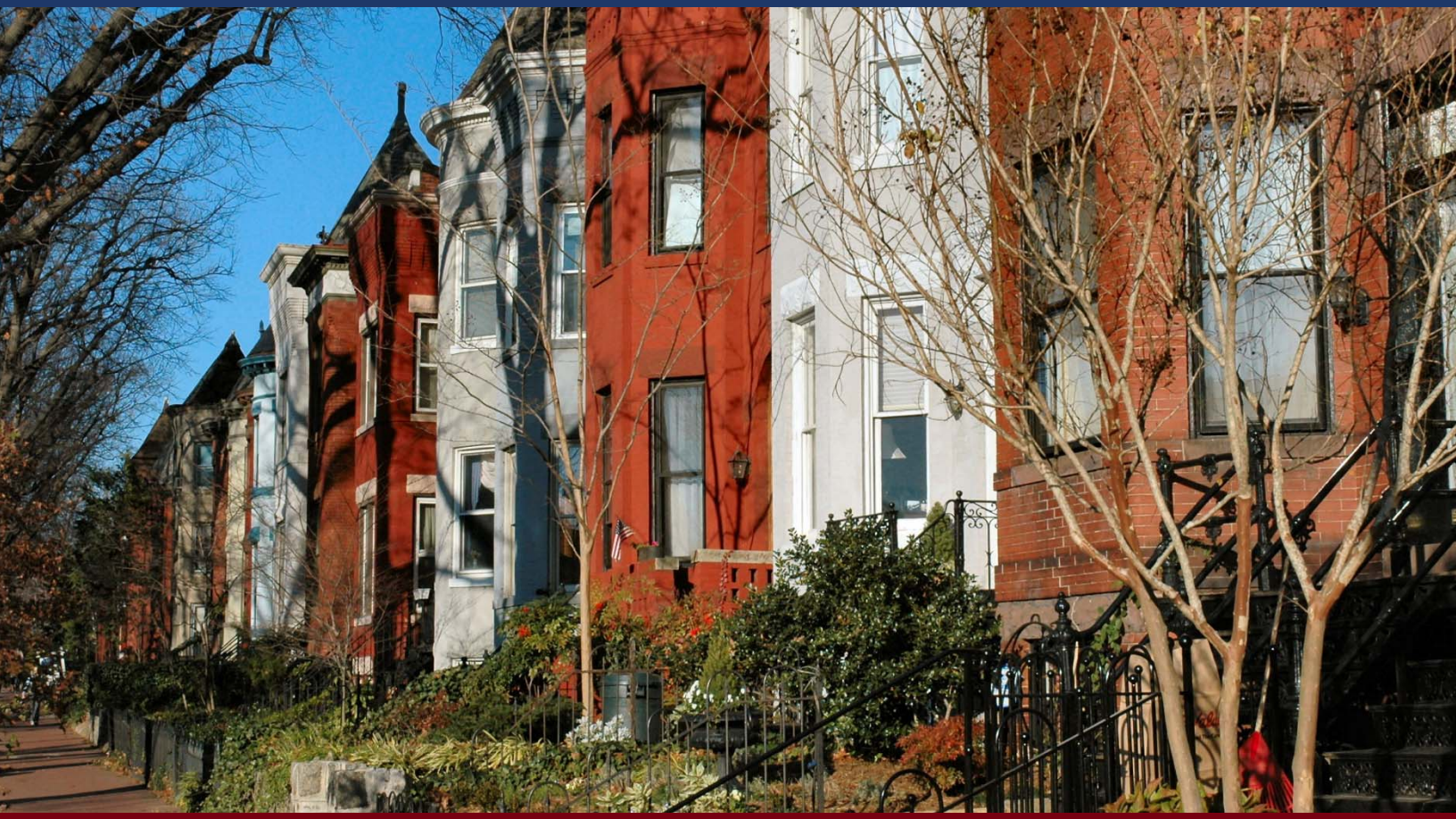
Evaluation of the Pilot Program of the Truancy Case Management Partnership Initiative in the District of Columbia, 2011–12



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September 2012

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This project was supported by Grant No. 2009-JAGR-1114 awarded by the Justice Grants Administration, Executive Office of the Mayor, District of Columbia. The funding provided for this grant was awarded to the Justice Grants Administration through the Byrne Justice Assistance Act Grant Program, through the American Recovery and Reinvestment Act, by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the SMART Office, and the Office for Victims of Crime. Points of view or opinions in this document are those of the author and do not represent the official position or policies of the United States Department of Justice or the District of Columbia Executive Office of the Mayor.

Executive Summary

The District of Columbia Public Schools (DCPS) Case Management Partnership Initiative (CMPI) is a truancy intervention program that aims to reduce truancy by linking truants and their families to services and case management. The intervention's underlying assumption is that truancy is not merely a reflection of the individual student, but is often rooted in the family and family needs. The expectation, therefore, is that providing services to address family needs and improve family well-being can be an effective way to reduce truancy.

Improvements in family well-being are interim outcomes for the program, which are in turn expected to reduce truancy. At the same time, the program may prevent the need for formal referrals to the District's Child and Family Services Agency (CFSA). As a result, for DCPS the program is an intervention to stop existing truant behaviors, whereas for CFSA the program may also prevent the need for formal referrals to the agency.

Under the leadership of the Interagency Truancy Task Force, the CMPI is a partnership among DCPS, CFSA, and the District's Healthy Families/Thriving Communities Collaboratives. Because ninth grade seems to be a pivotal year, the program was launched with ninth-grade students who were identified based on the prior year's attendance. During the fall of the 2011–12 school year, a CMPI pilot was launched at Anacostia and Ballou High Schools, which have the two highest truancy rates in DCPS.

The key strategy of the program is the *linkage* of youth and families to a stream of available services. For new ninth graders and their families, the Far Southeast Family Strengthening Collaborative (FSFSC) provided case management including assessment, services, and referrals. For participants who were repeating the ninth grade, case management was provided via school attendance counselors.

A key program component to promote integrated service delivery is the holding of weekly case management meetings among interagency partners to review and discuss participant needs, barriers, services, and progress.

This evaluation is focused on implementation of the program. It also examines family needs, services received, and the school attendance of program participants. Key findings indicate both significant implementation successes as well as challenges for the program to substantially reduce truancy rates. Key implementation findings include the following:

- The CMPI interagency partnership has been effective in creating the service linkage intended for the participating students and families.
- The linkage model seems to be working as intended to link the families of chronic truants with services through the existing stream of community referrals to FSFSC.
- The families that are participating have substantial needs, validating the strategy of linking them to available services.

- Family well-being is likely to show the same improvements that can be expected for other community cases referred to FSFSC.

Nonetheless, there is little evidence to suggest that the pilot program was able to convert those intermediate outcome gains into reduced truancy. The program has promising aspects, but warrants modification, enhancement, and further experimentation. Among many possible modifications that might strengthen the program, this evaluation suggests several for consideration.

- The program may be starting too late to improve the chances for improved attendance in ninth grade, and may need to start months to a year earlier.

- The program may want to explore modifications to its eligibility criteria. This may involve additional assessments to identify key drivers of truancy before participation in the program, exploring full attendance histories (rather than prior year only), and/or targeting the program to students with a narrower range of prior truancy. Other student and family characteristics, such as academic need and performance, may also be incorporated into existing criteria.

- The linkage model may not be addressing all of the key drivers of the students' chronic truancy. Although broad, the services are not comprehensive. For example, the program does not directly address academic issues that may drive truancy and the existing partnership does not include mental health providers. Additional program components may be beneficial.

- Schools with very poor attendance norms may provide a difficult context for developing and testing a program that primarily addresses family-based barriers to attendance.

In sum, the successes of the CMPI to date in creating a working interagency partnership and linking family needs to services seem worthwhile in their own right. The CMPI also seems a worthwhile model for additional program experimentation to simultaneously reduce truancy while delivering services to families in need in order to reduce chronic truancy.

