Truancy Clinic Pilot Program
Report of the Office of the Probate Court Administrator
January 5, 2016

Pursuant to C.G.S. section 45a-8c, the Office of the Probate Court Administrator (PCA) submits this report on the two truancy clinic pilot programs administered by the Regional Children's Probate Courts. This report provides an executive summary of the structure and effectiveness of the clinics. The attached reports from each of the clinics provide further detail.

Background

In 2008, Judge Thomas Brunnock, working with the Waterbury Board of Education, established a truancy clinic as an adjunct to the Waterbury Regional Children's Probate Court. Section 45a-8c, which was enacted in 2011, gave the Waterbury Truancy Clinic official pilot program status. The clinic operated from 2008 to 2015. The clinic initially served two of the city's schools, Margaret M. Generali Elementary School and Chase Elementary School. It later served the Driggs Elementary, Walsh Elementary and Sprague Elementary schools.

The legislature amended section 45a-8c in 2014 to expand the truancy clinic pilot program to New Haven. Immediately following passage of the legislation, Judge John Keyes established the New Haven Attendance and Engagement Clinic at the New Haven Regional Children's Probate Court. The clinic works with families at two schools, Quinnipiac Elementary School and Strong Elementary School.

In 2015, the legislature adopted an additional expansion of the truancy clinic statute by authorizing the establishment of a truancy clinic at any Probate Court that serves one or more towns designated as an alliance school district by the commissioner of education. No additional truancy clinics have been established as of the time of this report. The Waterbury Truancy Clinic terminated operations at the end of the 2014-15 school year.

Truancy Clinic Structure

While the Waterbury and New Haven clinics differ in some respects, the two pilot programs share the following structural core:

- The goal of the truancy clinics is to improve attendance among elementary school students with absenteeism problems. The clinics work primarily with the parents or guardians of truant students, rather than the students themselves, because school attendance is mostly a parental responsibility for students in the elementary school age range.

- Truancy clinics are designed to help families identify and resolve the causes of absences in a supportive environment. Each clinic is a partnership among the

Regional Children's Probate Court, the local school board and the Department of Children and Families (DCF). This collaboration enables the clinic to make appropriate services available to the family and deliver the services in a coordinated manner.

- A probate judge conducts the clinic sessions to signal the importance of the program and give participants the confidence that they are working with a fair and trustworthy community leader. The clinics are not judicial proceedings, however, and do not result in court orders or punitive measures.

- A family's entry point into a truancy clinic is a referral from a participating school. When a referral is made, the parents receive a written notice to attend a truancy clinic session at a specified date and time. At the first session, the judge meets with the parents or guardians to explain the program and informs the family that participation is voluntary. Parents or guardians who opt into the program sign a written agreement by which they commit to participate in the clinic for a full year.

- Periodic clinic sessions involve the parents or guardians, a DCF social worker, and representatives of the school, which may include teachers, guidance counselors, social workers, truancy officers and nurses. Community service providers may also participate in clinic sessions. Discussions center on the reasons for the student's attendance problems and ways to resolve the causes. Arrangements are made for medical care, counseling, tutoring, after school programs and transportation services. The student's progress is closely monitored over the course of the year and adjustments are made to services and programs based on the student's individual needs.

Effectiveness

- The Waterbury clinic received 73 referrals between September 2011 and February 2013. Among the 29 students whose families participated for a full year, unexcused absences fell by about 75%. Significant improvements were also achieved with families that agreed to participate but did not regularly attend clinic sessions or otherwise engage in the process. Statistics for the 2013-14 and 2014-15 school years were not yet available at the time of this report.

- The New Haven clinic received 109 referrals since April 2014. Of the 48 students whose families participated for a full year (28 students at the Strong School and 30 at the Quinnipiac School), unexcused absences fell by 50-55%.

- The clinics have discovered several common causes of absenteeism and have developed strategies to resolve those issues.

    - **Mental Health**: Student mental health issues are often a factor in absenteeism. DCF involvement is critically important because the department can arrange treatment services.

- **Asthma:** A significant portion of absences are related to asthma. The clinic works with the parents or guardians to obtain a current assessment of the child and up-to-date prescriptions from the treating physician. Prescribed medications are provided to the school. Many parents express concerns about limitations on the availability of the school nurse. The clinics provide an opportunity for school representatives to explain that other professionals are authorized to administer emergency asthma medication and are trained in first aid and CPR.

- **Transportation:** Problems with bus transportation, inclement weather and getting children from the same household to different schools all pose attendance challenges. The clinics provide a forum to engage in problem-solving on those issues. In New Haven, a new program enables a family to call the bus company for alternate transportation if a child misses the bus. In other cases, the clinic arranges passes for the public transit system to address unique transportation needs.

- **Family needs:** Children may miss school when asked to care for a sick relative, a problem that can often be ameliorated by engaging the services of community organizations.

- **Conflicting Priorities:** Truancy clinics provide a forum to address student absenteeism resulting from conflicting priorities such as extended vacations, observance of cultural holidays not recognized by a school district and failure to observe school start times. They also help families engage in better planning around school requirements, such as pre-enrollment medical examinations.

