></td>
<td>Develop a data plan</td>
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<td>Align quarterly/annual reporting</td>
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<td><strong>Compare Investments</strong></td>
<td>Identify misalignment/inefficiencies</td>
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Sample: Act (2015-2016 Year in Review)

- Mapped truancy policy challenge dependencies (code, practice, regs)
- Researched model LEA system for addressing absenteeism
- Adopted a citywide “plan” by agency role to address absenteeism
- Inventoried current investments in addressing truancy
- Coordinated Attendance Awareness Month (Sept. 2015)
- Drafted Truancy Taskforce Strategic Plan
- Developed Truancy Taskforce Data Plan
- Adopted common methodology for calculating truancy across sectors
- Reported quarterly on Attendance Accountability Amendment Act
- Informed School Attendance Clarification Amendment Act of 2016
- Hosted a Design Challenge engaging youth, educators, and agencies
- Attended National Conference as a state team
Looking Forward

• Every Day Counts! Campaign

• Attendance.dc.gov
  – LEA resource subpage

• Attendance Design Challenge II

Contact

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Aurora.Steinle@dc.gov
202-727-2502
## Future: SY15 - 17 Strategic Plan Update

<table>
<thead>
<tr>
<th>Phase</th>
<th>Activity</th>
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<td><strong>Advancing</strong></td>
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<td>Select and onboard student reps</td>
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<td>Develop timeline for Ed Stat</td>
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<td>Revisit codes/regs to match evidence</td>
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<td>Improve agency data sharing</td>
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<td><strong>Expand Attendance.dc.gov</strong></td>
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<td>Expand resources → LEAS/families</td>
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<td>Increase site usage + comms</td>
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<td><strong>Increase Community Outreach</strong></td>
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<td>Add new campaign elements</td>
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<td>Continue building evidence base</td>
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<td>Build support for effective strategies</td>
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Deep Dive Process

1) Move to designated area in the room, where a group leader and note taker will be identified for each group.

2) Groups will have a facilitated discussion to consider the critical questions posed (30 mins).

3) The group leader will help the group summarize its big three ideas on chart paper (15 mins).

4) Group leaders will report out (15 mins).
For questions about the LEA Institute Series, please contact: OSSE.TTA@dc.gov