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I. Introduction

The District of Columbia Crime Policy Institute (DCPI) at the Urban Institute is conducting a process evaluation of the Case Management Partnership Initiative (CMPI), a truancy reduction program launched at Anacostia and Ballou High Schools in the District of Columbia at the end of the summer before the 2011–12 school year. The purpose of the evaluation is to support the District of Columbia Public Schools' (DCPS) and the Interagency Truancy Task Force's (ITTF) decisionmaking on truancy, with direct implications for the continued implementation, expansion, and development of truancy-related programs and policies.

The CMPI takes a family-centered approach to addressing chronic truancy among both repeating and new ninth graders, with candidates for the program identified based on their attendance record in the prior academic year. Intensive case management services are provided by school attendance counselors and family support workers from the Far Southeast Family Strengthening Collaborative (FSFSC), a key program partner. The CMPI essentially links chronic truants and their families to the services and case management provided to FSFSC clients. Weekly case management meetings attended by DCPS and FSFSC staff and other program partners are used to coordinate services, review client progress, and discuss barriers for particular cases.

The pilot intervention involves collaborations between DCPS and other agencies. The evaluation will inform the ITTF and DCPS concerning the potential of the CMPI to effectively leverage resources with community-based agencies to combat truancy.

Evaluation Questions

The CMPI was launched in August 2011, in a pilot project involving a small number of students. As a new pilot program, the CMPI can be expected to encounter challenges and be adapted. Thus, it is premature to evaluate whether it "works"; rather, the process evaluation is focused on implementation issues. (The small number of students participating in the pilot program also precludes an evaluation of program impact.) The goal of the evaluation is to gauge the potential for an expanded CMPI to reduce truancy. If the program appears to show such potential, and to have worked through initial implementation challenges, then the next step would be to replicate the program on a larger scale and conduct an outcome evaluation.

This evaluation is focused on program implementation and involves documenting and assessing the implementation of the intervention, including challenges encountered and solutions and adjustments made through mid-March 2012, just past the midpoint of the school year. Key questions for the evaluation are the following:

- What is the understanding of key program stakeholders concerning key program components, outputs, and outcomes? What is the program's underlying logic model?
- What does the CMPI intervention entail? What activities have taken place as part of the CMPI? What adaptations have been made to the program during this pilot phase?
- How successful has interagency coordination been for the program?

- What challenges have been encountered in implementing the truancy initiative and how have they been overcome?

The evaluation team has also developed a program logic model, which is presented in the Program Design section.

Evaluation Activities

Initial discussion with DCPI about the evaluation began in August 2011, at about the time the program was starting. However, DCPI was not present at early discussions of the program by the ITTF or its Steering Committee and for some time after the program's start.

The CMPI process evaluation involved a number of different activities. Most of the information regarding the program model and its day-to-day operations came from the following sources:

- Observations of the weekly case management meetings, where program partners discussed the progress of different clients
- Extensive discussions and one-on-one interviews with program partners
- Collection and review of existing program materials

The case management meetings were an invaluable source of information about the actual program operation, the challenges encountered by the program implementers, and the solutions they developed to address those challenges. In February 2012, DCPI was invited to facilitate a session at the weekly case management meeting that allowed program partners to reflect on their progress, challenges, and successes to date. That session was also a vital source of information about the program.

Interviews with program partners began in November 2011 and are ongoing. Ten interviews have been conducted with various stakeholders and program implementers, including participants from both the education and human services sides of this initiative, as well as other key SC stakeholders.

Program materials reviewed include documents that outlined discussions about the program design and intention, as well as forms used for data collection and client intake. The program was started quickly, without manuals or other extensive formal documentation.

In addition, the evaluation team attended several meetings of the ITTF, its Steering Committee, and other related events, and visited the truancy docket of the Family Court to put the current effort in the larger context of truancy prevention and intervention in the District of Columbia.

Finally, the report uses data obtained from FSFSC and the Healthy Families/Thriving Communities Collaborative Council (HFTCCC) on the needs of participating students and families and services provided through the CMPI.

II. Program Design

Before turning to the implementation of the program in Section III, this report first summarizes the basic design and intent of the program, starting with the philosophy and logic underlying the program, its basic strategy, and its key outcomes.

Philosophy and Logic of the CMPI

The key assumption concerns causes of chronic truancy. The CMPI assumes that truancy is not merely a reflection of the individual student, but that it is often rooted in family circumstances, and that family human service needs in many domains (e.g., child care, mental health, substance use, unemployment, poverty) can all generate barriers to school attendance. Therefore, the CMPI is based on the belief that successfully addressing chronic truancy requires a holistic, family-based approach to intervention.

Addressing the needs of the participating students and families is thus expected to improve other family and student outcomes in addition to truancy. Providing services to the families of chronic truants can therefore provide the entry point for intervention with family issues that, left unaddressed, might lead to formal involvement of the District's Child and Family Services Agency (CFSA) and/or removal of the child from the home. Chronic truancy is often part of a negative progression toward worse outcomes, and failure to intervene may lead to future juvenile justice and criminal justice involvement.

Finally, the CMPI is based on an understanding that interagency partnership and collaboration, especially between education and human services, but also with other related agencies, is the key to successfully addressing truancy together with other family needs. That is, schools cannot address truancy problems alone, and the coordination between human services and schools may also help to address other family needs. Sharing data is understood to be one key aspect of such coordination.