- A key component of the truancy clinic programs in both Waterbury and New Haven is the availability of quality after school programs sponsored by the board of education. The programs provide needed educational support for students whose parents and guardians may not be available to assist with school work due to second and third shift work schedules. Students whose parents are not fluent in English receive additional language instruction. Students and families also benefit from enrichment activities and recognition events that can serve as a reward for improved attendance records.

Conclusion

As pilot programs, the truancy clinics in Waterbury and New Haven have achieved remarkable results in a short period of time, cutting truancy roughly in half among a group of students who entered the program with high levels of absenteeism. The success of the clinics results primarily from two factors: first, the leadership and collaborative efforts a group of extraordinarily committed individuals from the Regional Children's Probate Courts, the local school systems, DCF and community service

providers and second, the availability of essential services and programs that address the root causes of truancy.

The truancy clinic model could clearly be replicated on a larger scale. The challenge is the lack of funding for additional clinics, despite existing legislation authorizing the establishment of more clinics at additional Probate Courts. The Waterbury and New Haven pilot clinics were able to function without state funding because Judge Brunnock and Judge Keyes volunteered their time to the endeavor and the schools and DCF reallocated internal resources. A district-wide truancy clinic in either city, or the addition of clinics at other Probate Courts, would necessarily require state funding for services, additional support staff and compensation of judges.

Waterbury Regional Children's Probate Court Truancy Clinic

Administrative Judge, Thomas P. Brunnock

September 1, 2013

The Truancy Clinic is a collaborative and systemic approach to addressing truancy. Ann Marie Cullinan, Chief Academic Officer for the Waterbury School District, and Judge Thomas P. Brunnock believed that students should be given the tools to support their educational success as early as possible. Thus, the Truancy Clinic was installed at the elementary school level in Waterbury.

Because the Truancy Clinic fixed itself to the elementary school population, the Truancy Clinic proceeding is initiated against the parent(s)/guardian(s) (hereinafter referred to as "Parent") of the students, and not the students themselves. The average elementary school student is 5 to 12 years of age and as a result of their minority, they cannot bear the responsibility of answering for their truancy. Rather, their absences are a consequence of their parents' actions, inaction and/or some larger systemic family issue.

A fundamental difference between the Waterbury Truancy Clinic and the Truancy Courts in other jurisdictions rests within the nature of the proceeding. The Truancy Courts are a judicial proceeding (i.e., arraignment, drug testing, punishment). The Truancy Clinic, however, is non-judicial. A Judge oversees the process but the Truancy Clinic is voluntary, non-punitive and designed to identify and resolve the causes of absences.

Currently, the Truancy Clinic operates as a by-product of the Waterbury Regional Children's Probate Court ("WRCPC").[1] The overall mission of the WRCPC is to more efficiently serve those children under the age of 18 and their families involved in matters of guardianship, termination of parental rights, adoptions, claims for paternity and voluntary admissions to the Department of Children and Families. Through a systemic and collaborative approach of mental health, community and educational service

[1] The WRCPC has the distinction of being one of the six regional children's courts in Connecticut.

providers, the WRCPC works to maintain and support family preservation, to deter the Court's children from future involvement with other Court systems, to mitigate their mental health issues and to encourage their educational success.

Dovetailing the WRCPC mission, the Truancy Clinic also engages the collaborative efforts of the local Board of Education, Department of Children and Families (DCF), teachers, social workers, truant officers, community resources/services, and most importantly, students and parents in a non-judicial process that addresses the systemic cause of the student's truancy. Ultimately, the Truancy Clinic returns a once truant child to a positive academic environment armed with self-esteem and personal growth. The outcome of the Truancy Clinic is not only a student, but also the student's entire family system, completely vested with and invested in educational success.

I. The Procedure

The Truancy Clinic procedure is simple. School officials regularly review their attendance records. Students with a demonstrated history of unexcused absences are identified as potential Truancy Clinic participants and may be the subject of a referral to the Truancy Clinic. Once a referral is deemed necessary and ultimately made by the school, the Clerk of the Truancy Clinic will process the referral by first assigning and preparing the Citation and Summons for the Presentment Part I ("P1") date. The Clerk will attach the school's referral form to the Citation and Summons and the Parents are then summoned to appear for the initial P1 proceeding before the Truancy Clinic Judge ("Judge") at the school of their truant student.

During the P1 proceeding, the Judge addresses the Parents in a group setting; he explains the reason for the Summons along with the nature and requirements of

participation in the Truancy Clinic. Participation in the Truancy Clinic requires that the Parents agree to insure that their child will (1) attend school everyday; (2) be on time; (3) behave; and (4) complete all assigned classroom work and homework. Further, the Parents are instructed that by participating in the Truancy Clinic they are also agreeing to comply with the school-required protocol regarding sick days.

