

Truancy Taskforce Meeting

May 25, 2017





I. Welcome (5 min)

II. Act: School Based Health Plans (45 min)

- Health and Attendance Correlation Data
- Overview of School Based Health Plans
- Discussion

III. Act: Renaming the Taskforce (10 min)

IV. Measure: Q3 Truancy Taskforce Data Committee Report (10 min)

V. Monitor (15 min)

- **Steering Committee:** Strategic Plan Update
- **Program Committee:** Every Day Counts! Attendance Competition, 2nd Annual Design Challenge, & attendance.dc.gov
- **Data Committee:** Attendance Data Crosswalks
- **Policy Committee:** None. (Forthcoming)

VI. Next Steps (5 min)

Act:

Health and Attendance Data



- When students' mental health needs are met, they are less likely to be absent and more likely to be engaged in and have a sense of connectedness to school.
- High school students in one study had a 50 percent decrease in absenteeism and 25 percent decrease in tardiness two months after receiving school-based mental health services and counseling.
- The Dallas School District, where 90 percent of school campuses have their own full-time nurses, has successfully shown no difference in attendance between asthmatic and non-asthmatic students.
- African American males who used a school-based health center were three times more likely to stay in school than those who did not use a school-based health center.

Act:

School Based Health Plans



- Sakina Thompson, Senior Policy Advisor, DMHHS

District of Columbia Expanded School-Based Health Models



Overview

- The District released new plans to expand school health and behavioral health services across the city.
- The DBH School Mental Health Program and DOH School Health Services Program will both work to improve student academic and health outcomes by emphasizing the importance of integration, alignment, and collaboration among schools, clinicians, and the community.
- The programs will be implemented throughout the 2017-2018 school year.

Collaboration

DOH and DBH worked closely and with the Office of the State Superintendent of Education, DC Public Schools leadership, the DC Public Charter School Board, and interagency partners, advocates and community-based partners to craft the new holistic health frameworks.





Tanya A. Royster, M.D., Director
District of Columbia Department of Behavioral
Health

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District of Columbia Department of Behavioral Health



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Current School Mental Health Program

- After about 17 years, the DBH/School Mental Health Program Capacity is:
 - 70 Schools
 - 23 DCPCS
 - 47 DCPS
- To reach all 66 LEAs on 233 schools would take another 34 years

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District of Columbia Department of Behavioral Health

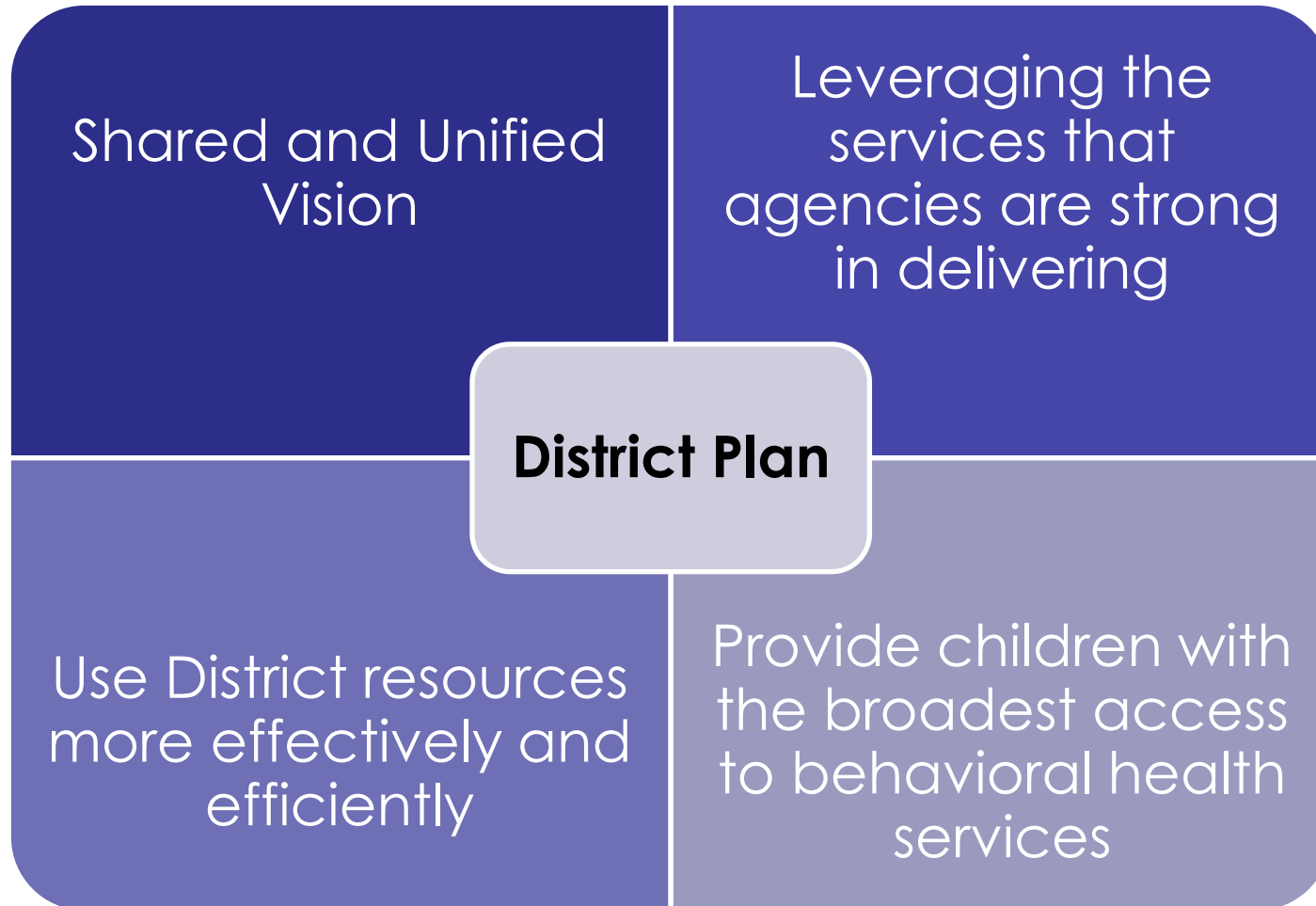
Tasks Completed by Interagency Behavioral Health Workgroup

- Documented existing interagency behavioral health services
- Gained consensus on standardized process to prioritize need
- Gained consensus on an interagency behavioral health service model

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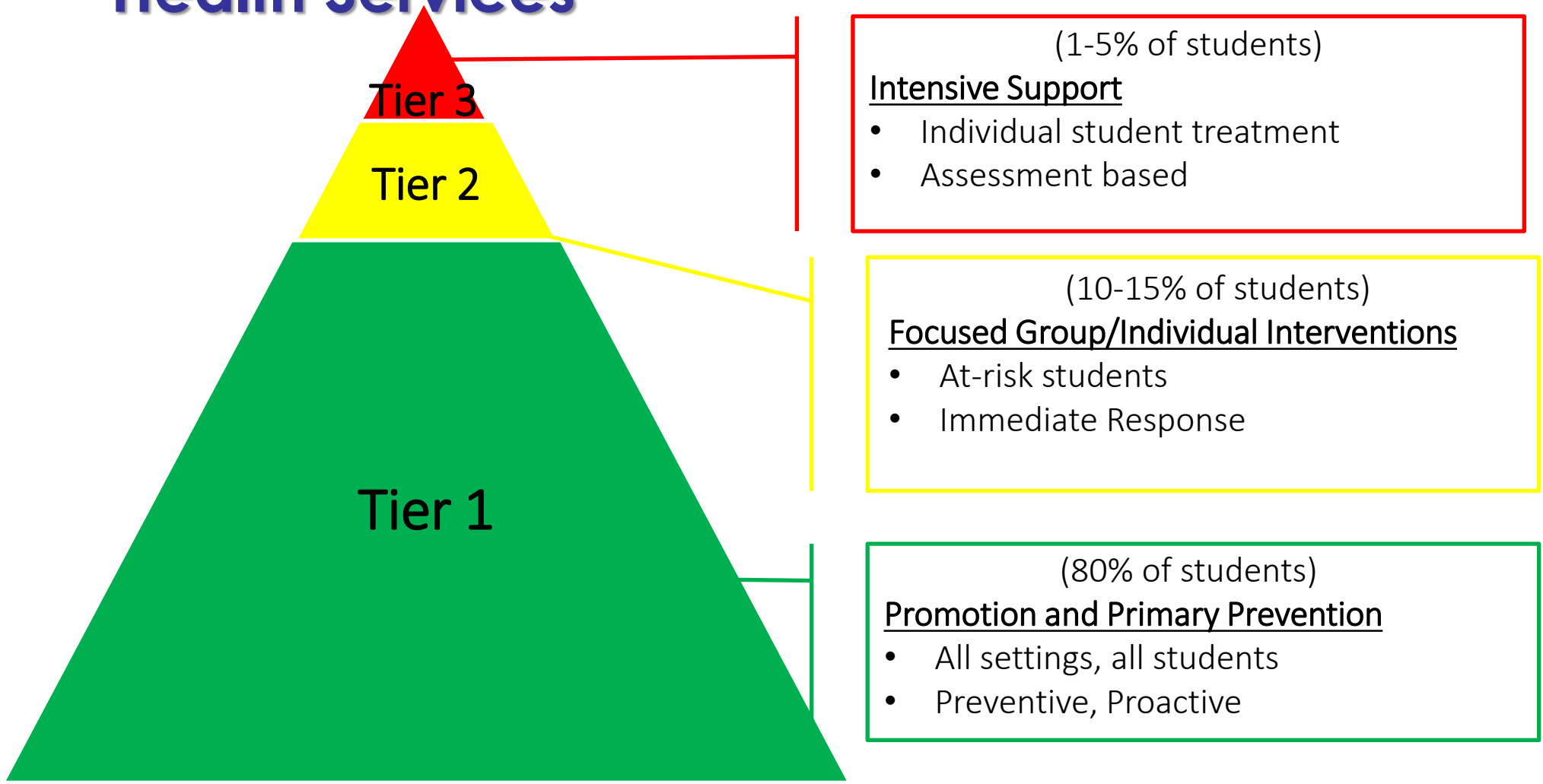
District of Columbia Expanded School-Based Behavioral Health Plan



