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

OSSE

LEA INSTITUTE: IT TAKES A CITY

Bridging LEAs to Resources for Enhanced Student Outcomes

Addie Lowenstein, 7th Grade, DC International School

Department of Behavioral Health

- 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.

Department of Behavioral Health

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

Department of Behavioral Health

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

DC ReEngagement Center

- School Partnership
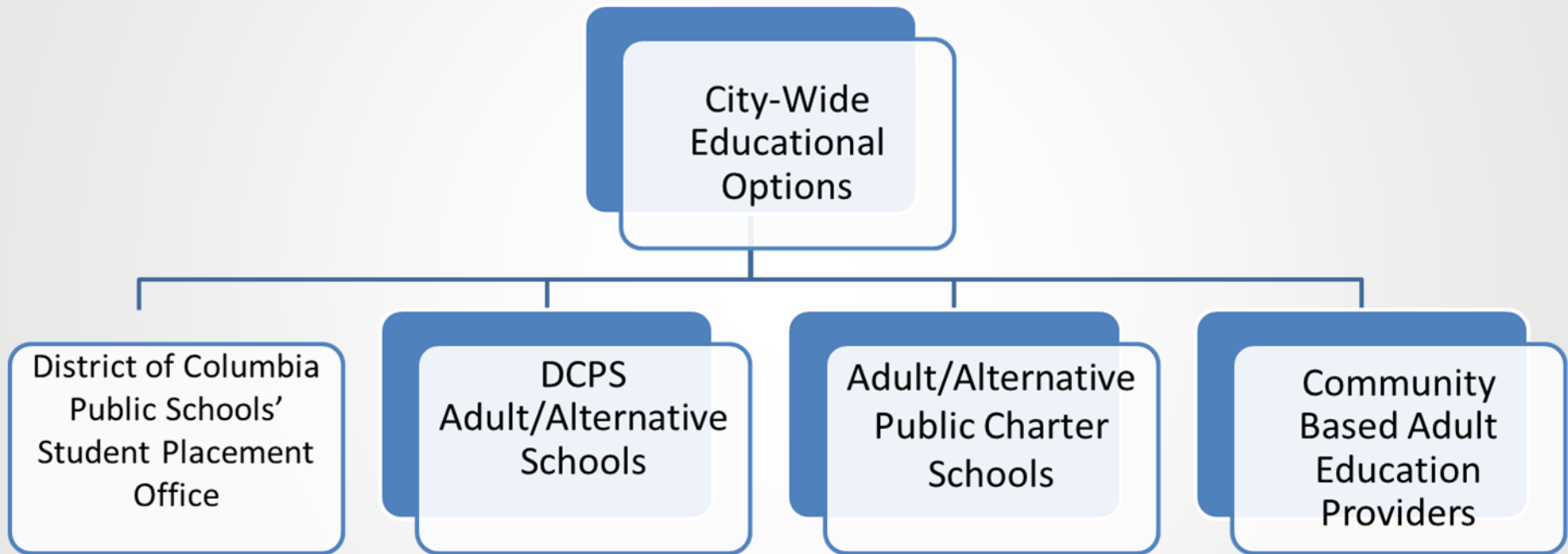
DC Reengagement Center

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:

✓ <u>WALK-IN</u>: Monday – Friday from 9:00 a.m. – 4:00 p.m. (DOES)

   4058 Minnesota Avenue, NE 2nd Floor, Washington, DC 20018

✓ <u>WEBSITE</u>: Backontrackdc.com

✓ <u>CALL US</u>: 202-671-2539

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

✓ <u>FOLLOW US</u>: @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

DHCF Division of Children's Health Services

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 to 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

Child and Family Services Agency

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?