After the Judge has reviewed the requirements of the clinic, the Parents are then excused and instructed to return the following week; same day, time and place for the Presentment Part II ("P2") proceeding.[2] As the Parents leave, they are given the Participation Agreement (which details the requirements of participation in the program) and a Release of Confidential Information (which provides for the mutual sharing of student related information).[3]

During the P2, each Parent meets individually with the Judge and states whether they intend to participate. If they agree to participate they are excused and given a date and time for the following week to appear for the next stage of the proceeding, the Review. (A parent who agrees to participate does so for a twelve (12) month period of time; e.g., if the participation commenced in January 2013, then the termination occurs in January 2014).

At the time of each Review, the Parents meet with the Judge individually. This Review process is the real life of the Truancy Clinic. During these Review meetings, the Parents and Judge engage in a dialogue about what they understand to be the cause of the unexcused absences. This process is designed to be non-adversarial, provide an

[2] Every week, on the same day of the week, at the same time and in the same place, the Truancy Clinic operates. This consistent stable scheduling has been a key to the success of the Truancy Clinic.

[3] There are Spanish and Albanian translations of the forms available for those who require a language other than English. Spanish and Albanian translators are also available at all proceedings.

assessment of the dynamics of the truancy and to develop, in collaboration with school officials, an understanding of and a pragmatic resolution to the unexcused absences. Since October 2011, DCF has assigned a social worker to each of the schools. The parents are told that DCF is a participant to the Clinic to help identify issues and offer services to families on a voluntary basis. Once a plan is established, the Parents return to weekly, or as needed, reviews.

II. Linkage and Coordination

In an effort to provide appropriate linkages to related programs, the Truancy Clinic utilizes all school department professionals including teachers, social workers, guidance counselors and administrators. Because truancy is such a dynamic issue, there is a need to have a diverse array of program services to meet the needs of the students and their families.

The Truancy Clinic has been in operation since January 2008. One of the most significant recent developments has been the participation of the Department of Children and Families (DCF) in the Clinic. A DCF social worker is assigned to each of the (2) Truancy Clinic elementary schools. The social worker's role is to assist families who request assistance, e.g. referrals have been made for IICAPS services, individual therapy, transportation assistance, etc.

With this skeleton presentation of the clinic's procedures as a background, we will now look at some of the statistical data of two (2) schools at which the Clinic presently operates.

Margaret M. Generali Elementary School

Generali school is a K-5 elementary school with approximately five hundred fifty (550) students of whom almost seventy-three (73) percent are eligible for free or reduced price meals. The ethnicity of the student population is approximately thirty-two (32) percent White, twenty-nine (29) percent Black, and thirty-eight (38) percent Hispanic. Approximately fifty-five (55) percent of the kindergarten students attended preschool, nursery school or Head Start. Over thirty (30) percent of the students above entry grade level attended a different school the previous year.

Between September 2011 and February 2013, there have been thirty-seven (37) students referred to the Clinic. Twenty-two (22) have not been in the Clinic for twelve calendar months so they are not included in the following analysis. In addition, one student transferred within two months of being referred to the Clinic and therefore, is not included in this analysis.

Fourteen (14) students in Clinic for one full year.	Twelve months prior to Clinic	Twelve months in Clinic	
Total unexcused absences	181	44	Reduction of 76%
Total excused absences	41	23	Reduction of 44%
Total unexcused tardies	77	42	Reduction of 46%

Of the fourteen (14) students, two families had two students each. Two parents refused to sign on, but their attendance was still tracked and the results are as follows:

Their combined unexcused absences were reduced from 17 to 0, their excused absences were reduced from 6 to 0, and their tardies went from 14 to 2.

The next sub-group was what the Clinic refers to as "non-participating participants" (NPP) ie. parents who did not attend Truancy Clinic regularly or more importantly, did not engage in their child's educational process. This group represents four (4) families with five (5) children. The statistics are as follows:

	Twelve months prior to Clinic	Twelve months in Clinic	
Total unexcused absences	65	38	Reduction of 42%
Total excused absences	28	12	Reduction of 58%
Total unexcused tardies	39	12	Reduction of 70%

A brief profile of this group is two (2) of the four families have DCF histories. One family with two students included a kindergarten student who had twenty-one (21) absences, and a sibling who was an eight year old second grader who had averaged twenty-seven (27) absences a year.

All students in this group were reading below grade level. One mother refused to attend a PPT meeting at the school for her child who was already receiving special educational services. One mother did finally enroll her children in the after-school program and although as of January 2013 was still almost one full year below reading level, the student had started to make "marked improvement" per his teacher.

The remaining seven (7) students represent six families. The statistical analysis is as follows:

Seven students in Clinic for one full year	Twelve months prior to Clinic	Twelve months in Clinic	
Total unexcused absences	93	4	Reduction of 96%
Total excused absences	12	9	Reduction of 25%
Total unexcused tardies	22	10	Reduction of 55%

Chase Elementary School

Chase Elementary School is the largest K-5 elementary school in Waterbury with approximately eight hundred fifty (850) students. About eighty (80%) per cent of the students are eligible for free or reduced price meals. The ethnicity of the student population is approximately thirty (30%) per cent white and seventy (70%) per cent minority with twenty four (24%) per cent black and forty three point five (43.5%) per cent Hispanic. Only fifty (50%) per cent of the kindergarten students have attended preschool, nursery school or head start. Over forty (40%) per cent of the students above entry grade level attended a different school the previous year**.**

Between September 2011 and February 13, 2013, there have been 36 students referred to the Clinic. Two students have not been in the Clinic for twelve calendar months so they are not included in the following analysis. In addition, nine students transferred within a short time of being referred to the Clinic and therefore are not included in the following analysis.

