

Waterbury Truancy Program
SB 982

Submitted by

The Honorable Thomas Brunnock
Probate Judge – Waterbury Probate District

I. Introduction.

In 2006, after identifying a need to address truancy issues, the Mayor's Office and the Waterbury Board of Education ("Board") developed a Blue Ribbon Commission on Truancy ("Commission"). Members from the local police department, judiciary and social service providers joined in this Commission. The Hon. Thomas P. Brunnock, Waterbury Probate Court Judge, participated as a representative of the judiciary and was immediately compelled to assist in the development of a solution. At the request of Anne Marie Cullinan, Assistant Superintendent of Schools, Judge Brunnock and his then chief clerk, Attorney Rebecca Iannantuoni, began to put together a model for a truancy clinic.

Judge Brunnock researched what efforts were being made in other states to resolve truancy concerns. In November 2007, he and Attorney Iannantuoni began their quest. They met with officials in other state courts and other educators in New England. After a good deal of brainstorming and debate, the Waterbury Truancy Clinic model emerged.

II. The Model and The Mission.

Before us lies the skeleton of this simple collaborative and systemic approach to addressing Waterbury's truancy problem.

Judge Brunnock and Attorney Iannantuoni were in search of a proactive solution and they quickly came to believe 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.

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, punishments). 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 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, teachers, social workers, truant

¹ The WRCPC has the distinction of being one of the five regional children’s courts in Connecticut.

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.

III. 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.² 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

² "State Statutes define truancy as four (4) unexcused absences from school in any one month or ten (10) unexcused absences from school in any school year.

comply with the school-required protocol regarding sick days. Currently, the School Department regulations require the parent to get a doctor's note for any illness in order to obtain an excused absence. Because of the difficulty of availability of physicians, the parent participating in the clinic agrees that any children not brought to a physician be brought to the school nurse. If she sends the student home sick, the student receives an excused absence.

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.³ 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).⁴

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, 2008, then the termination occurs in January, 2009).

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

³ 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.

⁴ 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.

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 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. The services of a Truancy Clinic Officer Intern, a master's level marriage and family therapist student, are also sometimes engaged to assist with assessing and evaluating the family system and recommending appropriate interventions. Once a plan is established, the Parents return to weekly, or as needed, Reviews.

IV. 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.

V. STATISTICAL ANALYSIS

With this skeleton presentation of the clinic's procedures as a background, we will now look at some of the statistical data of the four (4) schools at which the Clinic operates.

In this first part, we will look at Chase and Walsh Elementary Schools where the clinic has been in existence since January, 2008. We will present the statistics in terms of the initial participants to the Clinic and their results.

1) Chase Elementary School

It 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.

In January, 2008, seventy eight (78) referrals were made to the clinic:

- 56 participated;
- 10 moved out of the school district prior to June, 2008;
- 11 problems with services-therefore, families were never given a chance to participate;
- 1 said no. The State of Connecticut Department of Children and Families (DCF) took custody of this child in April, 2008 regarding neglect charges unrelated to the clinic.

Of the 56 students who participated:

- 1) 29 students stayed at Chase for 12 months;
- 2) 14 students transferred to other elementary schools in the Waterbury School system;
- 3) 7 students graduated to Middle Schools;
- 4) 6 students transferred out of the district after June, 2008.

I.

The statistics for the 29 students in the clinic for 12 months:	Twelve Months prior to clinic	Twelve Months participating in clinic
Total unexcused absences:	443	152 – 65 % reduction
Total excused absences:	52	22 – 58% reduction
Total Unexcused Tardies ⁵	116	79 – 32% reduction

NOTE 1. The four (4) students who have the largest number of unexcused absences account for almost 33-1/3% of that total, i.e., 47 out of 152. Two students with the largest number of unexcused absences (from the same family) account for 15% of the total unexcused absences, i.e., 23 out of 152. (This family is back in the clinic for the 2009/2010 school year.)