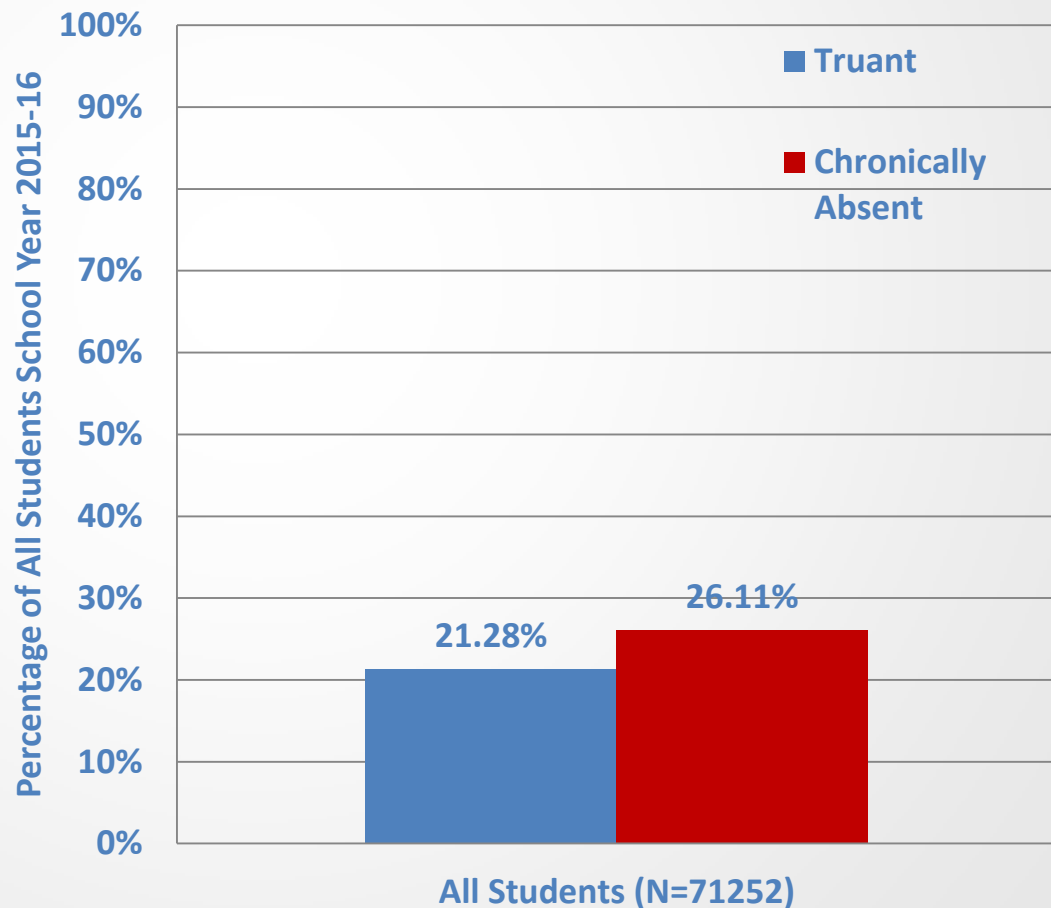## Truancy (and Chronic Absenteeism) Taskforce

- 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
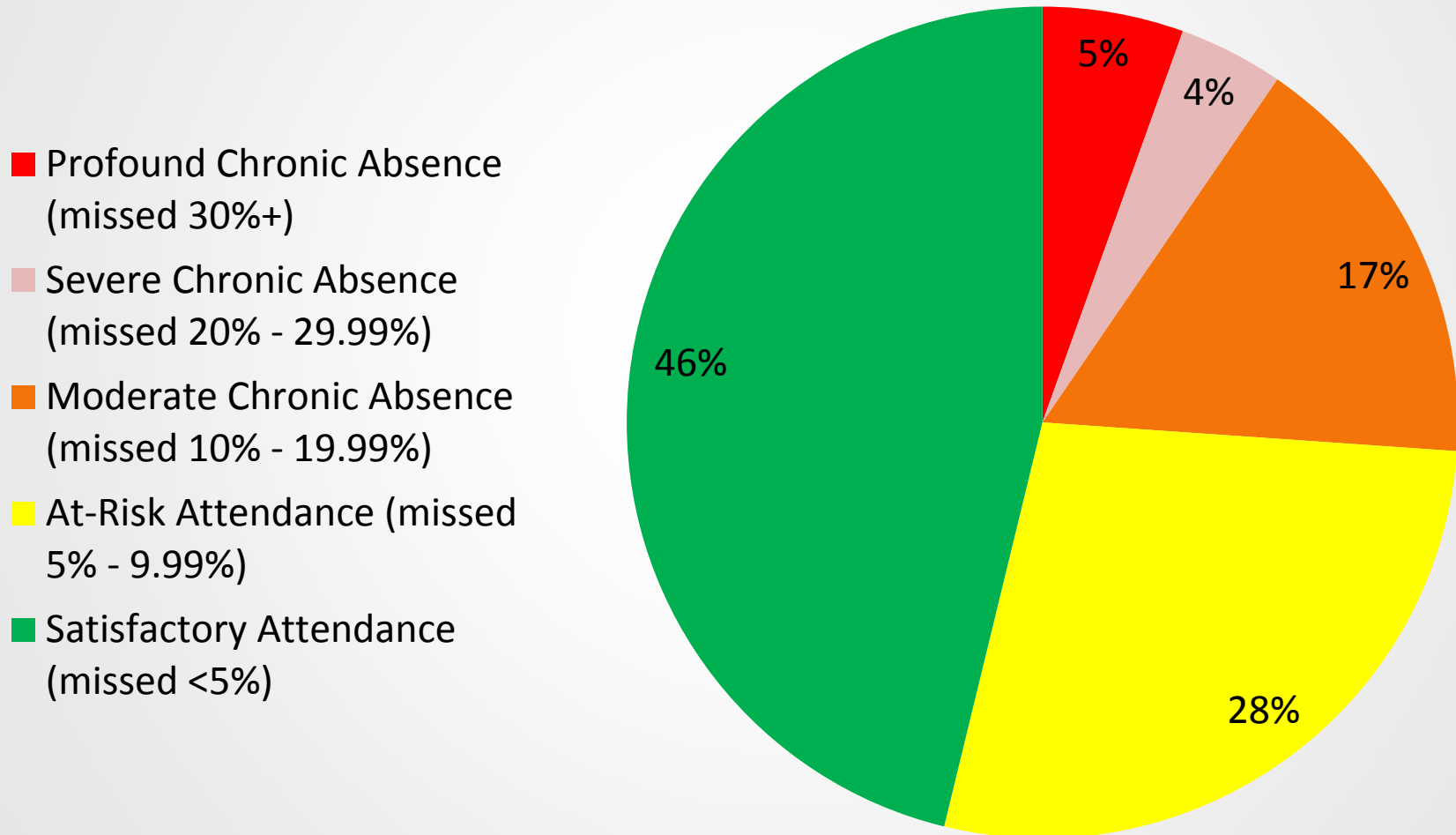 - Measure, Monitor, Act