Out of the remaining twenty-five students, seven parents refused to sign on to the Clinic. Two of these families have DCF histories. One of these students has been absent fifty (50) days in the previous three years. In the year of referral, he had been absent

nineteen (19) days as of April of this school year!! Three of the students were receiving special educational services from the school. Almost all were reading below grade level. The individual students in this group averaged from sixteen (16) to twenty-seven (27) absences a year. One student had a total of eighty-six (86) absences in her first four years of schooling.

As indicated in the prior analysis there were parents who although they signed on to the Clinic, are labeled "non-participating", that is, they did not attend the Clinic sessions or more importantly did not participate in the educational process of their child. There are three families who fall into that category.

Three students in Clinic for one full year	Twelve months prior to Clinic	Twelve months in Clinic	
Total unexcused absences	34	19	Reduction of 45%
Total excused absences	6	25	Increased by 450%
Total unexcused tardies	41	30	Reduction of 27%

One of the students had in the prior three academic school year averaged thirteen absences per year and now has six (6) in the Clinic, and his tardies were reduced from twenty (20) down to nine (9). Another student received special services from school, has major asthma issues, is reading below grade level, and the parent had been completely non-cooperative with school interventions. Prior to Clinic, this student had a total of thirty absences (6 excused, 24 unexcused) and in Clinic, had twenty-eight (28) absences

(19 excused, 9 non-excused). In the first three years of school, this child has missed 92 days of school-one half of a school year!!

The third student's mother has refused all school interventions e.g. meetings with teachers, assisting in homework plans, etc. This family has a DCF history and the student is reading below grade level. Although this student was absent just four days in Clinic, his tardies continue and he has had 21 tardies at an average of one hour late for each tardy.

Seven (7) students are from three families. It has been the experience of the Truancy Clinic that out of any group of this size, a certain percentage are families who have several students who are truant. In this group, three families represent 38% of the total group of fifteen. The statistics are as follows:

They have 81 of the total of 206 unexcused absences prior to Clinic (395 of the total). While in the Clinic, this group of seven students' unexcused absences were reduced to seventeen (17), a reduction of 80%!!

We will now look at the statistics of the fifteen students whose parents participated in the Clinic for one year.

Fifteen students in Clinic for one full year	Twelve months prior to Clinic	Twelve months in Clinic	
Total unexcused absences	190	48	Reduction of 75%
Total excused absences	63	34	Reduction of 47%
Total unexcused tardies	116	82	Reduction of 30%

III. QUALITATIVE ANALYSIS

Now that the statistical data has been presented, it is appropriate to explain the "why" and "how" of the approaches the Clinic took to achieve the reductions in truancy. The experience of the Clinic has found certain major issues involved in truancy.

1. Issues related to Truancy in the clinic

1) Mental/Behavioral Health- The importance of DCF involvement is to assist the schools and the families address these issues with needed services.
2) Approximately 12-15% of the absences are asthma related. This correlation between truancy and asthma was usually established by the parent during the first weekly Clinic review.
3) One time issues – for example, extended vacations, late sign-up in the beginning of the school year due to failure to have the required pre-school medical examination by a physician.
4) Transportation – out of district school bus problems, walkers to school who arrive late either because parents bring their children late or they are "slow walkers." Some students are late 20, 30 or 40 times out of 180 school days. This causes a serious disruption to the educational process of the individual students and class.
5) Family Issues – e.g., parents work 3 p.m. to 11 p.m. caregivers cannot assist with school work, language impairments, etc.
6) Hard-Core Truant – as indicated in the footnotes to the statistical analysis given above, it is obvious that some students/families present a situation wherein the parent has refused all voluntary services offered by the school and clinic and their

child(ren) continue on a down-hill spiral of truancy, ultimately leading to educational failure and school dropout.

2. Approaches

As indicated earlier, once the parent voluntarily enters the clinic and has signed the participation agreement and release of confidential information, Judge Brunnock and the Clinic team then meet with each parent individually.

The first step is to have the parent(s) describe what they think is the cause of truancy. Once the parent responds with the cause, such as "asthma," the engagement process begins and the parent becomes invested in the resolution of truancy. The response is never to the parent "Well, Mrs. X, you know that asthma is no excuse for being absent from school." The parent is then asked who the treating physician is, what medications have been prescribed, did the treating physician give the medically prescribed prescription to the school nurse who then can give the child medications in school (e.g., nebulizer, inhaler, etc.). Parents are urged to have current assessments of their child so that proper medications and evaluations are made.

The Parents are urged to provide the school with updated medical information regarding their child and to also get updated assessments from the child's treating physician.