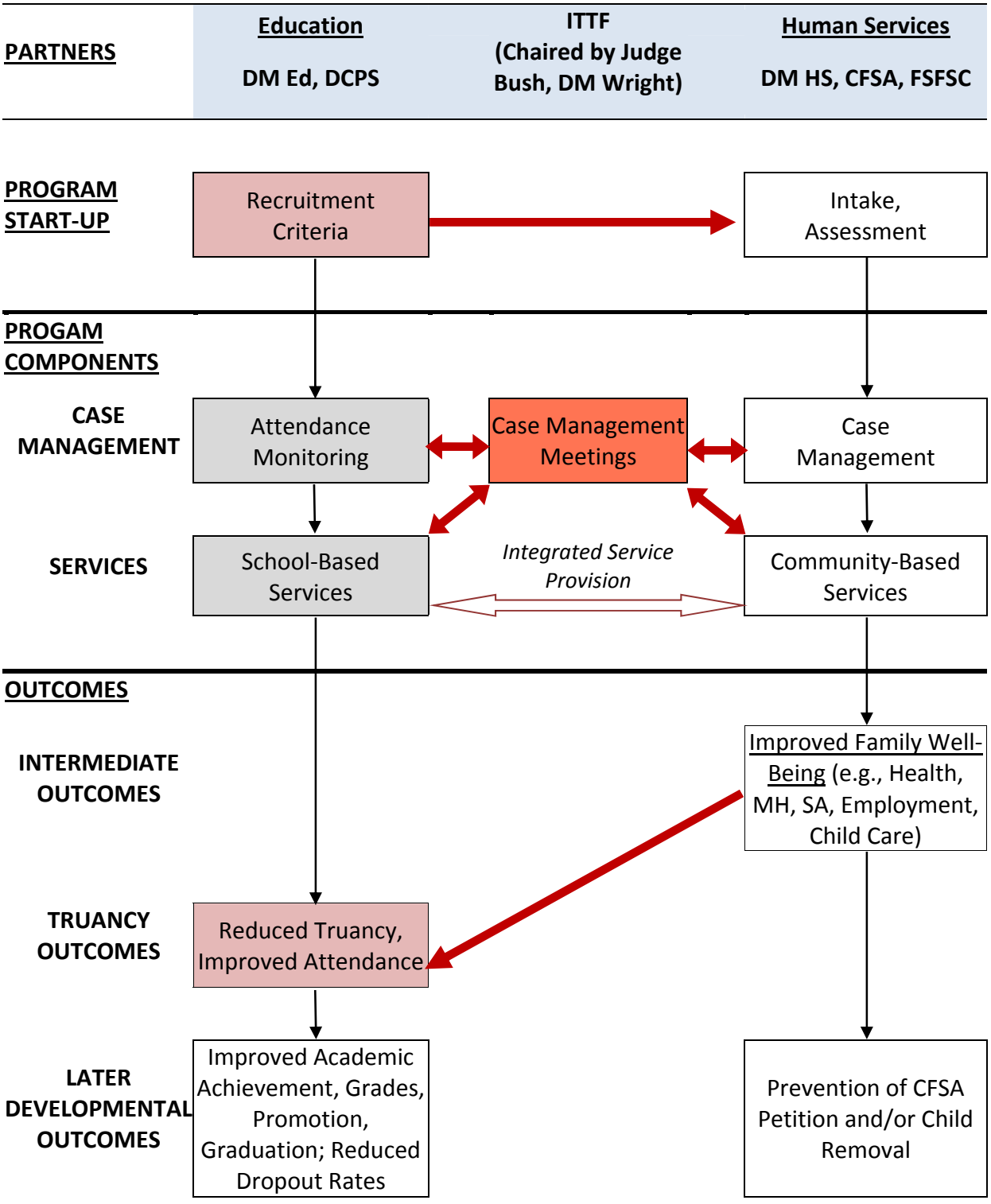
Strategy

The main strategy of the CMPI is to connect the families of chronic truants with the referral stream of human service cases that are served by the HFTCCC without (or to prevent) formal CFSA cases. In this pilot effort, the partnering collaborative involves the FSFSC.

The pilot program involves ninth graders who were chronically truant in the previous school year. Although the pilot program involved both new and repeating ninth graders, the program's strategy was most clearly exemplified with the new ninth graders. The program was implemented somewhat differently for repeating ninth graders; that difference is discussed in the Implementation section of this report.

Figure 1 outlines the logic of the CMPI pilot program. The key approach is establishing cross-agency linkages between DCPS and FSFSC.

Figure 1. CMPI Truancy Intervention Logic Model



Note: Thick red arrows indicate linkages that are new to the CMPI initiative; gray program components were already in place in DCPS. In the table, MH stands for mental health and SA for substance abuse.

At program start-up, DCPS identifies chronic truants who are deemed eligible for the program. They are referred to FSFSC for voluntary participation in the program. Families that consent to participate receive FSFSC's intake, assessment, service referrals, and case management, as with other community referral cases served by FSFSC.[1] In many ways, the truancy program operated as an alternate source of referrals to FSFSC.

Case management is provided primarily by FSFSC family support workers. The intake process is the standard intake process used by all collaboratives under the HFTCCC in the District of Columbia. It involves completion of a demographic form, an intake form, a Family Assessment Form (FAF) to identify service needs, and a Family Development Plan (FDP) that outlines the family's goals and the requirements of the truancy initiative. Within 30 days, family support workers complete assessments for each participating family, and the FAF and FDP are revisited at least once every 90 days to update and evaluate progress toward family goals. The plans and assistance for each family are unique in order to address each family's individual needs.

A key feature of the CMPI is regular case management meetings, including attendance counselors and family support workers, to provide coordination among participating agencies on individual cases. This coordination involves sharing information about attendance, service needs, and progress toward resolving them, concerning both the student and the family. This discussion then informs future efforts to manage the case, provide school-based and community-based services, and improve attendance.

These meetings also provide the opportunity for regular monitoring of the program, and are attended by management from DCPS, CFSA, and FSFSC, as well as the offices of the Deputy Mayors for Education and Human Services. For the pilot program, these meetings also serve as the key forum for identifying problems with the program and making any necessary modifications.

Finally, the collaborative work between DCPS and FSFSC staff is expected to lead to more integrated service delivery across agencies.

Outcomes

The logic model also illustrates the anticipated relationship between program components and outcomes. The community-based services and case management elements of the initiative are expected to improve family well-being and reduce key drivers of truancy. This, in turn, is expected to improve school attendance. Over the longer term, the improvements in family well-being are anticipated to prevent the need for formal CFSA involvement and for removing the child from the home. At the same time, improved attendance is anticipated to lead to reduced dropout rates and to better academic outcomes, including improved grades, grade promotion, and graduation.

Interagency partnership is critical to this pilot program. The holistic understanding of child and family needs helps multiple agencies cut across interagency barriers and work to share resources toward common goals of improved family and child outcomes. Yet it is also important to consider these

[1] FSFSC serves both cases referred through the community, which attempt to prevent official CFSA involvement with the family, and cases referred directly from CFSA because of open CFSA cases.

outcomes from the perspective of different stakeholders. For DCPS, the primary outcome of the CMPI is reduced truancy and improved attendance and associated academic outcomes.

From the perspective of human services partners, the essence of the program is to add the families of chronic truants to FSFSC's stream of incoming community referrals. These families then receive essentially the standard set of assessments, home visits, referrals, and case management as other families, along with some additional monitoring of school attendance and performance. For families with service needs concerning health, mental health, substance abuse, unemployment, financial stability, child care, and related issues, the typical primary outcomes are progress in these domains.

From a holistic perspective on child development and family well-being, decreased truancy may not be the most important short-term outcome. Intervening with families in crisis, interrupting destructive family dynamics, addressing mental health and substance abuse issues through services and referrals, stabilizing housing, and addressing other related issues may often be more critical and immediately important. Moreover, addressing such issues is taken as the prerequisite for successfully addressing truancy.

Note, also, that if family-based human service needs are the primary drivers of truancy for many of the program's chronic truants, then significant improvement in truancy reduction will depend on progress in improving family well-being. If so, improvement in family outcomes may be larger than any accompanying improvements in truancy.

Nonetheless, for the CMPI as a truancy reduction program, these family well-being outcomes are *intermediate outcomes*; they are expected to lead to improvements in the *primary outcomes* of truancy and attendance. The CMPI is testing the hypothesis that introducing the families of chronic truants into the human services stream will have the extra benefit of truancy reduction, above and beyond the usual outcomes concerning family well-being.

III. Program Implementation

This section describes how the program was implemented, from recruitment, intake, and initial assessments through closing out cases. The section also describes other program-related operational factors, including partner collaboration, program resource needs, and information sharing.

Truancy Policy

The following describes the DCPS-wide truancy policy in place at the time the truancy interventions began and throughout their implementation:

> Parents of students with five unexcused absences will be requested to participate in a truancy conference ... For high school students, ten or more unexcused absences per advisory, in any class, will result in a referral to the school's attendance committee for the development of an attendance intervention plan. Twenty five or more unexcused absences will result in a student/parent referral to the Office of the Attorney General or Court Social Services (DCPS 2010).

Although 25 absences is the stated criterion for making a court referral, in practice the attendance counselors have discretion regarding when to start the process of referring a student/parent to truancy court (through Court Social Services or the Attorney General). At Anacostia High School alone, the evaluation team learned that more than 300 students are eligible for court referral. Most of these students ultimately are not referred to court.

With only two attendance counselors at each high school, cases are prioritized and discretion is used in determining which cases should be referred to court. Significant effort is made to locate students and parents before making a court referral, and to put into place interventions that can help the student improve attendance and avoid truancy court. Those efforts, including required home visits, must be well documented by attendance counselors for a referral to court. This information is reviewed for completeness and accuracy by the DCPS Office of Youth Engagement (OYE). If OYE feels that a case might be returned by the court for insufficient evidence, the case is sent back to the school for revision. In addition, students who meet the criterion of 25 unexcused absences but are making efforts to improve their attendance and/or grades and are cooperating with the attendance counselor's efforts may avoid a court referral. Therefore, the CMPI is, in part, an attempt to prevent the need for a truancy court referral.

Recruitment and Recruitment Criteria

The CMPI was implemented in 2011–12 with ninth-grade students. Ninth grade was believed to be a critical grade in which the transition to high school often leads to disrupted attendance, and which sets the stage for successful high school performance.

The pilot program was conducted with students at Anacostia and Ballou High Schools in Southeast Washington, DC. These high schools were targeted for the pilot initiative because they have the two highest truancy rates within DCPS.

Student participants were identified as chronically truant based on their attendance records from the preceding school year. The pilot program targeted students with more than 15 days of unexcused absences in the previous year. However, students with more than 69 days truant in the past year were not invited to participate, on the assumption that their truancy might be too intractable. Youth and families with current open CFSA cases were also excluded from participation on the grounds that they were already receiving the services that would be provided through the CMPI.

