

2010 Innovations Awards Application

ID: 10-E-01CT

1. Waterbury Truancy Clinic
2. Waterbury Regional Children's Probate Court
3. Vincent Russo, Probate Court Administration
4. Probate Court Administration, 186 Newington Road, West Hartford
06110
5. (860) 231-2442 x 32
6. (860) 231-1055
7. Vincent.russo@ct.gov
8. n/a

9. The Waterbury Probate Truancy Clinic utilizes a systemic approach involving educational, social and judicial services to substantially curtail truancy problems in participating elementary schools. Although a Probate Court Judge conducts the Clinic, it is a non-judicial, voluntary process that focuses on the collaboration of parents, schools and social agencies to find the causes of the truancy and to develop the attitudes and practices that produce not only better attendance and educational opportunities for affected students, but also, through the use of community agencies, solutions to family and personal issues, such as family preservation, which enhances family involvement improving educational achievement and behavioral success.

10. The Truancy Clinic began operations in January 2008 at two elementary schools and expanded in February 2009 to two other elementary schools.

11. In 2006, the Waterbury community, including members of the school system, police department, judiciary and social service providers, came together to address truancy in Waterbury schools through a Blue Ribbon Commission formed by the Mayor.

In researching the program, Judge Thomas Brunnock of the Waterbury Regional Childrens' Probate Court and Anne Marie Cullinan, Assistant Superintendent of the Waterbury Schools, created the Waterbury Truancy Clinic, which is directed toward elementary school children, ages 5 through 12 and their parents/guardians. The Waterbury school system is a large urban school district, educating over 18,000 students, from over 70 countries, and speaking over 30 languages. The student body is 44% Hispanic, 29% Black, 25% White and 2% Other, with 74.7% of the students qualifying for free/reduced lunch. Waterbury is the fourth largest school district in Connecticut, and has one of the highest unemployment and pregnancy rates in the State of Connecticut.

The Clinic works by reducing the rate of absenteeism in a large urban school district with a high minority population living in poverty. Increasing attendance rates improve academic performance, graduation rates and students' access to higher education and employment.

The Clinic intends to effectuate a systemic change in the attitudes of families, to actively promote school and their child's academic success. Long term benefits of the Truancy Clinic to the students, families, City of Waterbury and State of Connecticut are vast.

The once truant child wants to attend school. The once alienated family is involved with the school community. The participants become vested in their educational success, improving long-term educational achievement, high school graduation rates, higher education opportunities and job prospects for students.

The whole Waterbury community and the State of Connecticut benefit from a more educated, vested and trained work force who can fulfill the future needs of employers, and drive economic activity to save and create jobs.

12. The Truancy Clinic activities and procedures are 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.¹

¹ "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.

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 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. 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 lack 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 the nurse 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. 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).

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 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.

13. After many months of planning, both a collaborative and systemic approach to addressing truancy issues with elementary school children was developed by Judge Thomas Brunnock and his clerk, Attorney Rebecca Iannantuoni. The research showed that the high drop out rate of high school students required a more proactive solution and the decision was made that students be given tools to support and achieve their academic success. Thus the Clinic was installed at the elementary school level. Since the Truancy Clinic is set in the elementary school population, the proceeding is an initiative that holds the parents/guardian accountable and not the students themselves. The average elementary school child is only 5 to 12 years of age and therefore, the student cannot bear the responsibility of answering for their truancy. The students' absences are a consequence of their parents' actions, inaction, and/or a larger systemic family issue. Thus where other jurisdictions approach truancy with high school aged students through a judicial proceeding against the truant student, the Waterbury Truancy Clinic is voluntary, non-punitive and designed to identify and resolve the causes of absences through engagement with the parent of the student. The Truancy Clinic also engages the collaborative efforts of the local board of education, teachers, social workers, truant officers, community resources and most importantly students and their parents in a non-judicial process that addresses the systemic cause of the students' truancy. Ultimately, the Truancy Clinic returns a once truant child to a positive academic environment and instills self-esteem and personal growth.

The outcome of the Truancy Clinic is for the student and the student's entire family to be completely vested in the students' educational success.

14. The start-up costs were relatively inexpensive. As indicated, the Truancy Clinic began operating in January, 2008. The Waterbury Board of Education has funded two (2) interns from the Southern Connecticut State University Graduate School Family Therapy Program at a total cost of thirty five thousand (\$35,000.00) dollars from January, 2009 through June, 2010.

The School Board has also provided funding for busing and educational costs for an after-school program in the amount of One Hundred Fifteen Thousand Two Hundred dollars (\$115,200.00).

In addition, private funding in the amount of \$15,500.00 has been provided from the Connecticut Community Foundation to help pay for costs related to the after-school program.

Also, in-kind contributions have been contributed from the School Board in the amount of \$83,000.00.

Judge Brunnock and staff have contributed in-kind services in the amount of \$75,000.00.

Expenses related to expanding the Truancy Clinic to all twenty (20) elementary schools and three (3) middle schools are itemized below in answer to question #15.