While no one response can be labeled the most successful, the clinic's after-school program has had the most profound effect on the Clinic students. School officials report that homework problems are lessened and academics improve for those students who participate in the after-school Clinic program. The after-school clinic program gives each student one and one half (1-1/2) hours of extra tutorial help three (3)

afternoons a week. The students are fed a snack and are bused to their homes each day. The after-school program has provided some much needed educational assistance to students. Many of the bi-lingual students' parents are not fluent enough in English to give homework assistance to the students in spelling or reading. Many parents work the second shift (3 p.m. – 11 p.m.) and the child's caregiver does not provide help with homework. Some students need extra assistance with one or more subject matters. The after-school program provides the child the opportunity to achieve academic improvement and success. Almost 100% of the parents have their children participate in the after-school program.

The success of the after school program is also evidenced by the fact that at the beginning of each semester (September and January) the parents are asking when does the after-school program start. The added dimension of the after-school program is that often, students who, although they "love" the after-school program, are at times behavioral problems in their classrooms during the day. Teachers have successfully used the after school program as a behavioral modification tool by telling the student that "good behavior" is rewarded with attendance in the after school program.

This brief description of the issues and the collaborative approach to addressing these issues has led to some very dramatic results. What is needed now is to address the truancy issue on a city-wide basis for a multi-year period of time, which would include twenty (20) elementary schools and at least three (3) middle schools. By addressing truancy in this manner, the clinic model can be appropriately tested.

Attendance and Engagement Clinic New Haven Regional Children's Probate Court

Administrative Judge, John A. Keyes

September 1, 2014

The New Haven Regional Children's Probate Court adapted the Truancy Clinic model provided by Judge Thomas P. Brunnock, and Ann Marie Culligan, Chief Academic Officer for the Waterbury School District. Their main credence of this program is to provide the proper tools to support elementary school parents in creating educational success as early as possible. The Attendance and Engagement Clinic has been established through the New Haven Regional Children's Probate Court with collaboration from the Department of Children and Families and the Board of Education, and launched on April 14, 2014. This report has been submitted in compliance with Section 6 of the Connecticut General Statutes 45a-8c.

The purpose of this Attendance and Engagement Clinic is to focus on the parent(s)/guardian(s) of elementary level students. This non-judicial approach engages parent(s)/guardian(s) to address obstacles regarding their responsibility in keeping their children engaged and present in school. This is a voluntary program designed to maximize on the available resources that the school, the Department of Children and Families (DCF) and the New Haven Regional Children's Probate Court (NHRCPC) have to offer.

Launch

In New Haven, Judge, John A. Keyes, oversees and meets with each family to identify, assess, address, and resolve the causes of the student's absences. The Attendance and Engagement Clinic is piloted in Quinnipiac Elementary School, and Strong School, which are two Kindergarten through grade four elementary schools. With the commitment of the school principals, teachers, community providers, DCF, truancy officers, the City of New Haven, parents and family, this program launch was successful. The mission is to positively engage students in school while addressing attendance issues directly with the parent(s)/guardian(s).

The New Haven Public Schools utilizes a combination of universal prevention strategies, selective intervention strategies and targeted interventions in collaboration with other support agencies aimed at supporting students and their families to complete their formal education. If truancy is addressed in the formative years of a child's education, then there is a greater chance of success in academic performance thus increasing the rate of graduation. We learned from other communities that caregivers of truant students respond positively to one-on-one meetings with an effective and positive community leader. In this instance, the probate judge who is accustomed to working with parents and guardians alongside community partners, will have a vital role in this clinic. The NHRCPC has and will support the New Haven Public School's District mission to reduce absenteeism and tardiness at the two participating schools.

Procedure

Starting at the beginning of each school year, principals, teachers, and school officials notify the parent(s)/guardian(s) of the district attendance and absenteeism policies as well as the value and importance of everyday attendance to insure great outcomes for their children. If the school year has begun and absences are accumulating, the teacher, vice principal or principal reach out to the family with a telephone call to initially address the upward trend of absences and/or tardies that the student has. If there is no response to the phone call, a subsequent letter is sent to the parent(s)/guardian(s). The first requests an informal meeting take place with the school official to discuss options and strategies for improving attendance. If there is no response, a second letter is sent to the family informing the family that the matter has been referred to the New Haven Regional Children's Probate Court Attendance and Engagement Clinic to formally address attendance issues. The Clinic collects a referral packet which contains basic student information, including a list of all efforts to contact the family, along with the attendance record, current and historical (if prevalent). At the onset of

the program in April 2014, each of the schools provided ten referrals per month to the Clinic. Once the Clinic received the referral packets, a citation is developed for the school's truancy officer to deliver to the family. Judge Keyes initially meets in a group setting with all ten families at the school. Having the clinic in the individual schools provides a non-judicial approach and welcoming atmosphere.