During the summer of 2011, the families of 34 incoming ninth-grade students were invited to participate in the pilot program; 21 agreed to participate. According to the program lead from DCPS, the incoming ninth graders who were invited to participate missed on average 35 days in the prior school year, with at least one student missing 65 days. As of early April 2012, FSFSC was still serving 13 students with open cases; the remaining cases had been closed (see Closing Cases below).

The families of 19 repeating ninth graders were also invited to participate, and 13 agreed to participate. According to the program lead from DCPS, the repeating ninth graders who were invited to participate missed on average 23 to 25 days in the prior school year, with one student missing 79 days. At the time of this report, 10 repeating ninth graders were still enrolled in the CMPI.

Table 1 displays the number of participants, and the range and average number of absences, for new and repeating ninth graders. The numbers reported in the table are generated from data provided by DCPS and from conversations with program partners in interviews and during the case management meetings.

Table 1. Program Participants

	Days truant in prior year*	Number of youth invited to participate	Number of participants
New ninth graders	average = 25; range:15–65	33	18
Repeat ninth graders	average = 29; range:15–25, except 2 students with over 75	21	10

*Days truant for all invitees.

New Ninth Graders

For new ninth graders, case management and other services were provided by family support workers at FSFSC. Two family support workers were assigned to each high school. Each family support worker carries up to, but typically less than, 15 unique cases at a given time. One family support worker left FSFSC partway through the initiative but was replaced by another family support worker who had already been attending the meetings and took over the affected clients.

FSFSC, as one of five formal HFTCCC collaboratives in Washington, DC, is not technically a direct service provider (other than providing case management services) but instead provides referrals to other

appropriate services and connects families with other organizations that may be able to assist them. FSFSC can help facilitating the service procurement process for students and families.

Intake and Start-up

At program start-up at the end of summer 2011, the family support workers attempted to locate the families and conduct an initial home visit with the student and family. During the home visit, the family support worker introduced him- or herself, explained the services available from FSFSC, and inquired about the family's interest in participating in the pilot initiative. If the family was interested, the family support worker conducted an intake with the family.

The intake process involved completion of standard intake assessments. Family support workers were required to conduct at least two home visits per month and referred families to other service providers for assistance with different needs. The family support workers also checked on the students during the school day and continuously reviewed the students' progress in accordance with their personalized FDPs.

Services and Referrals

FSFSC family support workers began providing case management services that included home visits and frequent contact with clients in order to build and maintain rapport, identify client needs, and assess progress toward family and student goals. In practice, family support workers are jacks of all trades, doing what is needed to help their clients succeed. From the discussions at the case management meetings, it was apparent that the family support workers did a significant amount of informal "hand-holding" with their clients, ensuring that they made it to school and had their required uniforms and talking with clients' teachers about assignments and grades.

Family support workers referred students and families to DCPS internal or external programs and service providers. Family support workers assisted clients on any number of different needs, including identifying career goals, connecting them with skills training programs, obtaining employment applications, and signing youth up for tutoring and mentoring programs. Staff from FSFSC worked closely with families to provide services that best fit their needs, such as finding tutoring services that do not require students to walk home after dark, or room in vocational or extracurricular programs that engage a student's skills and interests. Family support workers referred clients with substance abuse and mental health needs, physical health care needs, domestic and dating violence issues, and housing issues to appropriate community resources. They also called on other community partners to help families pay utility bills in times of crisis.

Changes to Existing Case Management Practices

Several changes to FSFSC standard case management needed to be made for the CMPI program. The basic strategy of the pilot program is to link the families of chronic truants to existing service delivery through the FSFSC community referral stream. The pilot program started quickly without modifying existing practices. However, during the pilot it became clear that several changes needed to be made to standard practices.

The CMPI involves increased attention to school attendance and performance, and increased linkage of the FSFSC family support workers to high school staff. This seems to have been easily integrated into FSFSC's general holistic approach to addressing client needs.

A second change concerned case processing. Standard cases tend to flow through a family support worker's caseload at FSFSC in a more or less continuous fashion, and cases are closed when the family is deemed to have met the FDP goals. Cases are reviewed regularly, and the FAF and FDP are updated and revised at least every 90 days. The caseload for each family support worker is targeted at 15 cases at any given time.

For the CMPI, however, invitations to participate were made simultaneously to 34 client families, and 21 families participated. Two-thirds of these cases have remained open from August 2011 through March 2012, and are likely to remain open through the end of the school year. Some may even remain open over the summer break. While the case remains open, the family support workers are still required to make twice-monthly home visits and revisit the FAF and FDP periodically, although cases open for extended periods may require less time than in the first 90 days—especially when it seems that little more can be done or the family has become nonresponsive.

Contemporaneous with the CMPI program at two high schools, FSFSC also provided case management and services for students and families in another truancy reduction program involving middle-school students. This program involved about 10 students at Kramer Middle School, who participated for about three months starting in November 2011. (A new cohort began in the spring 2012 at Johnson Middle School.) In combination, FSFSC served 30 to 40 client families from two truancy programs through its community referral stream. FSFSC's annual contract currently targets 80 community referral cases per year, along with 365 cases referred from CFSA directly.

Closing Cases

One issue that required unanticipated changes to FSFSC standard practice was the question of when cases could be closed. It was not initially apparent that different partners had different expectations about how and when cases would be terminated. FSFSC initially applied standard practice for community referrals to the CMPI clients; some other partners expected FSFSC to hold the CMPI cases open for the full school year.

Because the CMPI was operationalized through FSFSC's existing contract with CFSA, there was no formal documentation specifying any different expectations or requirements for closing CMPI cases. This issue surfaced during the case management meetings and took some time to work through.

In its other work, the positive criteria for FSFSC closing a case are when the goals specified in the FDP are met, and when the family has reached a point where services are no longer needed. In the CMPI initiative, however, it became clear that the usual family development goals might be met even as a student continued to be truant. The partners eventually settled on one month of complete school attendance as the additional criterion for positive case closure.

Cases are also typically closed when the family decides that it no longer wants to receive services or when the family moves outside of the service area. FSFSC can also refer cases to other authorities, such as CFSA, if the family is nonresponsive but FSFSC feels that the home or family situation still requires attention. Because the CMPI program is voluntary, all of these criteria apply.

FSFSC also typically closes cases if the family is disengaged—whether by refusing services, not following through on services or assistance offered, or not responding to communication attempts by FSFSC staff. For the CMPI, it was decided that for such cases, additional effort to reengage the family would be made, with other CMPI partners providing advice on reaching the family before a case was closed.

By mid-March 2012, FSFSC had 13 open cases. Most cases had been closed due to either family or child relocation, disengagement of the family with FSFSC, or a child joining Job Corps, although handful of cases were closed on the basis of success either in improving attendance or in achieving the goals of the FDP.

Repeating Ninth Graders

In the pilot CMPI program, repeating ninth graders at either school receive case management and counseling services in their schools from one attendance counselor employed by DCPS. Case management for repeating ninth graders was provided by high school attendance counselors in order to capitalize on any preexisting relationships with the attendance counselors from the prior year.

The attendance counselors aim to provide many of the same case management services provided to the new ninth graders by FSFSC family support workers. However, in view of their other responsibilities, including tracking data on all truant students, their time and ability to provide intensive case management to CMPI clients is limited. At the participating high schools, attendance counselors manage caseloads that reach 200 students, each with at least five absences. They conduct home visits to all students with 10 or more absences. Attendance counselors are also present at school to check in late students when they arrive.

Attendance counselors work closely with social workers, but they are not required to be trained social workers or counselors. The focus of their position is frequently an administrative one.

Intake and Start-up

Attendance counselors first generated school performance data on the youth and then conducted a home visit to introduce themselves to the student's family. During the home visit, the attendance counselors also conveyed that the school administration cares about the student and the pilot program was a preventative measure to help the student not be chronically truant in the new school year. The attendance counselors also completed the Student Intervention Form for each of the repeating ninth graders in their caseload.