15. **PROJECTED BUDGET FOR WATERBURY TRUANCY CLINIC**
FOR SEPT., 2010 TO JUNE, 2011
20 ELEMENTARY SCHOOLS and 3 MIDDLE SCHOOLS

<u>Money Request</u>		<u>In-Kind Services</u>	
I. After-School Program			
1. Teachers	\$162,000.00	Judge Thomas P. Brunnock	\$79,000.00
2. Transportation	\$270,000.00	Full-Time clerk	42,000.00
3. Snacks	\$ 40,500.00	Computer, supplies, office	
		Space	15,500.00
II. Magistrates	\$93,750.00	School Administrative staff	\$230,000.00
		School staff/ supplies	\$148,000.00
III. Assistant Clerks	\$109,324.00		
IV. Program Administrator	\$124,100.00		
V. Social Worker/Family Therapist	\$ 28,800.00		
TOTAL:	<u>\$828,474.00</u>		<u>\$514,500.00</u>

A request has been submitted on behalf of the Waterbury School Department working with the Waterbury Regional Children's Probate Court to obtain federal funds so that this effective truancy program can be expanded from four (4) elementary schools into all twenty (20) elementary schools and all three (3) middle schools.

16. As indicated above, the Truancy Clinic has been funded from various sources, in-kind services from the Waterbury Regional Children's Probate Court, funds from the Connecticut Community Foundation and money and in-kind services from the Waterbury Board of Education.

17. The Truancy Clinic will require no additional legislation at this time.

18. The Truancy Clinic uses the same computer equipment that is available in the Regional Children's Court. By using the Regional Children's Court computer system, we are able to inventory and track all files.

19. We are not aware of any similar program in other states. This idea of a collaborative and systemic approach to address truancy/family issues related to elementary age children came from Judge Thomas P. Brunnock as a result of a joint effort by:

- (1) Anne Marie Cullinan, Assistant Superintendent of Schools;
- (2) Attorney Rebecca Iannantuoni, then Chief Clerk of the Waterbury Regional Children's Probate Court;
- (3) Barbara Lynch, PHD; and
- (4) Waterbury Board of Education.

20. There is a similar program in the State of Rhode Island. However, the Rhode Island Family Court Truancy Court is operative in the middle schools and high schools. In addition, the Rhode Island Truancy Court is a more judicial proceeding that has possible penal consequences to the students. The Waterbury Truancy Clinic is voluntary and non-punitive in nature and is designed to identify and resolve the cause of absences.

21. It is the goal to extend the Truancy Clinic to all twenty (20) elementary schools and three (3) middle schools.

22. The Clinic has operated in two (2) elementary schools since January, 2008. Chase Elementary School has a student population of approximately 850 students. In the first twelve months of operation, there was a 65% reduction in unexcused absences among a group of 29 students who participated in the Clinic. This group also saw a 58% reduction in the number of excused absences and a 32% reduction in tardies. In addition, there were another 14 students at Chase who started in the Clinic, but were transferred to other elementary schools in Waterbury, and their absences were reduced by almost 50%, although there were no Clinic sessions held at the schools to which they transferred.

At Chase, the principal credited the Clinic with the sharp decline in appeals of unexcused absences.

Furthermore, Chase reports that nineteen (19) of the twenty nine (29) students had made significant progress in their school work – which school officials attribute to better school attendance – consequently more classroom time and the after-school program.

The second school is Walsh School with a student population of approximately 550 students. There were thirty one (31) students who initially participated. Fourteen (14) students stayed in the Clinic for one year. This group witnessed a 51% reduction in unexcused absences, 25% reduction in excused absences and a light 10% increase in tardies (one family of 3 had almost 50% of the tardies).

As indicated earlier, the Clinic was expanded to Sprague Elementary and Margaret M. Generali Elementary Schools. Each school has approximately 500 students. The Clinic has not operated as of yet, for one (1) full year at these schools. However, the preliminary statistics indicate that the reduction in school absences is in the 55%-65% range.

The area which needs more study is the mental health/behavioral issues that result in truancy. The two interns have met with some very significant success stories, e.g. one student who as of June, 2009 has had numerous suspensions due to physically aggressive acting out incidents, was engaged with a community based therapist. As a result, this student has been chosen this year as a role model

in her peer group at school. It is the goal of the Clinic to develop a more definitive approach to addressing the mental health aspect of truancy.

The only issue that still requires a response is the situation where parents refuse to participate in the Clinic (about 20% of parents) and their child's absences continue and their educational development continues to deteriorate.

23. Since the inception of the Clinic we have seen a significant need for a more intensive approach to the behavioral health aspect of the Clinic. The "acting out" issues of elementary school age children are often the symptoms of multifaceted situations that many times involve mental health issues with the children and/or families.

As indicated above, the Clinic is now developing a more definitive approach to the mental health issues affecting truancy.

24. This collaborative and systemic approach does not lend itself to any limitations or obstacles. Because the Clinic is a collaborative approach to voluntarily engage parents in their child's educational process, any enabling legislation would be determined by each state's statutes.

CATEGORY: COURTS/EDUCATION