In the group setting, Judge Keyes explains his role as Probate Judge, and explains the purpose of the Attendance and Engagement Clinic. Since many of the parent(s)/guardian(s) present are not familiar with the program due to the lack of communication with the school or the misunderstanding of the attendance policy, the principal or other designated school official will have the opportunity to explain the attendance policy. We explain that the Clinic is a one year voluntary program and involves monthly one on one meeting with the 'team.' If there is further apprehension about joining the program, we explain that the Attendance and Engagement Clinic offers an alternative solution to the filing of educational neglect in Superior Court for Juvenile Matters. If families are willing to participate in the program, we have them sign a participation agreement and an authorization for use and disclosure of protected health information. With the families signing the authorization, this permits the communication between the school, the Department of Children and Families, the Children's Probate Court, and any other agencies, or providers who may be involved with the family. Once the agreement and authorization are signed, the Judge, Principal/Vice Principal, Department of Children and Families Social Worker, and Court Clerk meet one-on-one with the parent(s)/guardian(s). If the family needs time to review the agreement and authorization, they are excused from the meeting and will be re-noticed of a new clinic date within two weeks. We stress to the families that waiting too long to sign up to the program will then prolong addressing attendance and tardy issues, putting the student at risk of failing or grade retention.

Barriers & Solutions

Of the City of New Haven's demographics, there are thirty one elementary and middle schools across the City. The Board of Education deploys a lottery system for residents and prospective students to attend the public schools. The urban setting provides both challenges and conveniences for the residents of New Haven. A student and their family may relocate within a few blocks of a school; however, the student may not be able to enroll in that neighborhood school. The majority of the families in the clinic rely on school bus transportation. If the student misses the bus, many families do not have the means to transport the child to the school, whether by personal or public transportation. During the winter months, the slick roads can cause a delay of both school start times and the bus schedule. Parent(s)/guardian(s) do not wish to keep their child waiting outside in the cold weather, and students then often miss the bus. All clinic participants were unaware of the policy that if their child misses the bus, they can call the bus company, and after the bus initially drop students off to school, they can return to pick that child up. The late arrival in that instance would not count as an absence or tardy. Providing this information to the Clinic participants alleviated stress as many of them did not have alternative transportation for the family.

Since many families have children in different schools throughout New Haven, bus pick up and drop off times vary which creates a challenged to the parent(s)/guardian(s). Parent(s)/Guardian(s) also articulated a sense of frustration that their children could not attend the same school. With different work schedules, many families did not have an adult to place the child on the bus; therefore they would be responsible for bringing the child to school, or having an alternative adult place their child on the bus. To remedy this circumstance, the Clinic provided bus passes for the family to secure a mode of transportation. The Clinic also had to explain the importance of arriving to school on time

since tardies amount to absences after a certain amount. There were a few parent(s)/guardian(s) who personally brought their children to school since they faced inconsistencies with the school bus; however, they were bringing their children in late.

Another challenge that the majority of students faced were health issues. Approximately 50% of the clinic participants suffer from asthma. The Clinic informed the parent(s)/guardian(s) of the importance of keeping a second asthma inhaler or nebulizer, and in one case, breathing machine, with the school nurse. Many parent(s)/guardian(s) expressed apprehension since both school nurses' work minimum hours and they have a lack of confidence that someone else could administer their child's medication. The Clinic eased the families' concerns by explaining that there were other school personnel who have been authorized to administer medication, first aid, and CPR. Within the umbrella of medical issues, the parent(s)/guardian(s) expressed concern about the schools' approach for collecting medical notes. One school was excepting a hand written letter from the parent(s)/guardian(s) stating their child would be missing school due to illness. The Clinic encouraged the school to come up with a uniform approach to accepting notes. The schools are now required to accept a doctor's note from the treating physician to excuse the child's absence.

Apart from attendance, many teachers expressed concern with students' weekly progress reports highlighting the student's inconsistencies with completing homework. Many parent(s)/guardian(s) conveyed that their children would do their homework but would not turn it in. We encouraged families to create a homework folder and place it in the same location in the home, and the same location in their backpack so it could be turned in daily. The clinic recommended creating a quiet place, such as a corner of a room, designated specifically for homework. Families were satisfied to see their children's grades increase when homework requirements were fulfilled.

Many absences were one time issues including extended family vacations, late school sign up, and deaths in the family. We continued to be culturally aware of family holiday traditions that impact on attendance, however reiterated the district attendance policy.

Quinnipiac Elementary School has the benefit of having an onsite afterschool program for their students. The Clinic is able to provide funding, for the families who qualify, to attend the afterschool program. With students staying after school, they are able to get assistance with their homework, as well as participate in activities. Clinic participants expressed a desire to have their children in these programs however; finances were the main constraint from allowing them to enroll their children in an afterschool program. A challenge with providing funding to allow these families access to afterschool care, was the commitment the parent(s)/guardian(s) needed to sign their child up. Upon filling out the financial application and fee waiver through the clinic, they needed to go to the program to fill out an application. Many participants failed to follow up with the afterschool program, therefore never enrolling their child. Camp Antrum, LEAP, Farnam Neighborhood House, Boys & Girls Club, and the Central Connecticut Coast YMCA, all have partnered with the Attendance and Engagement Clinic with a willingness to enroll students. The children that attend Strong Elementary School who did enroll in one of the afterschool programs did see a significant decrease in absences and tardies, as well as an increase in academic performance.