Services and Referrals

The attendance counselors working with repeating ninth graders followed a similar case management model as the FSFSC family support workers in practice, but were unable to provide such a broad array of assistance.

While DCPS attendance counselors have attempted to provide more attention to the students participating in the CMPI pilot program, the type of services they provided did not differ significantly from those provided to students not enrolled in the program.

The protocols for attendance counselors handling chronically truant cases are much less comprehensive than those in place at FSFSC, largely because of their different roles and responsibilities. Their large caseloads pose a challenge in offering the same intensive services to families as do the FSFSC family support workers. Attendance counselors are charged with addressing attendance and truancy issues with all students at the school; family support workers provide comprehensive case management services to whole families. However, participation in the CMPI seems to have broadened the perspective of some attendance counselors regarding truancy, enabling them to help with family issues that may drive truancy. In addition, attendance counselors have become linked to community resources that were previously unknown to them, to which they can refer students and their families.

Closing Cases

The question of when cases could be closed was not as acute a problem for DCPS attendance counselors. According to DCPS standards, they would handle a case until the child was not considered truant, unless the family moved or the student transferred out of either Anacostia or Ballou High Schools.

Case Management Meetings

Starting in August 2011, the FSFSC family support workers, attendance counselors, and program administrators routinely attended weekly CMPI case management meetings. The meeting location alternated between the two high schools. The case management meetings were a primary forum for interagency collaboration that is central to this initiative, and provided an opportunity for the partnership to make implementation modifications and discuss ideas for system changes. In addition, the meetings were the primary vehicle for partners to discuss cases and monitor individual clients' progress.

Monitoring Client Progress

Each meeting typically concerned four to five clients. The program lead from DCPS typically notified program partners of the cases to be discussed at each meeting; the clients discussed were usually divided between DCPS attendance counselors and FSFSC family support workers. The case managers for those clients, whether FSFSC family support workers or attendance counselors, came prepared to discuss the progress of the student and family, raise any existing challenges in addressing the family's needs, and hear feedback from the group on possible solutions. The partners reviewed school attendance, discussed challenges to service delivery, and offered referral ideas. Representatives at the meetings provided new or additional connections to service providers, suggested ideas for assessment tools that could be used with clients, and discussed cross-agency data. Staff provided advice on handling difficult cases and discussed whether particular cases warranted referrals to CFSA.

The discussions at the weekly meetings also appeared to serve as an important outlet for case managers who needed to discuss a particularly difficult situation or case and receive support from their program partners.

As the program progressed, more of the clients being discussed were those who had not been receptive to suggestions or services provided. Case managers had often exhausted all possibilities for assisting the student and his or her family. What was not clear, however, was whether those cases should be closed, whether referrals to truancy court were appropriate, or whether any other possibilities existed.

Participation. The weekly case management meetings were well attended and were critical to integrating case management and coordination between DCPS attendance counselors and FSFSC family support workers.

The coordination function would be more effective in integrating service delivery if partners from other agencies working with the same youth, including other school personnel (e.g., teachers, guidance counselors), as well as staff from other agencies (e.g., probation officers, Department of Youth and Rehabilitative Services [DYRS] staff) were also able to participate in meetings that concerned their clients.

Data Collection. Midway through the pilot program, in December 2011, a new data collection tool was introduced for tracking client progress as discussed during meetings. However, this tool did not appear to be used as consistently at case management meetings as it could have been.

The tracking forms captured student-specific attendance, service needs, service participation information, and the next steps for moving the student and his or her family to success, as determined during the discussion of partners around the table. This information was designed to allow program partners to monitor barriers with services that may exist across agencies with other program staff, make suggestions or discuss ideas for system changes, review programmatic recommendations from the group, and track client progress.

Monitoring Attendance

Attendance data for all participating students for the past several weeks were provided by DCPS staff and reviewed at most case management meetings. At the outset of the initiative, the group spent a significant amount of time discussing the classification of absences as excused or unexcused; unexcused absences count toward truancy levels, while excused absences do not. Determining which absences are excused and unexcused can be important. Although the rule is invoked relatively rarely, after 25 unexcused absences are accumulated, a student may be referred to truancy court, where more severe sanctions may be imposed.

In addition, there were repeated discussions of—and frustration at—issues related to out-of-school and in-school suspensions, of students being refused school entry because of an existing suspension or for failing to adhere to the school uniform policy, and the implications of these issues for attendance and truancy calculations.

Another issue for partners was understanding different details of each high school's policies, such as uniform requirements and the use of in-school suspensions as responses to negative behavior. This information was typically shared by DCPS staff and was relevant for FSFSC family support workers, who worked hard to build rapport with school administration and staff in order to advocate for their clients within the school.

The case management meetings provided the opportunity to correct and improve the data regarding students in the CMPI program. Case managers who had detailed knowledge of their clients' whereabouts during the school day were able to identify absences that should be categorized as excused and not counted toward an overall truancy measure. The case managers in many cases also provided assistance to the parents to correct unexcused absences.

Attendance counselors at each school and personnel from the DCPS central office worked hard to resolve data issues and provide accurate data for the CMPI partners. By mid-March 2012, many data quality issues had been resolved. However, some delays in data entry or data updates impeded the CMPI's ability to monitor attendance and student progress in real-time. At the beginning of the school year, schools typically wait to enter data into the central system while new enrollments are still taking place, schedules are being changed by students, and adjustments are being made to the student rosters. When teachers are responsible for updating data elements, they can be delayed in submitting information because of their other responsibilities. Similarly, with high caseloads at the schools in the pilot program, attendance counselors may be delayed in updating student data—such as entering excused absences—and performing data quality control checks.

Promotion to the Tenth Grade

One reason to focus on truancy in the ninth grade is to improve the chances of promotion to tenth grade and progress toward graduation from high school. Two meetings in mid-March 2012 reviewed each student participant's academic standing and their likelihood of being promoted to the tenth grade. School guidance counselors, who track academic progress and the courses and credits required for each student, were invited to provide input on each student's progress. This discussion focused on what credits had been earned, what credits were needed for promotion, and what programs were available to help students catch up so that they could graduate.

While FSFSC family support workers were expected to be monitoring academic standing and were in frequent communication with school personnel regarding their clients, the meetings with the guidance counselors present made the process more streamlined and efficient. These meetings appeared to be extremely helpful in giving the family support workers a good overall picture of their clients' academic progress that they might not have otherwise received. Family support workers also learned about services or programs that each school was using to get students on track to be promoted outside of the truancy program—including possible summer school offerings, Saturday school availability and participation criteria, and credit recovery programs. At the same time, the guidance counselors learned about the efforts being made by the case managers to help their students.

Some CMPI student participants were already too far behind in the current year to be promoted to 10th grade in the 2012–13 academic year. Several students already had too many absences or grades that were so low that they would not be able to recover. Once students reach the point that promotion is no longer possible, this militates against efforts to motivate them to increase their attendance. Therefore, reviewing student academic standing early and regularly may help the chances of increasing attendance.

Information Sharing

Initially, attendance was the only metric recorded and presented consistently at the case management meetings. However, it was understood that the program would benefit from sharing information on the history and status of other agency involvement with clients, especially an understanding of the youths' prior involvement with CFSA and any prior or current involvement with the courts, probation (Court Social Services), and DYRS.

The program did not exclude youth with prior CFSA cases or with prior or current involvement with juvenile justice. (Participants with current open cases with CFSA were not eligible for the program, because they would already be involved in case management through FSFSC.) Understanding prior CFSA involvement would help family support workers to understand whether any family dysfunction, custody, or other issues were present in the home, or what emotional issues a client may be handling. Knowledge of current or past court involvement speaks to the behavior of the child, as does knowing what other agencies, if any, are currently responsible for monitoring the child's behavior (e.g., a probation officer).