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Ideal Public Health Model of Behavioral Health Services



- Note that the proportion of students in a given school or district may vary substantially from this ideal across schools and over time, but this ideal may drive future planning as we seek to improve student behavioral health

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Examples of DBH's Prevention Level Activities

- Implementation of manualized curriculums to entire classrooms
- Parent workshops
- Teacher workshops
- Social skills groups for the students
- Teacher consultation
- Universal screening
- Linkages and care coordination
- Committee work on school climate and culture initiatives
- Parent education groups
- Student psychoeducation groups
- Crisis intervention
- Networking and brokering resources for families

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Behavioral Health Services Phased-In Rollout SY 2017-2018

Cohort 1: Schools with DBH Clinicians

Dates: May 1 - December 31, 2017

Activities:

- **Transition students currently receiving services from DBH Clinicians:**
 - Identify community-based behavioral health provider
 - Complete all steps for provider to begin providing services
 - Work with the provider, families, and the school to smoothly transition students currently receiving services from a DBH Clinician to the new provider
 - Until a child is appropriately transitioned, the DBH Clinician will continue providing direct health services
- **Coordinate referrals for new students.**
- **Work with schools to tailor and implement**
 - Prevention and universal screening, and
 - Technical assistance

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Behavioral Health Services Phased-In Rollout SY 2017-2018

Cohorts 2-4: Schools Currently Not Served by DBH Clinicians Choose their Cohort:

Cohort 2 (Start of School): June 1, 2017 – August 31, 2017 [Notify DBH by May 31]

Cohort 3 (Fall Semester): September 1, 2017 – Dec. 31, 2017 [Notify DBH by Aug. 15]

Cohort 4 (Spring Semester): January 1, 2018 – April 30, 2018 [Notify DBH by Dec. 15]

- **School Readiness Factors in Selecting a Cohort:**

- Want to take advantage of the new behavioral health resources;
- Ready to work with the DBH Clinician to develop plan and begin implementing prevention and screening activities; and
- Ready to be matched with a community-based behavioral health provider and complete onboarding the provider

- **DBH Clinician role:**

- Work with each cohort school's designee to assess the school's existing Tier 1 resources, identify remaining Tier 1 needs, and coordinate with and/or provide Tier 1 services to the school as appropriate;
- Work with each cohort school's designee to identify additional resources needed; and
- Coordinate with families and schools to link students to appropriate services across all Tiers of services.

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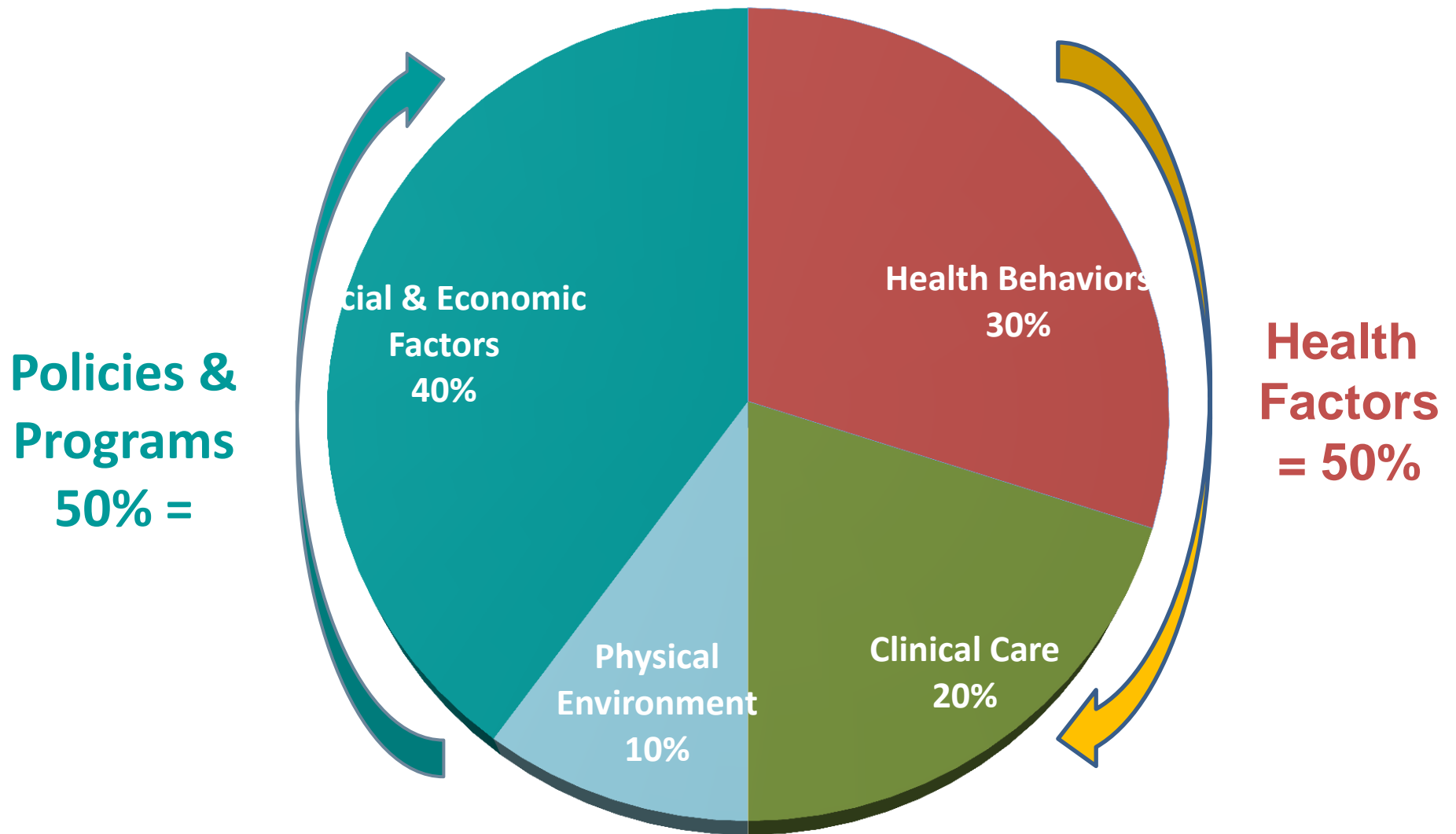


District of Columbia School Health Services Program

LaQuandra S. Nesbitt, MD, MPH
Director

May 25, 2017

Determinants of Health





DC School Health Services Program

Goals

- ✓ Healthy and ready to learn
 - Enable children to reach their optimal health so they are able to learn in a safe and supportive environment
- ✓ The right care, at the right time, in the right place
 - Improve population health outcomes for children by timely utilization of age-appropriate physical, mental, oral, and behavioral health services
- ✓ Maximize resources
 - Optimally utilize resources available in the community and school
- ✓ Family centered
 - Value the role of the family in health decision making

Current School Health Services Program

- 20-year-old Coordinated School Health model
- Reactive Care
- One-Size-Fits-All staffing
 - Nurse Functions
 - Assess students with health complaints & Administer First Aid
 - Administer medication and treatments to students per advanced practitioner's order
 - Review school health forms
 - Preventive and chronic care per advanced practitioner's order
 - School Staff Functions
 - Maintain trained staff to administer medication when school nurse not available (Student Access to Treatment Act)
 - Administer basic first aid
 - Activate emergency medical services

Why the Change?