Results

From April 2014 through May 2014, Quinnipiac Elementary School referred 19 truant students to the program. In June 2014, they referred an additional 11 truant students to make them aware that their future attendance will be closely monitored in the beginning of the fall 2014 school year. In the two months prior to the Clinic's engagement, those 19 students had a culmination of 108 absences. Two months into the Clinic's engagement, those 19 students had a culmination of 51 absences, creating a 47% positive change to attendance.

From April 2014 through May 2014, Strong Elementary School referred 30 truant students to the program. In the two months prior to the Clinic's engagement, those 30 students had a culmination of 190 absences. Two months into the Clinic's engagement, those 30 students had a culmination of 138 absences, creating a 28% positive change. Six families that were referred into the Clinic have never appeared before the team.

Conclusions & Projections

The Attendance and Engagement Clinic will continue to work with providers as a non-judicial, non-punitive system to support and maintain a positive experience between the family and the school. Once the child is attending regularly, their self-esteem grows since they are aware of what is occurring on the day to day educational routine.

As the Clinic grows, we are working to develop a tier system gauging the needs and necessities for each individual family. We hope to provide workshops and family nights to encourage participation and an overall positive outlook to the educational system. After our involvement in the first few months of this project, we urged the two schools to develop their own task force specifically geared towards attendance. Both Strong School and Quinnipiac School have developed their own team of teachers and school officials to track and better address attendance. The Board of Education had a successful summer canvasing the majority of the New Haven neighborhoods to remind and educated families of enrollment. The Department of Families was instrumental in providing families with names of shelters and food banks for the families in need of additional supports. The Department has expressed the desire to utilize additional outreach partnerships (i.e. triple P parenting, mom's partnership, and father involvement programs). The Clinic has significant concerns with the few families that did not appear for any of the clinic dates, including the initial group meeting, and the one-on-one monthly meetings. If the parent(s)/guardian(s) create a track record of non-attendance, we will consider summonsing the family to the New Haven Regional Children's

Probate Court instead of the school since we need to consider alternatives to encourage the family to become more engaged and committed in the program. Other suggestions, pending resources, have included implementing one afterschool program designated to each school, easing the challenge of parents going to different programs throughout the city to sign up.

We will continue to work with the Department of Children and Families, Board of Education, truancy officers, teachers, social workers, nurses, and other personnel to keep up to date with pending legislation including immigration services, to make sure we are in continual compliance with the statutes and pending law. Other local New Haven elementary schools have expressed the desire to have the Attendance and Engagement Clinic introduced to their schools. Once we have a full year of Clinic meetings, we can better assess the effectiveness of the Attendance and Engagement Clinic. Over multiple years, we can better grasp the effectiveness of the program by tracking the initial group of students, and their attendance throughout their tenure in their prospective elementary schools.

Attendance and Engagement Clinic New Haven Regional Children's Probate Court

Administrative Judge, John A. Keyes

September 1, 2015

Reflection

As we approach the 18th month anniversary of the New Haven Regional Children's Probate Court Attendance and Engagement Clinic, we are beginning to see the benefit of our experience. At the onset (the Clinic was launched in April of 2014) we were enthusiastic and energetic and even a bit idealistic about the expectations of the clinic. We did not know what impact, if any, we would have on the families. We did not how we would be received. We saw some very positive initial statistics. At the conclusion of the 2014 school year, we saw a 47% positive change to attendance at Quinnipiac School and a 28% positive change at Strong School. We developed solid working relationships with our school administrators, DCF representatives and many families. We ended the school year with a celebration at Dairy Queen (funded by a donor in the community) for ten children from Quinnipiac School whose attendance had significantly improved. We gave each of the children a gift card to Barnes and Noble and one boy read a poem he had written. We were proud of the initial success. Our clinic was modeled after the Waterbury Truancy Clinic, so we naturally looked to theirs for guidance. We also studied similar programs in other areas and we continued to read studies and articles on the subject and we found excellent resources on the attendanceworks.org and reachoutandread.org websites.

One example of an area needing improvement was leaving it up to the families to sign up for the after school programs and take advantage of the scholarships we were offering. The logistics of this may have been confusing or overwhelming to many of our families, for reasons such as lack of transportation, no support system with multiple children and one parent, and/or a language barrier. The result was underutilization of the resources we had available to clinic families. To alleviate these issues going into the second full year of the clinic, we had an orientation meeting at Quinnipiac School before the first day of school with all the forms ready and team members available to assist the families with the paperwork. We hope that by streamlining this process, we get as many as ten students enrolled in the after school program right away, as we learned that the students who took advantage of this showed the greatest improvements academically and with attendance in the first full year of the clinic.

Looking Ahead

The celebration at Dairy Queen was a great way to end the initial months of the clinic, but as we progressed into the next year, our first full school year, we realized that the same families that showed improvement continued to do so, and the families that ignored the letters, meetings and outreach also continued to do so. We need to change our approach and find a way to reach these families. We continued to research other successful programs to see what ours was lacking. The common denominator in some of the highly successful programs, that our program was lacking, was the home-school connection. We met with professionals from the New Haven Home Recovery who were running a very successful program through a grant at a K-8 New Haven school with similar demographics to our two schools. They were experiencing very positive results. Their program involved three full-time home visitors with social work degrees. The goals of the program are to:

1. Enhance nurturing parenting practices;
2. Reduce stress related to parenting and
3. Increase parental involvement in the child's education.