A memorandum of understanding (MOU) was finalized midway through the pilot program, to allow sharing of data across different agencies, including DCPS, CFSA, and DYRS, while adhering to FERPA (Family Educational Rights and Privacy Act) and HIPAA (the Health Insurance Portability and Accountability Act) privacy requirements. Development of the MOU, and the data sharing across agencies, reflects the strong interests of the program partners and is a significant implementation achievement for the program. The data availability and quality seemed to improve progressively as the program continued.

For the pilot program, one program partner assumed responsibility for noting clients on whom additional information was needed, securing that information for relevant agencies, and reporting back on it at the following meeting. There is currently no automated way to consolidate this information. Instead, individual information requests must be made from separate agencies. This cumbersome process may be workable in the short term for the small number of clients in the pilot program, but a more automated solution will be necessary if the program expands considerably.

IV. Assessed Needs and Services Provided

The HFTCC collaboratives use a common assessment instrument and MIS to collect and store case information. HFTCC provided data concerning assessed family functioning and services provided by FSFSC for this evaluation. This chapter begins by describing baseline family functioning for CMPI participants, then examines services provided, and then describes family functioning at the end of the program. Finally, attendance data are summarized.

This chapter reports on HFTCC data on the 18 first-time ninth-grade CMPI participants and their families. Because repeating ninth-grade students in the CMPI received case management from the in-school attendance counselors rather than FSFSC, we do not have needs or service data for them.

Intake Assessments

FSFSC conducted intake assessments of all participants. Completing the intake process is a prerequisite to receiving services through FSFSC. Intake assessment involves answering a series of questions about all members of the family, monthly expenses and income, and services the family would like to receive. This intake assessment can be done over the phone or in the FSFSC office and typically takes about 20 minutes to complete. Intake is not necessarily conducted by the family support worker who will ultimately work with a family. Most families participating in the CMPI completed the intake in August 2011, before the start of the CMPI program, with only three completing it after the start of the program.

Table 2 displays basic intake information on the participating families. The basic needs of these families were financial: 13 of 18 families received food stamps, 15 were on Medicaid, and 8 received Temporary Assistance to Needy Families (TANF); two-thirds (12 of 18) of the heads of household were unemployed or not in the labor force.

Table 2. Intake Assessment Data (N = 18 Families)

Health and Mental Health	
Has physical disability	5
Ever had mental health issues	3
Ever had alcohol or drug problems	3
Education and Employment	
Less than high school degree	9
Not in labor force	8
Unemployed	4
At job longer than six months	7
Financial Situation	
Avg. monthly income	$700
On Medicaid	15
On Disability	4
Receiving food stamps	13
Receiving Social Security Income	7
Receiving TANF	8
Receiving unemployment insurance	0
Housing	
Average monthly rent	$366
Section 8 Voucher holder	6
Times moved in past three years	0.88

Source: Intake Assessment, FSFSC participant data.

Baseline Family Assessments

The case manager (or family support worker) assigned to a family initially conducts a home visit and completes the FAF, within 30 days of intake. The FAF is then repeated every 90 days until a case is closed. The FAF was developed by the Children's Bureau of Southern California in the mid-1980s and has been used by hundreds of child welfare organizations.[2] This report uses data from the FAF's four Family Functioning Factors: (1) living conditions, (2) financial conditions, (3) interactions between caregivers and children, and (4) support available to the family. Data are also summarized from additional sections that assess personal characteristics of the caregiver (e.g., substance use, depression), and whether the child needs supportive services to address a physical, emotional, or behavioral concern.

Table 3 displays the service needs identified at the initial assessment.[3] Eleven of 18 families were assessed as having financial needs; these were compounded by problematic living conditions for 9 families. There were also substantial needs related to caregiver-child interactions (13 families), as well

[2] See http://dccollaboratives.org/wp-content/uploads/2009/11/Family-Assessment-Form.pdf

[3] Most domains consist of several items. Item responses range from 1 (representing normal functioning with no cause for concern) to 5 (representing dysfunction that requires immediate intervention). Scores of 3 or above on individual items typically indicate that a family has service needs and are used in the tables.

as caregiver personal characteristics. In addition, half of the families had children assessed as having a physical, emotional, or behavioral concern.

As part of the assessment, FSFSC case managers also listed particular needs of CMPI student participants, which are displayed at the bottom of the table.[4] At baseline, these needs were considerably less frequent than the family service needs.

Table 3. Baseline needs (N = 18 families).

Family assessment domain	Number of families with a service need
Living conditions	9
Financial conditions	11
Supports to caregivers	5
Caregiver-child interactions	13
Caregiver personal characteristics	8
Child(ren) need supportive services to address a physical, emotional, or behavioral concern (singe item)	9
Student needs	**Number of students with identified needs**
Peer interactions, influence	4
Emotional, behavioral, mental health	3
Developmentally delayed	2
Physical health problems	2
Inadequate education services	1
Lack of cooperation/withdrawal from family	1
Delinquency/criminal behavior	1
Substance abuse/drug involvement	0

Sources: FAF, FSFSC participant data.

Services Provided

Based on their assessments of family needs, FSFSC case managers work to provide services to CMPI families. Figure 2 displays the number of types of services provided to each family. Most commonly, clients were referred to three separate services, but some clients received seven or eight separate services. Table 4 displays the types of services provided to CMPI participating families. The most common type of service provided to children was educational (14 of 18 families), and the most common service related to financial need was the provision of clothing (11 of 18 families). This may relate to school uniform requirements. Help with transportation was provided to half of the families.

[4] The need to address truancy was also noted at times, but we take this as given for clients referred through the CMPI.

Figure 2. Number of Services Provided to Participating Families

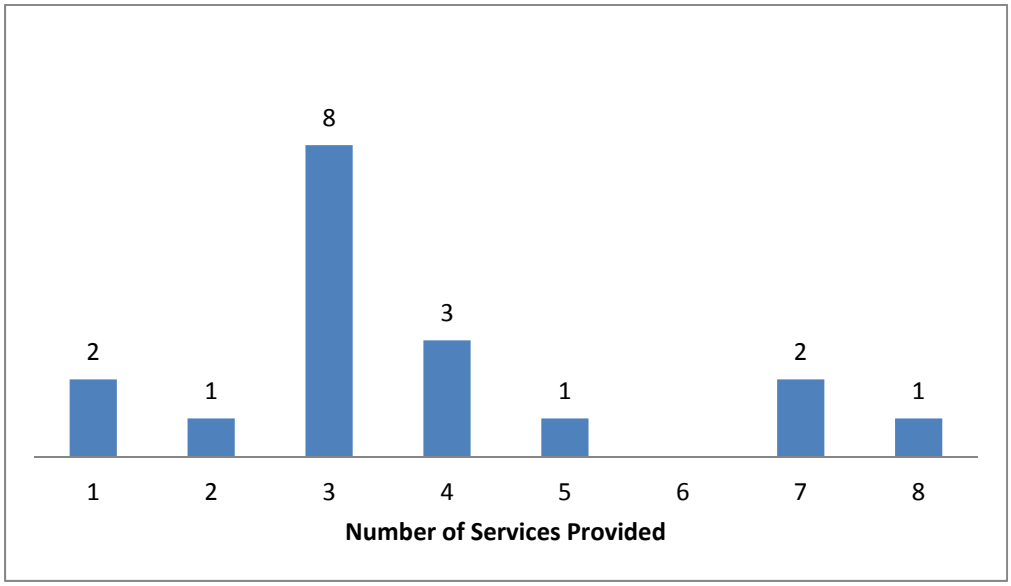


Table 4. Services Provided to CMPI Families (N = 18 families)

SERVICES TO CHILD	
Child education	14
Medical health–child	1
Mental health–child	2
Youth recreation	7
FINANCIAL	
Clothing	11
Food	2
Furniture	2
Utility assistance	3
PARENT CHILD INTERACTION	
Parent-child interaction support	3
OTHER	
Caregiver education	2
Childcare	2
Employment	5
Family education	3
Homemaker services	1
Transportation	9

Sources: FDP data, FSFSC participant data.