NOTE 2. Relative to the unexcused tardies, one (1) student accounted for almost twenty-five (25%) percent of the total unexcused tardies, i.e., 21 out of 79. However, this same student had previously had 32 unexcused absences and 79 unexcused tardies prior to clinic and while in clinic, had four (4) unexcused absences and nineteen (19) unexcused tardies!!

⁵ In the Waterbury school system, three (3) unexcused tardies equal one (1) unexcused absence

NOTE 3. The Waterbury School Board has a rule that if a student has more than eighteen (18) unexcused absences, that student must be retained. The parents are given an opportunity to appeal and argue that some of the absences should have been excused.

NOTE 4. Prior to the clinic, in June, 2007, Chase had sixty (60) such appeals. After 6 months of the clinic, in June, 2008, Chase had three (3) such appeals.

II.

Statistics for the 14 students transferred after June, 2008 to schools in the district:	12 months prior to clinic	Clinic 1/2008 to 6/2008	Other elementary schools 9/2008 to 1/2009
Total unexcused absences	165	17	71
Total excused absences	13	0	19
Total unexcused tardies	54	13	16

When students transferred to other elementary schools in districts, the clinic did not have any further weekly review contact with parent, but did receive weekly attendance records from the new school. The purpose was to see if there was any

positive residual effect on these students. The statistics show there was a positive residual effect.

NOTE 1: Two (2) students have 30 out of the 71 unexcused absences in the “new school” i.e., 42%.

NOTE 2: One (1) student has 13 out of the 19 excused absences in the “new school” i.e., 68%.

III.

Statistics for the 7 students who graduated in June, 2008 to middle school	One year prior to clinic	Chase School – 1/2008 to 6/2008	Middle School – 9/2008 to 1/2009
Total unexcused absences	81	11	48
Total excused absences	4	5	42
Total unexcused tardies	25	7	19

When students graduated to Middle School, the clinic did not have any weekly review contact with parent(s), but did receive attendance records.

NOTE 1. One (1) student had had 29 of the 42 excused absences (most of which were suspensions).

NOTE 2. The Middle Schools present some of the most challenging and unique issues regarding truancy per school officials. It is the hope that with increased resources being made available to the clinic, that at least initially there could be established a follow-through review process in the middle schools with parents/students who graduate from a elementary school while participating in the clinic. However, the statistics do show a

positive residual effect on reduction of truancy in “clinic” students who graduate to the middle school.

2. WALSH ELEMENTARY SCHOOL

It is a K-5 elementary school with approximately five hundred fifty (550) students of whom almost ninety five (95%) per cent are eligible for free or reduced price meals. The ethnicity of the student population is approximately seven point five (7.5%) per cent White, thirty seven point five (37.5%) per cent Black and fifty four point five (54.5%) per cent Hispanic. Approximately sixty nine (69%) per cent of the kindergarten students 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.

In January, 2008, fifty six (56) referrals were made to the clinic:

- 31 participated
 - 6 moved out of State prior to clinic
 - 12 Problems with service so families were never given a chance to participate
 - 5 said no
 - 2 were identified as inappropriate for the clinic due to complex/profound medical issues and special needs.

Of the thirty-one (31) students who participated:

- 1) 14 students stayed at Walsh School for twelve (12) months and participated in clinic;
- 2) 5 students transferred to other elementary schools in Waterbury after June, 2008;
- 3) 4 students were promoted to middle school;
- 4) 8 students moved out of district.

Statistics for the 14 students in the clinic for twelve months are:	Twelve months prior to clinic	Twelve months participation in clinic
Total unexcused absences	274	132
Total excused absences	41	31
Total unexcused Tardies	60	70

NOTE 1. Three (3) out of the fourteen (14) students came from one family and they had 53 of the total 132 unexcused absences = 40% of total.

NOTE 2. The same family from Note 1 had 8 of the 31 excused absences = 26% of total.