While we were not able to add such a component to our program at this time, Judge Keyes was able to form a partnership with the Clifford Beers clinic of New Haven. The program they offered to us is called Care Coordination. The Care Coordinator provides what is known as "Wraparound" to our families. Wraparound is a process by which the Care Coordinator and the family put together a team to support the family while addressing the child's needs. The Team:

1. Draws on strengths of the family and team members;
2. Respects the family's culture;
3. Focuses on uncovering what the family really needs;
4. Takes into consideration all members of the family and promotes collaboration all who touch the child's life.

This opportunity to partner with Clifford Beers will hopefully enhance our ability to engage with the families that we were unable to reach, and to really emphasize the meaning of engagement in our clinic name. We are very excited to begin the 2015-2016 school year armed with this new layer to our clinic. We will work with our principals to identify the families that would be best served by this program and hope to see continued success and improved attendance for the children of these families, so that they may be ultimately successful in school and in the community.

There were other things we learned after studying the data from our first full school year (2014-2015). We learned that the families who took advantage of what the Clinic had to offer (the meetings as well as the scholarships for after school programs) saw the most significant improvement, not just in attendance but in reading level and grades. We hope that by making this process simpler and more efficient, we can enroll more families into the aftercare programs and in turn, reduce some of the chronic absenteeism. The afterschool program at Quinnipiac School is a STEM program (Science, technology, engineering, art and math) and includes activities in the aforementioned areas as well as a healthy snack, homework assistance, and various indoor and outdoor activities. The STEM afterschool program is run by the Quinnipiac school administration and staff.

Another component of the clinic we plan to expand upon this year is the incentive program. Research proves this to be highly effective. The proposal is for Quinnipiac School to award four prizes per month to students who had perfect attendance during that month at their monthly Community Meetings. In addition, two parents will be awarded with a gift card for their child's perfect attendance. We are hoping that by recognizing the parents' efforts, they will spread the word about the clinic and our POSITIVE interaction with families. Our goal with the principal from Quinnipiac School it to have a dinner at the end of the school year, like we did at the end of the first year, but this time for students with PERFECT attendance.

Conclusions and Projections

The Attendance and Engagement Clinic will continue its supportive and personal approach to a very important social issue. "Going to school regularly in the early years is especially critical for children from families living in poverty who are less likely to have the resources to help children make up for lost time in the classroom." (taken from an article by Hedy N. Chang and Marijose Romero, September 2008, Present, Engaged and Accounted For, *The Critical Importance of Addressing Chronic Absence in the Early Grades,* National Center for Children in Poverty, Mailman Schoool Of Public Health, Columbia University. This article was shared at one of our earliest brainstorming meetings for the development of the clinic in early 2014. The article highlighted many family-related issues as causes of the absences, many of which we went on to hear about when meeting with families. Understanding that family-related issues are often part of the cause of the absence, our ability to engage with the families is critical. From the onset it has been our objective to engage with families in a non-punitive, non-disciplinary manner. We have had great success with some families. Our focus continues to be in helping to resolve some of the issues that families are facing which are prohibiting them from getting their children to school every day. We are hoping to reach more families this year, with our new partners, so that we may continue to educate families about the importance of attending school daily so that they may be empowered to succeed in school and beyond. The article mentioned above also noted that "among poor children, chronic absence in kindergarten predicts the lowest level of educational achievement at the end of fifth grade." This is exactly why our clinic targets the youngest children; our goal is to break this cycle.

The barriers to attending school every day as identified by many of the families in the initial launch of the clinic were reiterated by many in the first full year of the clinic. These were mainly health concerns, transportation issues, extended family vacations, late sign-ups for school, and deaths in the family that necessitated travel. Many of the families seemed to gain some understanding of the significance of these days adding up to decreased school performance in the long run after meeting with the members of the clinic team. The transportation issues are being addressed by the principal with the Board of Education. We

have included school nurses in our clinic meetings to alleviate some of the concerns the families have about their children's medical needs being met during the school day (ie use of inhaler, etc), as well as coordinating care with their primary doctors.

One of the other areas we would like to change is the procedure for the families who, despite our best efforts, including letters, multiple invitations to meet the clinic at the school, and being summonsed to appear before the clinic team at the Probate Court, do not engage with the clinic. Judge Keyes had a meeting with the Superintendent and also attended a meeting at the Superior Court for Juvenile Matters in an effort to create a streamline process for the schools to make referrals to DCF for these families. The schools and the clinic need to be able to levy some consequences on the families that are still chronically absent.

Strong Elementary School

Twenty-eight (28) students in Clinic for one full year.	First Year of the Clinic (2013-2014)	Twelve months in Clinic (2014-2015)	
Total unexcused absences	669	306	Reduction of 55 %
Total excused absences	231	148	Reduction of 36 %

Quinnipiac Elementary School

Thirty (30) students in Clinic for one full year.	First Year of the Clinic (2013-2014)	Twelve months in Clinic (2014-2015)	
Total unexcused absences	676	338	Reduction of 50 %