Final Family Assessment

Table 5 displays the assessed needs of families at the end of the program, based on the last FAF completed. Before comparing baseline and final family assessments, we should note that these assessments are not independent of case management; they are made by the same case managers providing service referrals. The number of participants is too small to support any statistical comparisons, and we are unable to distinguish changes in family need attributable to the program from chance fluctuation in family needs over time.

Descriptively, a comparison to the baseline needs shown earlier shows improvement. Seven of 18 families were assessed as having financial needs (vs. 11 at baseline), and problematic living conditions were assessed for 2 families (vs. 9 at baseline). Problems with caregiver-child interactions declined to 7 families (vs. 13 at baseline), and caregiver personal characteristics for 5 (vs. 8 at baseline). In addition, six families had children assessed as having a physical, emotional, or behavioral concern (vs. nine at baseline).

At the same time, assessed student needs seemed to be more extensive than at baseline. Most dramatically, the number of students identified as having emotional, behavioral, or mental health need doubled from three to six, those exhibiting lack of cooperation or withdrawal from family rose from one to six, and substance abuse was now noted for three children, whereas none had been noted at the baseline.

Table 5. Assessed Needs at End of Program (N = 18 Families)

Family assessment domain	Number of families with a service need
Living conditions	2
Financial conditions	7
Supports to caregivers	2
Caregiver-child interactions	7
Caregiver personal characteristics	5
Child(ren) need supportive services to address a physical, emotional, or behavioral concern (single item)	6
Student needs	**Number of students with identified need**
Peer interactions, influence	5
Emotional, behavioral, mental health	6
Developmentally delayed	3
Physical health problems	2
Inadequate educational services	0
Lack of cooperation/withdrawal from family	6
Delinquency/criminal behavior	1
Substance abuse/drug involvement	3

Sources: FAF, FSFSC participant data.

In sum, the families participating in the CMPI displayed considerable needs, especially in financial and employment domains and regarding caregiver-child interactions. Through case management from FSFSC, most families received multiple services. Final assessments by case-workers are consistent with the anecdotal reports of participants that the services provided by FSFSC improved some families' well-being.

V. Unexcused Absences

Finally, we turn to examine truancy (i.e., unexcused absences), based on individual-level student data from DCPS for all students in the participating schools in the 2011–12 school year. Because the CMPI was conducted early in the year, it is reasonable to examine the entire year's truancy results as an indicator of program success. However, we note that the focus of this evaluation is on the program's implementation. With so few program participants, and without carefully constructed comparison groups, results concerning attendance outcomes can only be seen as suggestive.

Before looking at program participants, it is instructive to examine the entire ninth-grade student population at the participating schools. As shown in the top panel in Table 6, ninth grade is a critical year for truancy. Compared with their days truant in the previous year, for all ninth graders, truancy in the 2011–12 school year showed an alarming increase. For first-time ninth graders, the average number of unexcused absences rose from 8 in eighth grade to 40 in ninth grade; for repeating ninth graders, unexcused absences rose from 58 in the prior year to 75 in the current year.

The expectations for CMPI participants must be examined against these school-level trends. Because the program set a minimum of 15 unexcused absences in the prior year as its key selection criteria, it is unsurprising that new ninth-grade CMPI participants had more unexcused absences in the prior year (26, on average) than other new ninth graders. The first-time ninth graders in the CMPI, too, show an increase in current-year truancy, from an average of 29 unexcused absences in the prior year to 51 in the program year. They began with more truancy and also ended with higher truancy, but the growth in truancy was somewhat slower (an increase of 22 rather than 32 days). In percentage terms, their increase in truancy is much lower than for students in general (76% vs. 400%).

For first time ninth graders, another useful point of comparison is from students who were offered the program but declined to participate. These students were presumably more similar to CMPI participants than the rest of the student body, although we note that other differences between them may account for why they either agreed to participate or declined. Many of those who declined the program were moving out of the school, but the bottom panel of the table displays results for those decliners who remained in the school.[5] The decliners start at similar levels (23 unexcused absences in the prior year) and show increased days of unexcused absences on a scale comparable to CMPI program participants (increases in 18 days and 78 percent).

In sum, with so few program participants, and without a strong control group of comparable students, we are unable to gauge whether the observed truancy of CMPI students was affected by the program.

[5] For repeating ninth graders, data were available only on three decliners and are not shown.

Table 6. Unexcused Absences

	Previous year average	Program year average	Increased number of days	Percentage increase
School Average				
First-time 9th (N = 418)	8	40	32	400%
Repeat 9th (N = 180)	58	75	17	29%
CMPI Participants				
First-time 9th (N = 17*)	29	51	22	76%
Repeat 9th (N = 8)**	33	42	9	27%
CMPI Decliners				
First-time 9th (N = 10)	23	41	18	78%
Repeat 9th (N = 3)	--	--	--	--

*One first-time and two repeat ninth graders left school before the end of the school year, and are excluded from data reported here.
Source: DCPS student-level data on attendance.

For repeating ninth graders, data were available for only three such decliners, and are not presented.

In sum, despite anecdotal reports that some students had improved attendance during the program, we find little suggestion in the DCPS attendance data that the program affected truancy over the school year.[6] Program participants generally remained truant and even increased their truancy compared with the prior year. Yet, the same is generally true for their classmates. It is possible that program participants' truancy was somewhat better (lower) than it might have been without the program, but the program had too few participants for this question to be assessed with any reasonable confidence.

[6] Examination of total days absent (not shown) find similar results to unexcused absences.

VI. Summary and Recommendations

Program Implementation

In general, the program seems to have been successful in implementing a partnership between education and human services, including integrated case management as service linkage.

Interagency Collaboration

The case management meetings were the primary forum for development of the interagency partnership that is key to this initiative. (For management and key agency stakeholders, the ITTF Steering Committee also provided a forum to work on the interagency collaboration necessary for the program.) These meetings also provided an opportunity for the partners to iron out implementation challenges that result from the interaction of different partners, whose operations impose different requirements.

Through the interagency aspect of the CMPI, both DCPS attendance counselors and FSFSC family support workers seem to have benefited. Through their personal contacts across organizational boundaries in this partnership, FSFSC family support workers were able to work more effectively with school personnel and DCPS attendance counselors became connected to available services of which they were previously unaware.

Most partners perceive a high level of support from the administration in each school, even though neither the principals nor assistant principals from the high schools participated personally in the weekly case management meetings.

Service Needs and Service Integration

The assessment and case monitoring of these students and their families confirmed the understanding that many of them had considerable needs, and many of the cases seem to confirm the idea that these family needs do pose barriers to school attendance.

By identifying chronic truants and approaching their families, the CMPI seems to have helped to bring a variety of services to families with high levels of need, and sometimes in crisis. Thus, the linkage of these families to FSFSC's community referral stream seems to have been effective in helping to reach appropriate clientele.

Through the CMPI, linkages have been made between school resources and community resources, and it does appear that that the program is promoting the integration of services for these clients, including services available through DCPS (e.g., school counselor, academic programs and services, social workers), services available through the FSFSC, and services available through other community resources to which the case managers (either attendance counselors or family support workers) help connect the participating families.

It seems likely that providing assessments, case management, referrals, and services improved the well-being of families reached through the CMPI, which is the program's intended intermediate outcome (see figure 1).

Caseload and Resources

The caseloads of attendance counselors (up to 200 students) seem to have precluded their ability to provide the level of intensity in their case management that FSFSC family support workers were able to provide (with caseloads held to 15 clients). The change in their standard practice that would be required to provide case management at a level at all comparable to that provided by FSFSC seems unrealistic.

In contrast, only minor modifications to standard practices were required for FSFSC case managers' ability to work with these clients (the new ninth graders) with some intensity. The level of need seems within the expected range of need for FSFSC clients. Integrating school issues into FSFSC concerns did not seem to be a difficult adjustment. In addition, through relationships with high school personnel developed through the CMPI, family support workers seemed better able to coordinate effectively with the school in helping students in their caseload.

However, between the CMPI and the pilot program being implemented in middle school (the Byer model), the number of families being served through the truancy prevention programs is one-third to one-half of FSFSC's target annual caseload for community referrals. This evaluation is unable to address whether and how this may have affected other potential community referrals.