NOTE 3. The same family had 33 of the 70 unexcused tardies = 47% of total.

This family is presently involved with the State of Connecticut Department of Children and Families.

Statistics for the 5 students who transferred to other elementary schools in the district after June, 2008	Twelve (12) months prior to clinic	Clinic – 1/2008 to 6/2008	Other Elementary Schools – 9/2008 – 1/2009
Total unexcused absences	103	13	12
Total excused absences	17	12	28
Total unexcused tardies	8	3	14

NOTE 1. These students/parents were not seen at weekly review clinic sessions but attendance records were obtained. The positive residual effect of the clinic is evidenced by the continuous reduction in the unexcused absences.

Statistics for the 4 students who graduated to Middle School	Twelve (12) months prior to clinic	Clinic – 1/2008 to 6/2008	Middle School – 9/2008 – 1/2009
Total unexcused absences	81	7	57
Total excused absences	26	7	16
Total unexcused tardies	41	5	5

NOTE 1. When this group of students went on to middle school, the clinic did not have any weekly review sessions with the parent, but only obtained weekly attendance records.

NOTE 2. Out of the 57 unexcused absences, 1 student had 27 of that total – 47%. This student comes from the same family whose 3 other children account for 40% of the total unexcused absences in the group of 14 in the clinic for one (1) year.

NOTE 3. One (1) student accounts for 14 out of the 16 excused absences in the middle school = 87% of total.

NOTE 4. Once again, the statistical analysis shows a positive residual effect in the reduction of truancy in middle school.

As indicated earlier, a parent upon entering the clinic participates for twelve (12) calendar months. Since the basic reason for referral to the clinic is based upon truancy as defined in Connecticut General Statutes (i.e., 4 or more unexcused absences in one (1) month or ten (10) or more unexcused absences in one school year), any statistical analysis requires an analysis of several overlapping school years when attempting to use a twelve (12) month comparison.

Both Walsh and Chase elementary schools have continued to refer students as they become truant. The above analysis attempts to give a statistical analysis of the initial students referred to the clinic. Later on, a more qualitative presentation will be given describing the many services that have been established to help bring about some of these noted positive dramatic results.

MARGARET M. GENERALI and SPRAGUE SCHOOLS

The next two (2) schools at which the clinic has been established are Sprague and Generali elementary schools. It began in February, 2009. Because the clinic has been involved for less than twelve (12) months at these schools, the statistical approach will be somewhat different than used earlier in this report.

MARGARET M. GENERALI ELEMENTARY SCHOOL

It is a K-5 elementary school with approximately five hundred fifty (550) students of whom almost seventy three (73%) per cent are eligible for free or reduced price meals. The ethnicity of the student population is approximately thirty two (32%) per cent

White, twenty nine (29%) per cent Black and thirty eight (38%) per cent Hispanic. Approximately fifty five (55%) per cent of the kindergarten students attended preschool, nursery school or Head start. Over thirty (30%) per cent of the students above entry grade level attended a different school the previous year.

As of June, 2009, there were eighteen (18) students participating in the Clinic. Most students were referred to the clinic by the latter part of February, 2009; however, some students entered the clinic as late as May, 2009. The Clinic accepted referrals this late in the school year because these students were in the primary grades and it was felt that the Clinic would be a preventive solution for the next school year beginning in September, 2009.

Therefore, the six (6) students who entered the clinic late in the school year were not included in the following analysis:

Twelve (12) students in clinic as of 3/1/2009	Pre-clinic Sept. 2008 to 3/1/2009	Clinic 3/1/2009 to 6/2009
Total Unexcused absences	151	22
Total Excused absences	33	7
Unexcused tardies	82	18

SPRAGUE ELEMENTARY SCHOOL

It is a K-5 elementary school with approximately five hundred (500) students of whom almost eighty-five (85%) per cent are eligible for free or reduced price meals. The ethnicity of the student population is approximately twelve (12%) per cent White, fifty nine (59%) per cent Hispanic, and twenty eight (28%) per cent Black. Approximately sixty eight point five (68.5%) per cent of the kindergarten students attended preschool,

nursery school, or head start. Over thirty five (35%) per cent of the students above the entry grade level attended a different school the previous year.