Sample I: Measure

SY2015-16

- **21.28%** of students were truant.

- **26.11%** of students were chronically absent.

Truancy and Chronic Absenteeism, All Students

Percentage of All Students School Year 2015-16

- ■ Truant
- ■ Chronically Absent

21.28%   26.11%

All Students (N=71252)

Sample II: Measure
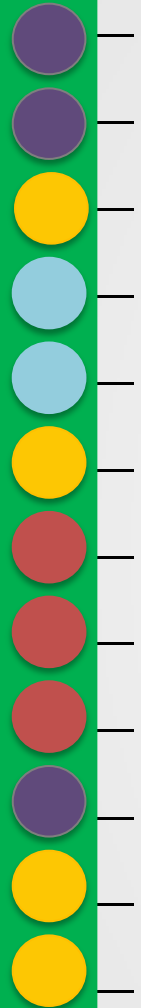
Severity of Chronic Absence for All Students

- 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%)

5%
4%
17%
28%
46%

Sample: Monitor

Phase	Activity	Taskforce	Steering	Policy	Data	Program	Timeline
Understanding What Works	**Adopt Citywide Plan for Action**						
	Identify role of public partners	X					Nov. 2015
	Set clear Taskforce & partner goals/targets	X	X				Dec. 2015
	Identify Best Practices						
	Compile best practices			X			Dec. 2015
	Identify high/low cost interventions			X			Jan. 2016
	Evaluate Investments						
	Map current investments					X	Nov. 2015
	Identify data questions/analyses			X	X		Nov. 2015
	Collect and analyze impact data				X	X	Jan. 2016
Aligning to What Works	**Align Current Policy**						
	Make changes to code and regs			X			June 2016
	Develop guidance			X			June 2016
	Align Data Collection						
	Develop a data plan			X	X		Jan. 2016
	Align quarterly/annual reporting				X		Mar. 2016
	Set business rules around metrics				X		Jun. 2016
	Compare Investments						
	Identify misalignment/inefficiencies			X			Feb. 2016

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

Taskforce/Steering Cmte   **Policy Cmte**   **Data Cmte**   **Program Cmte**

20

Looking Forward

- Every Day Counts! Campaign

- Attendance.dc.gov

  – LEA resource subpage

- Attendance Design Challenge II

Contact

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202-727-2502

Future: SY15 - 17 Strategic Plan Update

Phase	Activity	Taskforce	Steering	Policy	Data	Program	Timeline
Advancing	**Advance Citywide Planning**						
	Identify agency/entity strategies	X					Jan. 2017
	Plan FY18 budget needed		X				Mar. 2017
	Incorporate Youth Input						
	Select and onboard student reps		X				Nov. 2016
	Identify opps for youth input		X				Jan. 2017
	Support Design Challenge II					X	Mar. 2017
	Align Agency Work						
	Incorporate attend. in new work			X			Mar. 2017
	Identify existing opportunities			X			Mar. 2017
	Provide guidance where needed			X			Mar. 2017
Improving	**Strengthen Strategic Use of Data**						
	Develop timeline for Ed Stat			X	X		Jan. 2017
	Revisit codes/regs to match evidence			X			Apr. 2017
	Improve agency data sharing				X		June 2017
	Expand Attendance.dc.gov						
	Expand resources → LEAS/families			X			Apr. 2017
	Increase site usage + comms					X	June 2017
	Increase Community Outreach						
	Add new campaign elements					X	June 2017
Scaling	**Focus on Evidence**						
	Continue building evidence base			X	X		Dec. 2017
	Build support for effective strategies			X			Dec. 2017
	Comm./Implement Best Practices						
	Share practices w/ practitioners					X	Dec. 2017
	Plan FY19 budget support		X				Dec. 2017

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