Data and Data Integrity

Data integrity issues meant that a considerable portion of the limited time available was spent on correcting data for individual cases, and discussing excused versus unexcused absences and the status of in-school suspensions. Data accuracy is critical for monitoring client progress, for recruiting CMPI participants, and ultimately for examining the effectiveness of the program.

For a pilot program, discovering issues related to the meaning and integrity of data is valuable, as is clarifying the meaning of various variables and the policies that (should) govern them. The pilot program seems to have served as a useful platform for identifying and addressing data issues. However, real-world impediments to having accurate real-time data on attendance, including whether absences are excused or unexcused and whether school suspensions are being properly handled, suggest that case management meetings may have no alternative but to devote time to straightening out these issues as part of monitoring the progress of student participants.

Outcomes and Future Prospects

It seems likely that providing assessments, case management, referrals, and services improved well-being of families reached through the CMPI, which is the program's intermediate outcome (see figure 1). As with other clients in the collaboratives' community referral stream, such effects in the short term may also reduce the chances of formal CFSA involvement and child removal from the home. However, attendance data provide little to suggest that those human service successes have, in turn, reduced truancy among the participating students. There have been reports of improved attendance for some

students during the program, but the attendance numbers for the entire year are not encouraging, although the program was too small to draw definitive conclusions.

How might the current successful implementation be built upon to yield greater effects on truancy? Four general possibilities for adapting the program are discussed below.

Timing of the Ninth-Grade Intervention

Changes to the timeline for the intervention, from recruitment through start-up to service delivery and case management, might improve the effectiveness of the CMPI.

Ninth grade may be too late to successfully intervene with students who were already chronic truants in the prior year. An underlying assumption has been that ninth grade is a critical transition year for many students, and a year in which attendance often drops. Given that assumption, starting the program earlier and trying to address family needs *before* the beginning of ninth grade may warrant consideration. One possibility might be to move the CMPI program back one year to try to improve attendance in eighth grade as a prerequisite for successful attendance in ninth grade.

Alternately, participant identification and recruitment might begin in the spring or by early summer, to allow several months of intervention with the family before the beginning of ninth grade. This would require modifying the recruitment criteria to be based on a shorter period in eighth grade, such as the first half of the year. Recruitment criteria could also be based on consideration of a longer student history of attendance problems.

The evaluation team learned in March 2012 that DCPS was planning to implement transition meetings for rising ninth graders, involving meetings between families and the school toward the end of the eighth-grade year and again at the beginning of ninth grade. If implemented, these transition meetings might dovetail with the possibility of recruiting students earlier for a ninth-grade CMPI program.

Additional Program Components and Level of Need

The level of family need may be so great that partial success in meeting those needs is insufficient to reduce truancy. If so, for the truancy reduction goal alone, this program may be most appropriate for students at less family risk. This implies that dealing effectively with family need may be necessary but insufficient to address the chronic truancy of ninth graders.

Alternately, successful intervention to reduce truancy among ninth graders with a history of chronic truancy may require additional program components, such as intense academic intervention for students who are either far behind academically or unmotivated to succeed at school.

It is worth noting that the CMPI program is not focused on addressing academic needs *per se*. While case managers (whether attendance counselors or FSFSC family support workers) often engage with their clients' teachers to address academic concerns and secure additional assistance with academic needs if necessary, a more intense and focused component to deal with academic barriers and past academic failure may be a useful additional component.

In addition, some chronically truant students have mental health concerns or have experienced a traumatic event in their lives. Therefore, psychological counseling and/or mental health services may be an appropriate addition to the program. The idea of integrating in-home clinical services for these families was raised at several case management meetings. Psychological services are included in most multimodal interventions (DeSocio et al. 2007; Kearney 2008), especially for older students (Kearney 2009).

Finally, case managers observed that parenting classes would be useful for some of these families.

The additional components warranted would depend on the need profile of the students and families participating. The data being collected by FSFSC on the families that are participating in the pilot program, including assessed risk on the FAF as well as services actually delivered, may be able to shed light on what additional program components might be warranted.

Distinguishing among Truants

Participants in the pilot program seem to be a heterogeneous group; it is possible that the program is most effective in reducing truancy with some but not others.

The range of past-year truancy for the youth invited to participate was wide (19 to 65 days for new ninth graders). In addition, the recruitment criteria were based on the past year alone. Conceivably, participants include both students with entrenched truancy over many years as well as students whose chronic truancy was new in eighth grade. The program may be differentially effective at reducing truancy for some of these students. For example, it is possible that the program is more successful with those at the lower end of the range of past-year truancy, or with those with a more recent chronic truancy problem. These questions can be explored with the historical attendance data on participants in the pilot program, together with current-year attendance data, but with the small of number of participants any patterns seen would only be suggestive.

In addition, the selection of program participants was based only on attendance data. The program is based on the assumption that truancy is often rooted in family-based issues, but this may not be true for all participants. For some participants, truancy may seem to be primarily based on other drivers, such as academic failure, which need to be addressed to remediate school attendance. The program may want to assess whether the drivers of individual youths' attendance problems are family-based and focus on those students.

The data being collected by FSFSC on all participants, including assessed risk on the FAF as well as services actually delivered, may be able to shed light on whether participating families and students with one constellation of risk had better truancy outcomes from the CMPI than students in families with other constellations of risk.

School Attendance Norms

Finally, we note the extremely high truancy levels in ninth grade at the high schools at which the pilot program was launched, as shown earlier (see Table 6). In such schools, skipping school is not especially deviant behavior, and peer effects may overwhelm any positive effects of the program. The CMPI

program model is based on the assumption that reducing attendance barriers rooted in the family will improve attendance. But in schools with such high levels of truancy, addressing family-based barriers to attendance may prove insufficient to overcome counterveiling influences on truancy.

Moreover, in such schools, it is difficult to distinguish students with truancy that is family-rooted from students whose truancy is primarily rooted in peer norms and school climate. Testing a family-based approach may prove more informative in schools where truancy is less endemic and students with truancy that is family-rooted can be more easily distinguished. If the program proves able to reduce truancy in such schools, then further work may discover how lessons learned there can be coupled with other efforts aimed simultaneously to change school attendance norms.

VII. Conclusions

The CMPI interagency partnership has been effective in creating the service linkage intended for the students and families participating. The model seems to be working as intended to link the families of chronic truants with services through the existing stream of community referrals to FSFSC. The families that are participating have substantial need, validating the strategy of linking them to available services. Family well-being is likely to show the same improvements that can be expected for other community referral cases.

The principles of the CMPI program are consistent with some best practices identified in reviews of dropout and truancy prevention programs. Some recent reviews conclude that the most effective methods involve engaging both students and parents (Gandy and Schultz 2007; Huck 2011). Nonetheless, whether this linkage model is addressing the key drivers of students' chronic truancy is less clear. At present, it is not clear whether the services provided were able to impact the truancy of the participating ninth graders.

This suggests that the program warrants modification, enhancement, and further experimentation. Although many possible modifications would deepen the program and enhance its potential, this report mentions three that may encourage consideration. First, the program may be starting too late to improve the chances for improved attendance in ninth grade and may warrant being started months to a year earlier. Second, the program might be enhanced with additional program components. For example, the program's family focus could be supplemented with a component that focuses intensively on the students. Third, the program may want to consider whether it appears to reduce truancy most for students with more or less severe truancy histories and/or whether additional assessment to identify key drivers of truancy should be a consideration for participation in the program.

Finally, the CMPI pilot was launched at high schools with extremely high truancy levels. The attendance norms at such schools may overwhelm the family-based approach of the CMPI. It may prove easier to gauge the effects of the family-based approach in schools where school-level truancy is lower, so that students with truancy that is family-rooted can be more easily distinguished from students whose truancy is primarily rooted in peers and school climate.

The successes of the CMPI to date in creating a working interagency partnership and linking family needs to services seem worthwhile in their own right. The CMPI also seems to be a worthwhile model for additional program experimentation to simultaneously reduce truancy while delivering services to families in need.

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