- School Health Needs Assessment early 2016
 - Assessed data on child health outcomes in the District
 - Interviewed school leaders, parents, nurses and other stakeholders – broad dissatisfaction with current model
- No improvements in child health indicators despite high levels of nursing coverage
- Leading health challenges require ongoing, coordinated care
 - Asthma – 12,000 students
 - Behavioral Health
 - Sexual Health
- Strong local assets –
 - One of the highest insurance coverage rates in the country &
 - major investments in primary care capacity

Whole School, Whole Community, Whole Child (WSCC) Model



New School Health Services Program Functions

- Increase access to clinical and allied health services
- Improved and proactive care coordination
- Provide children and families with assistance as they navigate their community resources
- Improve and standardize quality
- Revised Administration of Medication training and standard protocols to support school staff

Health Suite Coverage

- All Health Suites will receive 40 hours of coverage by nurses or by nurses and allied health professionals
- Nurse hours determined by:
 - Children who require daily procedure
 - Children who require insulin or may require diastat
 - Children with Special Health Care Needs
 - Children with as-needed medication orders
 - Health suite utilization

Health Suite Coverage

- Nurse hours can be modified to respond to changing student health needs
- Most schools will receive 40 hours of nurse coverage
- Some schools will receive 3 or 4 days of nurse coverage and 1 or 2 days of allied health coverage

School Health Services Team

- Allied health professionals will work for Children's School Services and meet their qualifications
- School nurse will remain the primary point of contact at each school
- School nurse will be the school health team lead and primary coordinator of services

School Health Services Next Steps

- Proposed Staffing Plan
- School-level student health data
- Support return of Universal Health Certificate



Discussion (Groups of 3-4; 1 Person Takes Notes):

- How do you anticipate these resources might impact attendance?
- How do the new plans connect to your work?
- What connections, processes, or collaborations are needed to ensure these plans have their intended impact on attendance outcomes?

Share Out

- Leave notes doc behind with DME/DMHHS
- Share out 1-2 ideas or connections

Act: Renaming the Taskforce



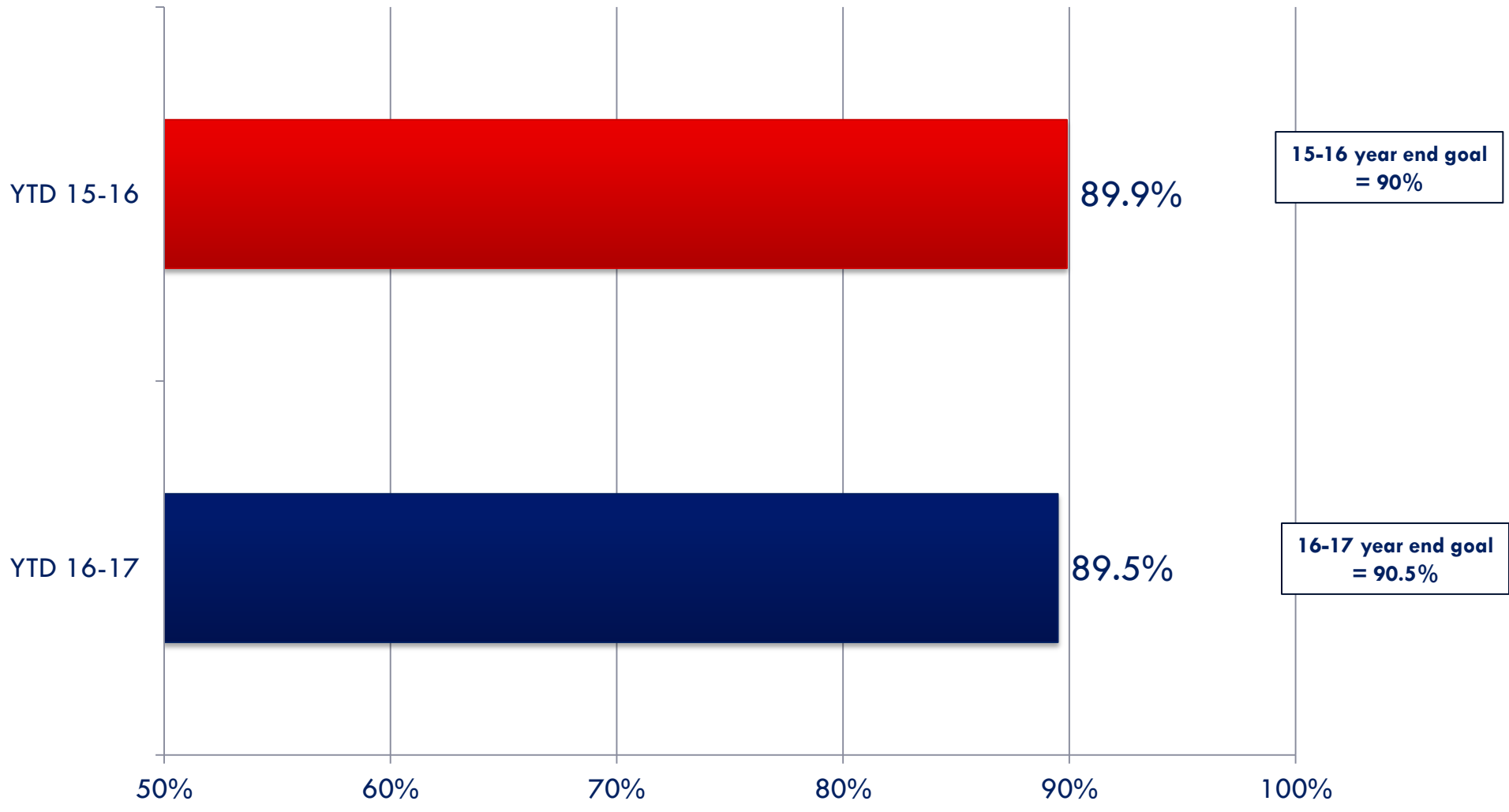
- Why rename?
 - Better reflect focus on all forms of absenteeism
 - Better appeal to public audiences
- Name suggestions?
 - Every Day Counts!
 - Every Student, Every Day
 - Attend Today, Achieve Tomorrow
 - Acronyms welcome!
- Email laura.schroeder@dc.gov with your ideas!

Measure:

**Q3 Truancy Taskforce Data
Committee Report Highlights**

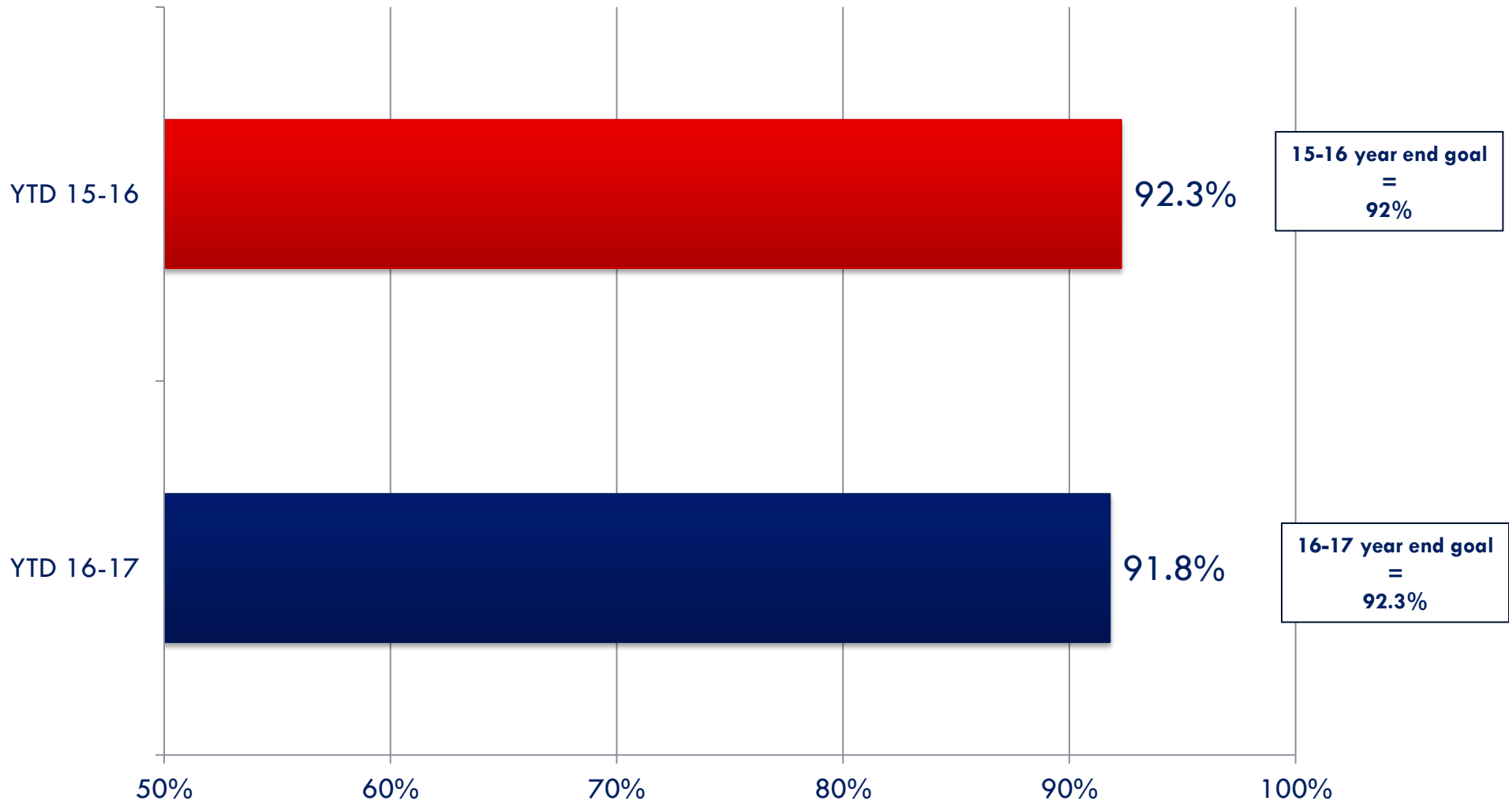


In-Seat Attendance - DCPS



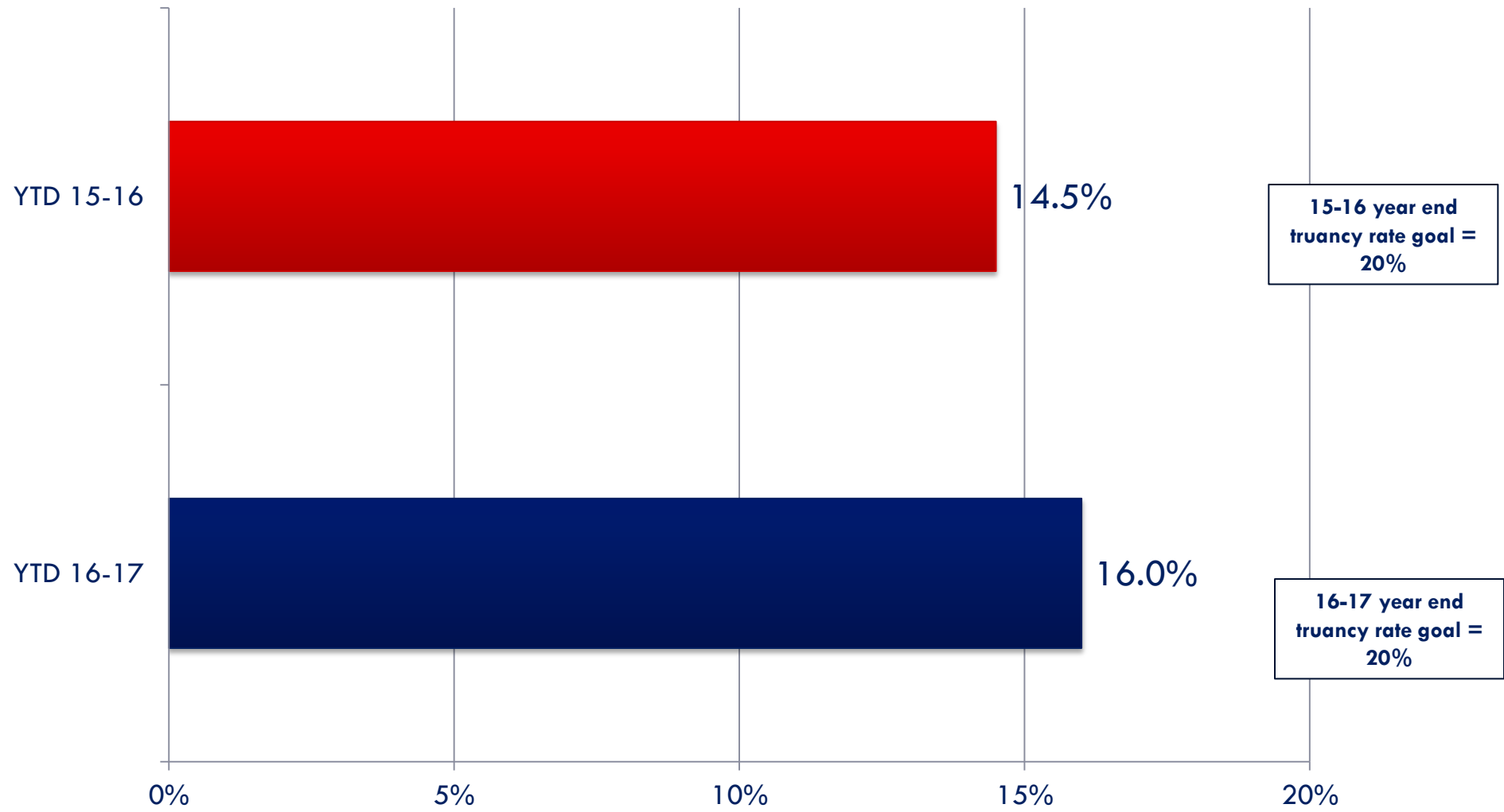


In-Seat Attendance - PCS





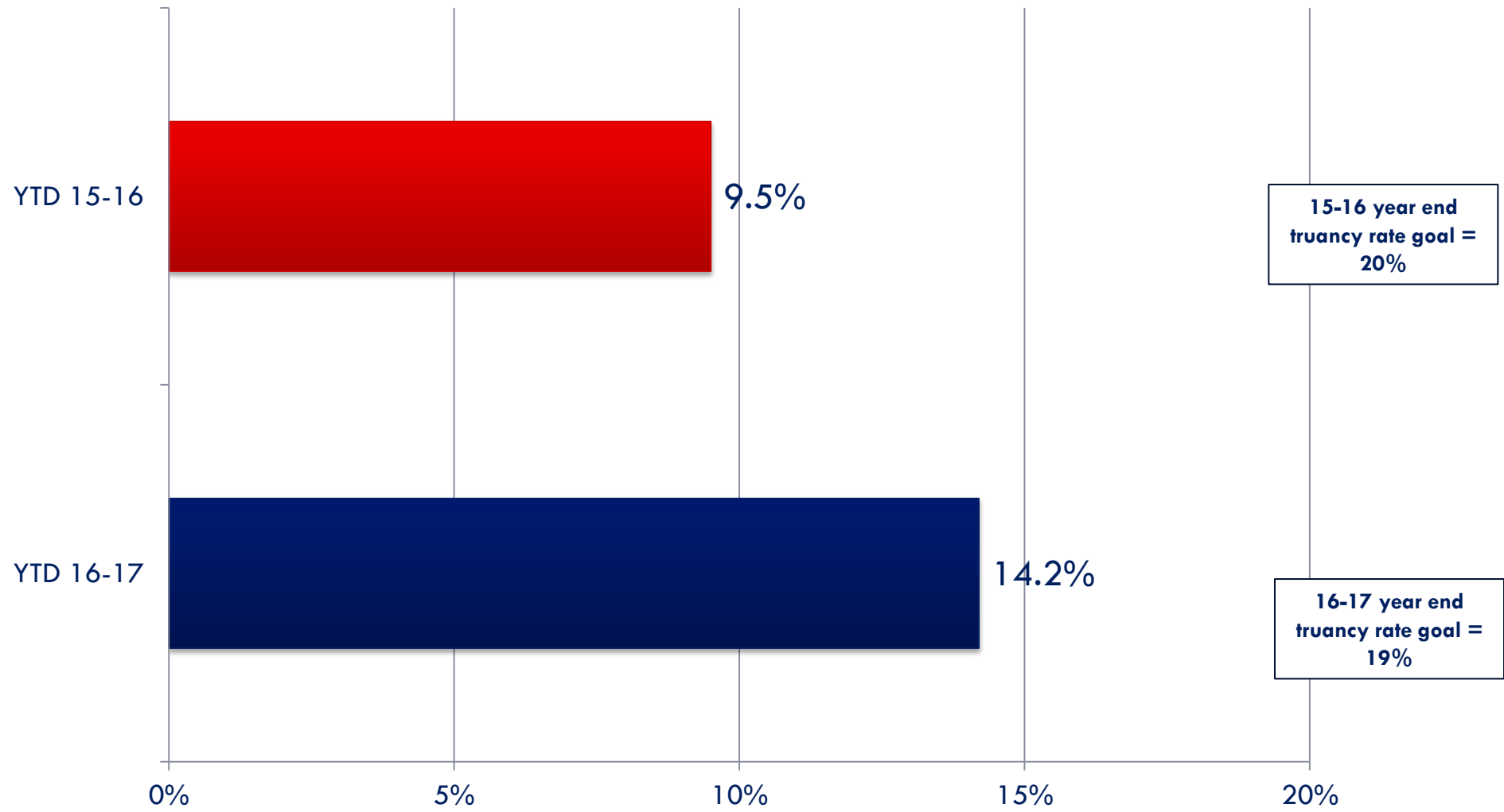
Chronic Truancy - DCPS



- The YTD SY2016-17 number of chronically truant students for DCPS is 760 more students than the YTD SY2015-16 numbers.



