

Healthy Families ❖ Thriving Communities Collaborative Council

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Testimony of Richard Flintrop
On Behalf of the Healthy Families/Thriving Communities Collaborative Council
before the
Committee of the Whole regarding
The South Capitol Street Memorial Act of 2010 (B19-211)
June 2, 2011

Good afternoon Chairman Brown and members of the Council. I am Richard Flintrop, Director of Policy and Planning at the Healthy Families/Thriving Communities (HFTC) Collaborative Council and I am speaking on behalf of the Council and the six Collaboratives.

There is no debate that truancy continues to undercut efforts at educational reform in the District. Habitual truancy too often leads to dropping out; schools in some neighborhoods have a graduation rate that is less than 50%. The net result of our past failures is that 36% of our adults are functionally illiterate, making them unprepared to enter the workforce and become productive, self-sufficient members of the community.

Truancy is also a public safety issue. In our 2009 report, *Responding to Gang, Crew and Youth Violence in the District of Columbia; A Blueprint for Action*, prepared for this Council we found that the correlation between youth crime, violence and school attendance is very strong. National research has shown that chronic truants are:

- 12 times more likely to be involved in assault crimes;
- 22 times more likely to be involved in serious property crimes; and
- 16 times more likely to use marijuana by age 14.

The Collaboratives have a long history of working with families in which chronic truancy is occurring. Families facing educational neglect allegations are already referred to us under our contracts with CFSA. For two years, with support of a grant from the Children's Youth Investment Trust Corporation, the Collaboratives provided targeted and intensive supports to families with children who were chronically truant from six middle schools. We tested two models of intervention; one is referred to as the "Beyer Model," which involved the informal participation of a judge from the Family Court. Other Collaboratives provided similar services but without court involvement. Truancy among young children is often a reflection of poor parenting skills or the stressors that low income

single parent households face. From our experience, family centered services can significantly reduce truancy and improve school performance.

The legislation before you today has many positive provisions that have already been addressed by other witnesses. We applaud its sponsors for recognizing the linkage between unrecognized and untreated mental health needs of children and truancy. The data collection requirements of the measure, if fully implemented, will for the first time give us concrete information from which to make further policy and funding decisions. The expansion of mental health screenings is an essential first step toward referral to and provision of appropriate services.

Some of our concerns include:

- Access to mental health services has been reduced due to budget constraints and for the many children not meeting the MHRS threshold, the Managed Care Organizations have to date established little capacity to provide creative and evidence based services to children and their families.
- While the truancy conference requirements are not significantly different from the OSSE regulations, and we strongly support family or legal guardian involvement, making the linkages to the families, arranging the conferences, and assuring the participation of the required school staff raises resource concerns that we believe have not been fully addressed. At this time, only a limited number of schools have full time attendance officers. As far as we know, there is not a good estimation on the number of truancy conferences that will be required under this legislation. The data reporting going forward is comprehensive, but at this time we have no idea what full implementation of the truancy conferences will cost.
- It seems unreasonable to expect the conferences to also address the unmet behavior needs of parents. There is no doubt that multi-generational mental health issues complicate the ability to provide children's services. However, there needs to be a reasonable expectation as to what can be accomplished with available resources.
- School based mental health services should be at the heart of identification and intervention, and we have long supported the expansion of the DMH program. However, we would challenge the Council to assure that DCPS and Charter schools have appropriately staffed mental health teams by 2014 rather than 2016.
- We oppose the reduction of the threshold at which time truanancies would be referred to the court system. Court Social Services has limited capacity to serve truants, and their

efforts should be focused on the youth who are at the front door of the juvenile justice system.

- While the mandated Truancy Task Force is welcomed, it is important to keep this in the context of previous and current efforts. Three years ago, the Collaborative Council and other stakeholders were invited to participate in such a group that was organized by the OSSE and the Deputy Mayor for Education and staffed by the Criminal Justice Coordinating Council. Unfortunately, due to political issues, that task force was disbanded before its assignments were completed. It is our understanding the DC Superior Court and other public agencies are currently meeting to address truancy and resolve interagency issues that impede appropriate interventions.
- While the Resource Tool Kit to be developed under Sec. 503 is a good next step, there needs to be recognition that many parents are themselves illiterate and have had few opportunities to develop the skills necessary to obtain services.
- Section H of Sec. 503 suggests that the guide includes a variety of resources, including, “the neighborhood family support collaboratives that provide assistance to families experiencing hardship.” While the five Collaboratives are eager to serve the families of truants, it is important to point out that over the past four years our ability to serve non-CFSA involved families has been severely restricted by the agency. During our negotiations over our FY2011 contacts, CFSA attempted to totally eliminate our serve what we refer to as “community cases.” Due to our pushback we were able to maintain a limited number of slots for non-CFSA involved families, but nothing close to what we would like to do.
- We strongly encourage renewed funding for a range of family centered truancy intervention programs, including the Beyer model. However, there needs to be a recognition that the broad utilization of the Beyer model is limited by the availability of judicial time to dedicate to this work.
- We urge the Council to include a provision requiring the Department of Health Care Financing to identify how the EPSDT provisions of Medicaid could be utilized to support the goals of this legislation.
- Last, we remain concerned about the impact truancy efforts on the child welfare system. The focus needs to be on the schools, utilizing the Courts and CFSA only as a last resort.

Thank you for your attention to these critical issues and the Collaborative network looks forward to offering whatever assistance we can to assure more positive outcomes for our children and youth.