The same statistical analysis was used in the Sprague comparisons because of the short time the clinic has been in existence at the school.

A total of twenty five (25) students were referred to the clinic – Sixteen (16) were referred as of March, 2009. The remaining nine (9) students were referred as late as May, 2009. These students were in primary grades and it was felt that the clinic would be a preventive solution for the next school year beginning in September, 2009.

Statistics for 16 students entering the clinic as of 3/1/2009	Pre-Clinic Sept. 2008 to 3/1/2009	Clinic 3/1/2009 to 6/2009
Total Unexcused absences	181	13
Total Excused absences	57	41
Unexcused tardies	79	2

VI. 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.

At the outset of the clinic’s existence, Judge Brunnock and Attorney Iannantuoni did their own analysis as to what they found to be the major issues involved in truancy. Their analysis found the following as the major issues involved with truancy.

1. Issues related to Truancy in the clinic

- 1) About 12%-15% of the files are asthma related. This correlation between the truancy and asthma was usually established by the parent during the first weekly clinic review.

- 2) 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.
- 3) 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.” In Waterbury, every three (3) unexcused tardies equal one unexcused absence, so the consequences to being tardy are significant. In addition, some students are late 20, 30 or 40 times out of 180 school days; this disrupts the educational process as well.
- 4) Mental/Behavioral health - these issues affect many students and their families.
- 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 then meets 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.

As indicated, approximately 12%-15% of the truant students are identified as having asthma. Judge Brunnock has met with the medical staff at Yale-New Haven Children’s Hospital. It has agreed to set up a bi-lingual educational presentation in the four (4) schools. Parents have been and will continue to receive updated medical advice and information as to how to help their child deal with the asthma and be in school healthy. In addition, parents are urged to provide the respective schools with updated medical information regarding their children and to also get updated assessments from the child’s treating physician. In addition, as part of the Asthma program “Putting on Airs” - a state-funded program through Waterbury’s Health Department, the Department will do home inspections at a parent’s request. Medical experts state that asthma is exacerbated by unhealthy conditions, e.g., roach infested apartments. When funds allow and

parents request, the Health Department will do inspections and where necessary, order landlords to correct such conditions.

Anne Marie Cullinan obtained a \$35,000.00 grant from the school department to enable the clinic to hire two (2) part-time interns who are working on their master's in family therapy at Southern Connecticut State University. Dr. Barbara Lynch, PHD, provides the supervision. Their primary goal is to work with families who have requested help. The interns will do home visits or meet with the students/parents in the school. Their services consist of helping to coordinate and set up services with community based service providers. As of this writing, the interns have dealt with over thirty five (35) students in a little over one year. While it is difficult to label any of their interventions "successful," they have helped make dramatic changes in the lives of several of our students.. In one case, they were able to convince Mom to engage the child in intensive therapy. This particular student's behavior in school last year was out of control. Engaged in therapy since June, 2009 and now in another elementary school in Waterbury, this same student has now been selected by the "new" school to participate as a role model in a peer group. While every intervention has not had these dramatic results, the number of parents who have thanked the Judge for the intense intervention is significant. The issues for which the interns have been asked to assist include abandonment issues, bereavement issues, abuse, coordinating community services, etc.

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.

Through the efforts of Anne Marie Cullinan, she was able to get monies from the School Department and a one-time grant from the Connecticut Community Foundation.

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 bilingual 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 at one school, there are two "clinic" students who, although they "love" the after-school program, are at times behavioral problems in their classrooms during the day. The teacher had 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 period of time for three (3) years, 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 and based upon the first two (2) years of experiment. The possibilities of success are limitless.