Chronic Truancy - PCS



- The YTD SY2016-17 number of chronically truant students for PCS is 1,656 more students than the YTD SY2015-16 numbers.



CFSA Referral Universe

	DCPS ¹		PCSB ²	
	YTD 15-16	YTD 16-17	YTD 15-16	YTD 16-17
# of students eligible to be referred to CFSA	1,290	1,024	2,165	Unknown
# of referrals made by schools	1,091	669	NA ³	NA ³
# of referrals received by CFSA ⁴	1,307	1,333	622	798

¹ Numbers provided by DCPS and based on students aged 5-13 as of 03/26/2017 with 10 or more full day absences. Students eligible for a referral are based on the number of registered students as of 1/22/2017.

² Numbers provided by PCS and based on students aged 5-13 as of 01/24/2017 with 10 or more full day absences based on the 80% present rule. Students eligible for a referral are based on students counted in the audited enrollment as of 10/05/2016.

³ PCS campuses are not required by statute to report on number of referrals.

⁴ Numbers provided by CFSA.



CSSD Referral Universe¹

	DCPS ²		PCSB ³	
	YTD 15-16	YTD 16-17	YTD 15-16	YTD 16-17
# of students eligible to be referred to CSSD	2,823	599	618	Unknown
# of referrals made by schools	645	135	NA ⁴	NA ⁴
# of referrals received by CSSD ⁵	588	383	99	169

¹ For purposes of referral schools must apply the full day absence definition.
² Data provided by DCPS and based on students with 15 or more unexcused absences as of 03/31/2017. Students eligible for a referral are based on the number of registered students as of 10/30/2016 .
³ Numbers provided by PCSB and based on students aged 5-13 as of 01/24/2017 with 15 or more absences based on the 80% present rule. Students eligible for a referral are based on student counted in the audited enrollment as of 10/05/2016.
⁴ PCS are not required by statute to report their number of referrals to PCSB. PCS sends referrals directly to CSSD.
⁵ Data provided by CSSD as of 03/31/2017.

Monitor: Steering Committee



Monitor: SY2016 - 2017 Progress

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

Monitor: Program Committee



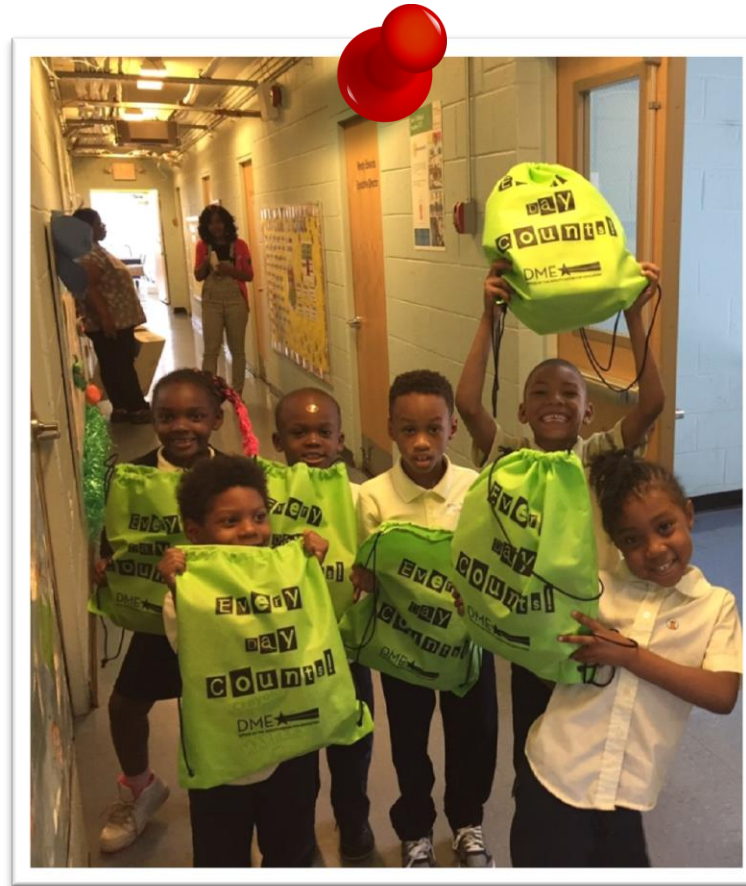
Monitor: Program Committee

Every Day Counts! Attendance Competition Winners



Approximately **fifty** 6th – 12th student winners were nominated by their school and rewarded by the Taskforce for their improved attendance. Awardees received two tickets to the National Museum of African American History and Culture.

Every Day Counts! Attendance Competition Winners



Approximately **seventy** K – 5th students were nominated by their schools and rewarded by the Taskforce. They (and their parents) received summer swag bags with games, toys, and pack lunch materials.



- Six schools (2 ES, 2 MS, 2 HS) with the most improved attendance have been identified and we are working to plan their end of year rewards.
- Currently still accepting donations
<https://dcwebforms.dc.gov/OPGS/donate1/>



Upcoming 2nd Annual Design Challenge:

- **Participants:** Seeking DCPS and PCS school-based teams to participate.
- **Location:** One location with various different schools/teams participating.
- **Date:** July 25th (prep in June; follow-up in Sept.)



Monitor: Program Committee

Updates to attendance.dc.gov:

- Home
- Policies
- Resources
- Truancy Taskforce
- FAQs
- Ed Stat



Ed Stat

Welcome school leaders, educators, staff and residents! The Truancy Taskforce meets on a bi-monthly basis and is a partnership among diverse District of Columbia agencies and stakeholders that collectively advance and coordinate strategies to increase student attendance and reduce truancy. The group includes representatives from education, justice, health clusters of the Administration, allowing for development and implementation of comprehensive attendance policies. Guided by an Ed Stat model, each Truancy Taskforce meeting focuses on a specific topic related to attendance. To view the Truancy Taskforce presentations, visit the [Truancy Taskforce](#) tab. After each meeting, the Taskforce posts key takeaways and relevant resources here.

Meeting Date: **March 2017**

Topic: Trends by Time of Year

At the meeting we learned the following:

- **Days of the week:** Student attendance is highest on Thursdays and the lowest on Mondays (followed closely by Fridays).

Spotlight on Success



During the year, E.L. Haynes Public Charter School noticed a pattern of low attendance on Mondays, Fridays or the day before or after a holiday. To increase their middle school in-seat attendance rate for the spring until the end of the year, they announced a special competition to staff, students and families after winter break. E.L. Haynes developed "Spring Forward to Excellent Attendance," which is a three-month competition that began on March 1st. Students and teachers have the opportunity to earn incentives (individual, grade level, school-wide) every month. To

reinforce the importance of Every Day, On Time attendance, the many incentives provided to students and teachers are prize bags, \$10-15 gift cards, dress down passes, and a Day Dance. Traditionally before long breaks and on Fridays, E.L. Haynes would have a significant number of students out. For this reason, they implemented "Fun Friday" celebrations before spring break to celebrate the students who achieved on time attendance and the grade levels who achieved the highest In-Seat Attendance rate for the month. Since implementation of challenges and the competition, E.L. Haynes Middle school has seen a nearly two percent growth for 6th and 7th grades. For more information regarding E.L. Haynes' attendance initiatives, please contact Vanessa Lewis at vlewis@elhaynes.org.

Recommended Resources

- [View strategies and recommendations for increasing attendance at the end of the school year](#)
- [Find resources to support attendance during the winter months](#)
- [View a toolkit on how to leverage positive relationships to increase student attendance](#)

Monitor: Data Committee



- Progress on Analyses
 - CFSA & CSSD Attendance Crosswalk

Monitor: Policy Committee



- No Committee Action but seeking assistance on:
 - Focus groups re: knowledge of policies
 - Upcoming discussions about CFSA education neglect referrals

Next Steps



Thank you, Truancy Taskforce Student Representatives!

- **Taskforce**

- Next Meeting: July TBD, 2017

- **Committees**

- **Steering Committee:**

- Strategic Planning/School Year 17-18
- Ride Along w/ MPD Truancy Officers

- **Data Committee:**

- Implement timeline for Ed Stat
- Reconvene on CFSA/CSSD & attendance data match

- **Policy Committee:**

- Revisit codes/regulations to match evidence
- Identify and draft guidance/webinar for LEAs/families

- **Program Committee:**

- Plan for 2nd Annual Design Challenge
- Update attendance.dc.gov
- Create and share additional resources for parents and LEAs

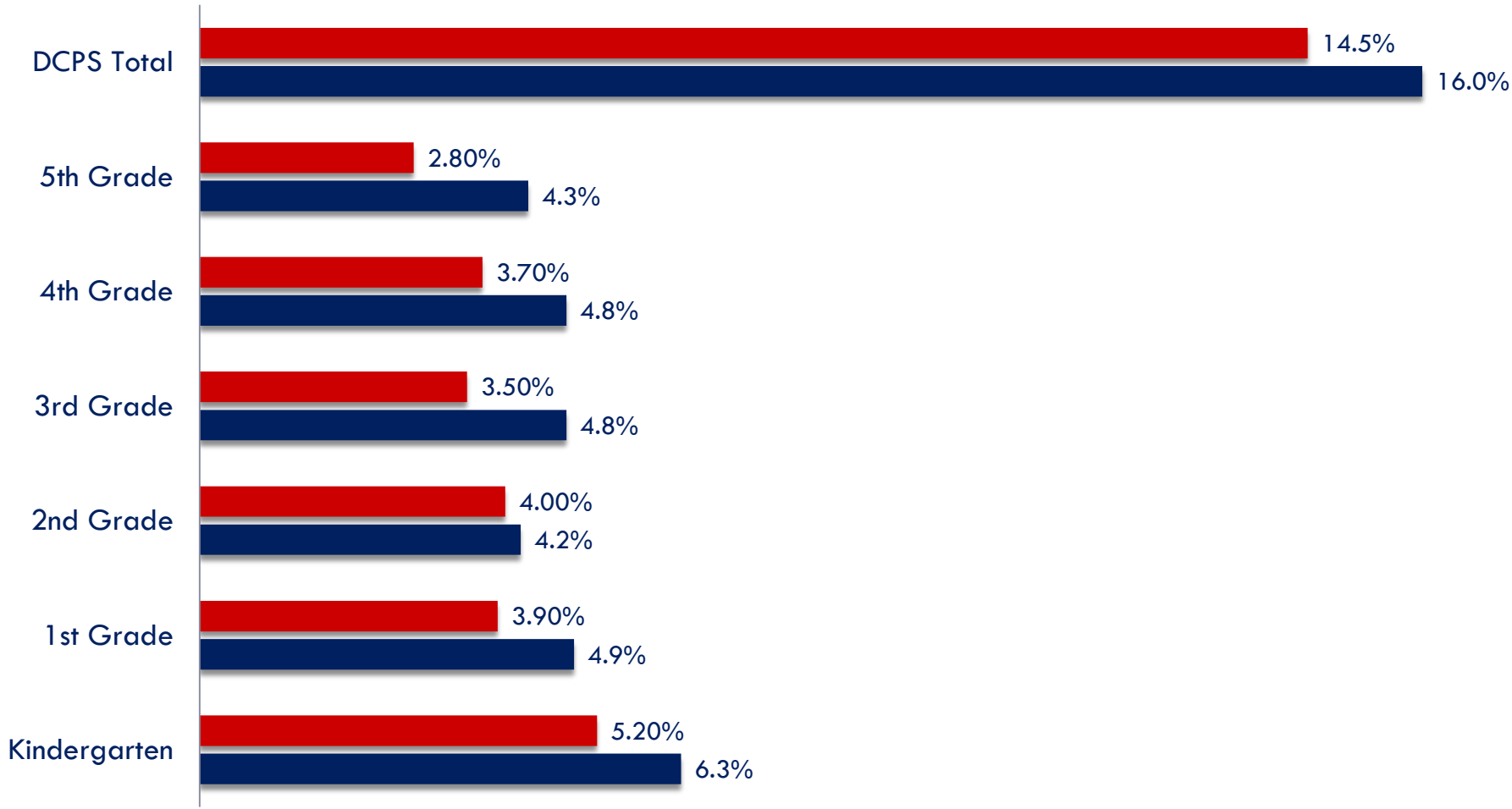
Appendix:

Additional Q3 Truancy Taskforce Data Committee Report Highlights



Chronic Truancy by Grade (K-5) DCPS

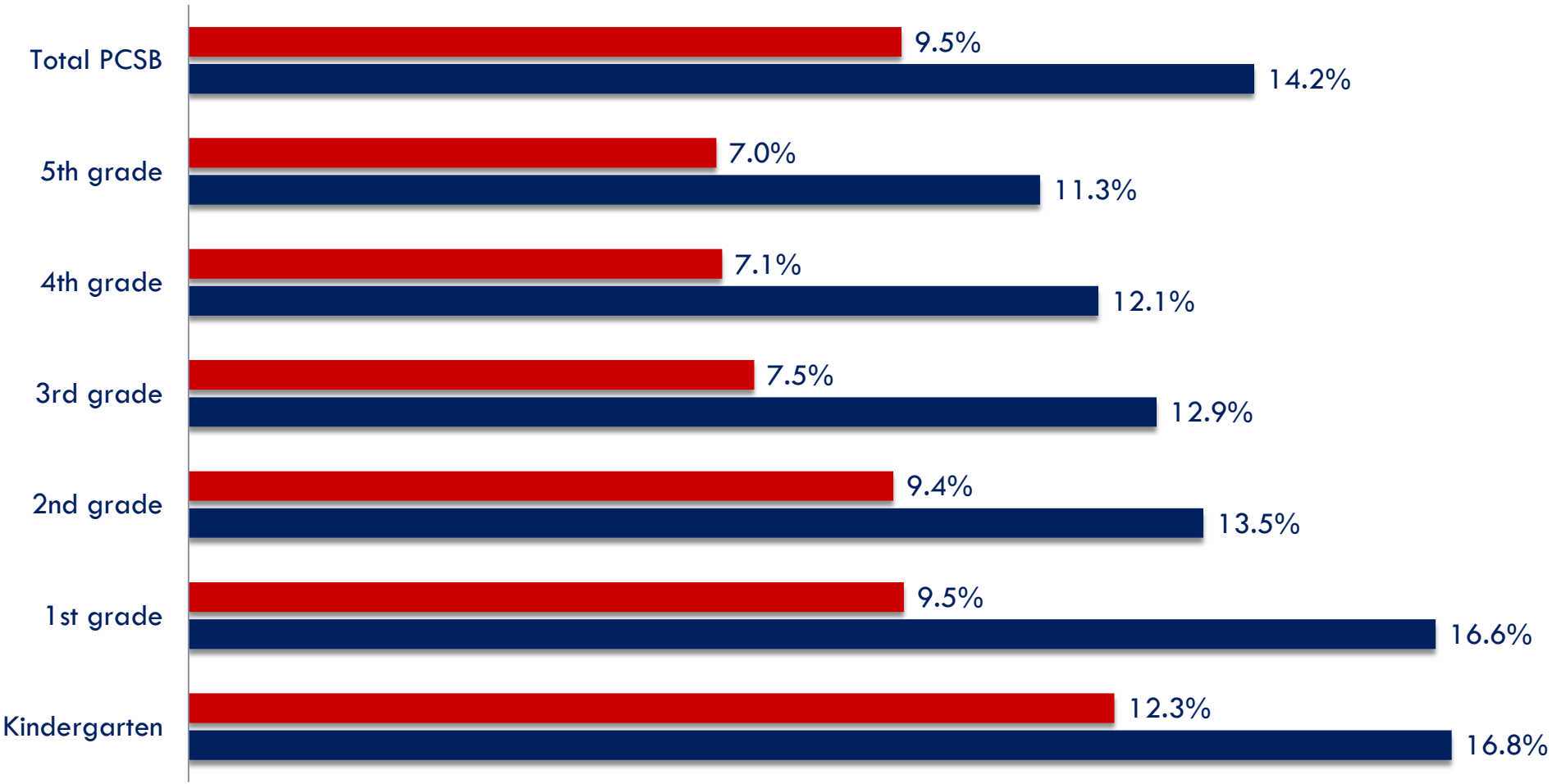
■ 2015-2016 YTD ■ 2016-2017 YTD





Chronic Truancy by Grade (K-5) PCS

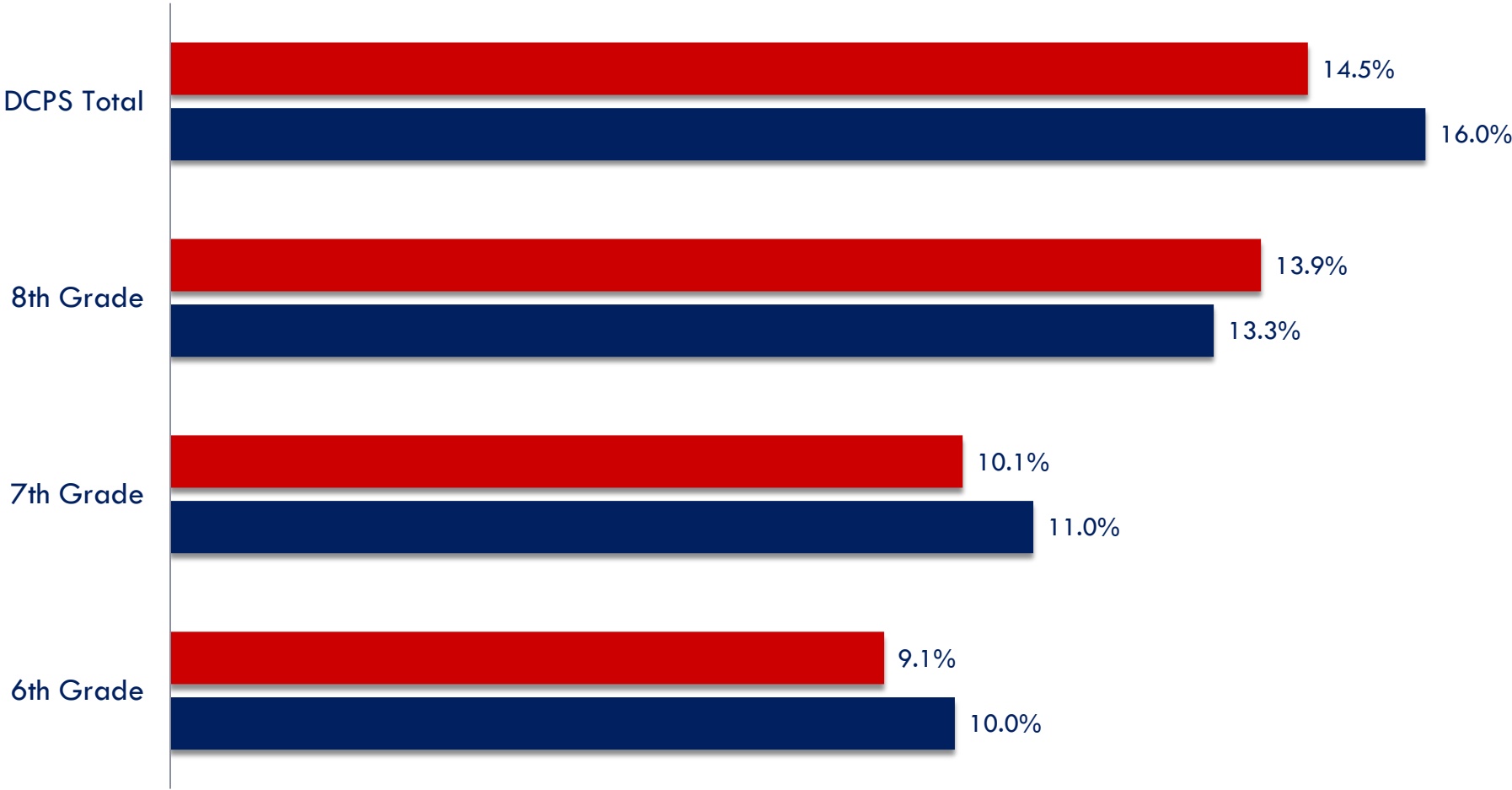
■ 2015-2016 YTD ■ 2016-2017 YTD





Chronic Truancy by Grade (6-8) DCPS

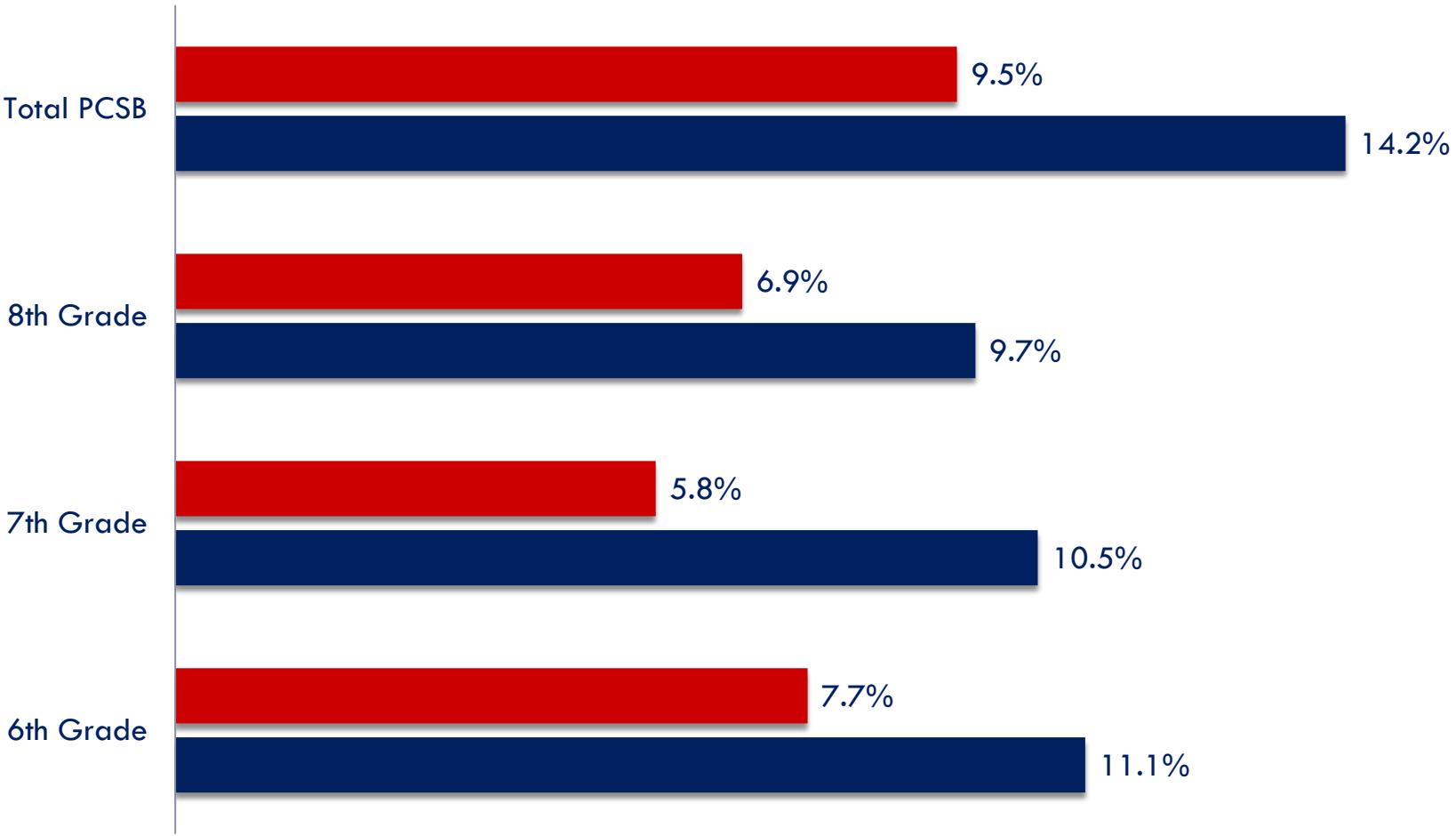
■ 2015-2016 YTD ■ 2016-2017 YTD





Chronic Truancy by Grade (6-8) PCS

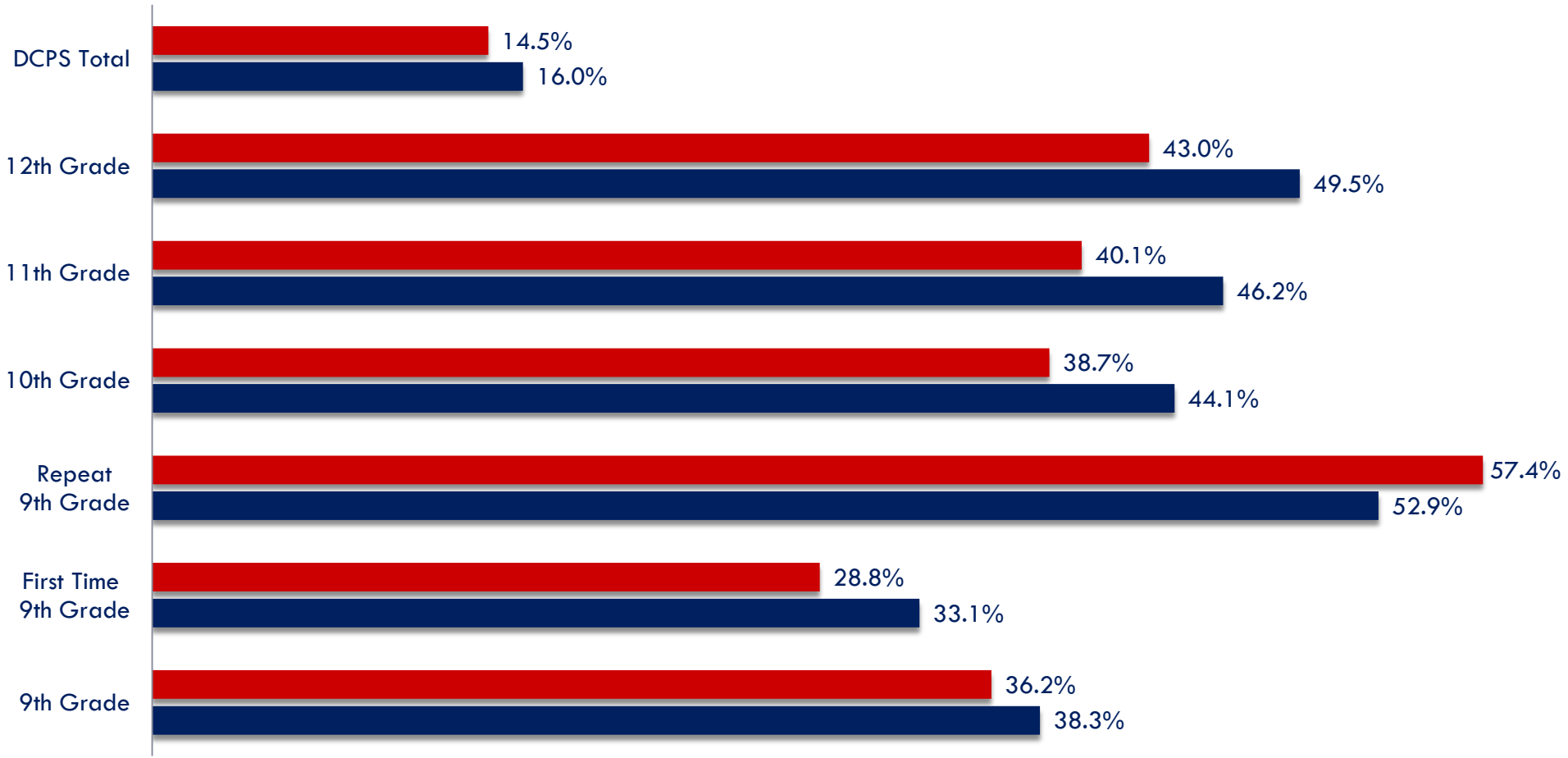
■ 2015-2016 YTD ■ 2016-2017 YTD





Chronic Truancy by Grade (9-12) DCPS

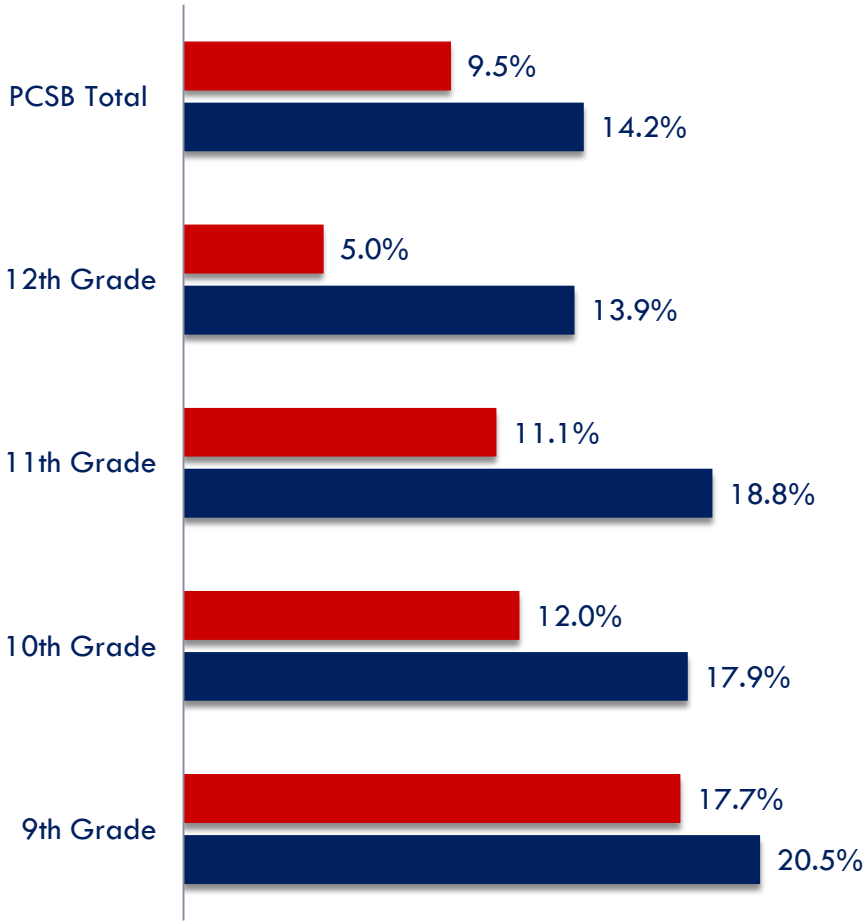
■ 2015-2016 YTD ■ 2016-2017 YTD





Chronic Truancy by Grade (9-12) PCS

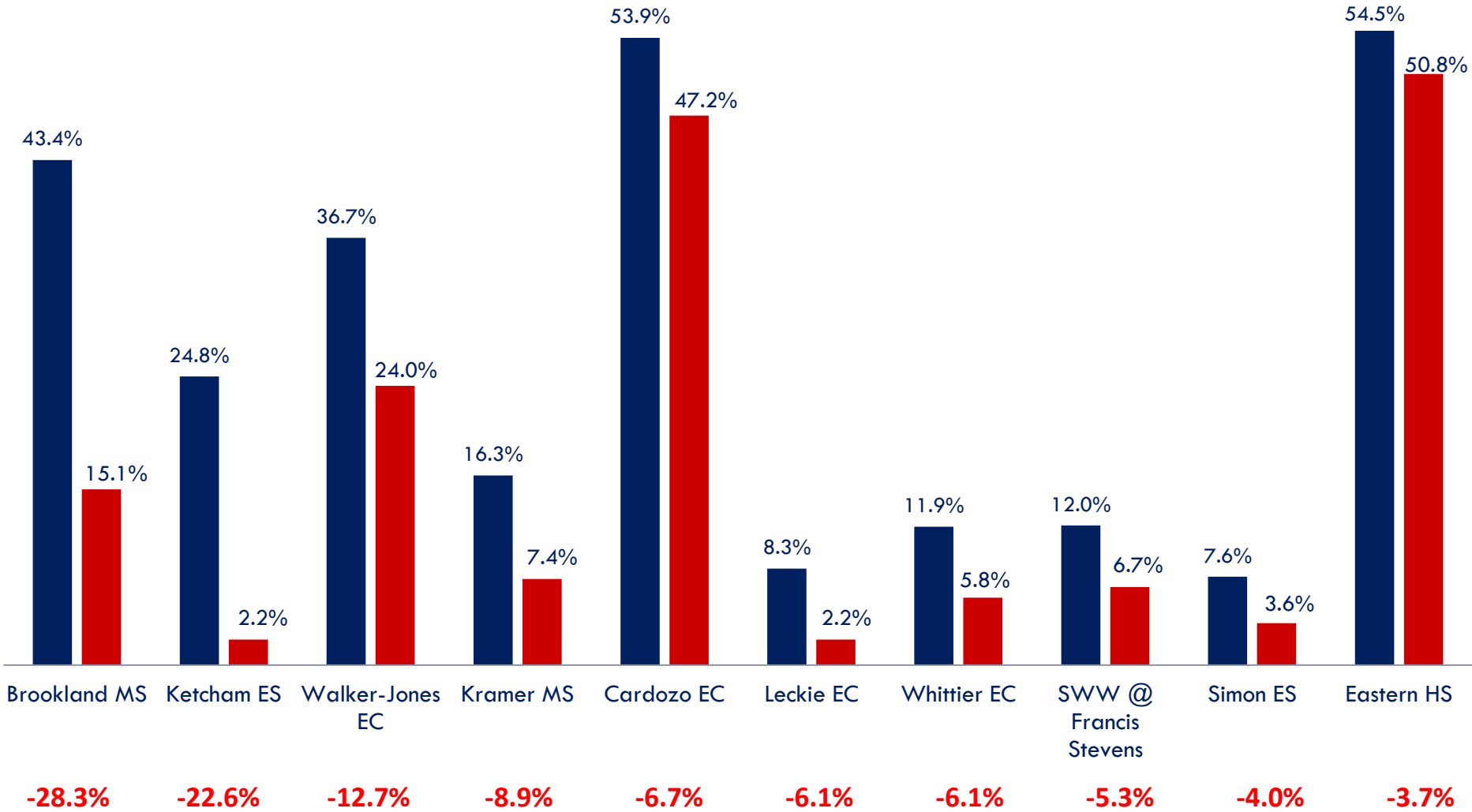
■ 2015-2016 YTD ■ 2016-2017 YTD





DCPS with Largest Reductions in Truancy

■ 2015-2016 YTD ■ 2016-2017 YTD2





PCS with Largest Reductions in Truancy

■ 2015-2016 YTD ■ 2016-2017 YTD2

