

**CHILDREN AND FAMILY SERVICES ADVISORY COMMITTEE
MINUTES
MARCH 17, 2016**

PRESENT: Sara Barron, Kathy Duffek, Maryam Faterioun, Pam Groh, Lindsay Just, Amy Knapp, Missy Kueht-Becker, Maura McMahon, Holly Norkofski, Diane Ripple, John Schiraj, Sharon Thiede, Karen Villarreal, Mary Wittwer

STAFF PRESENT: Fred Garcia, Lisa Roberts, Pete Slesar, Sarah Vargas

APPROVAL OF MINUTES OF THE FEBRUARY 18, 2016 MEETING

A motion was made by Sharon Thiede, seconded by Missy Kueht-Becker to approve the minutes of the February 18, 2016 meeting.

SPECIAL SERVICES ADVISORY COMMITTEE

Lisa Roberts gave an overview of the February 18 SSAC meeting. Staff from the ADRC presented transition services; at age 17 ½ making a referral to the ADRC and the process of moving youth into the adult world. The Family Support Program changed this year to the Community Options Program. There are no major changes to the way HHS is performing the program. So far this year there have been 57 families opened for services. Some of them already opened, needs met, and closed, and others are in process. Generally, they serve between 125 and 150 families per year and they are all families on the waiting list for the larger waiver program. A family satisfaction survey process was started last year. The advisory committee was a big part of creating the survey. 580 surveys were sent and just over 15% were returned. How to increase participation in the survey and putting the results together will be discussed at the next meeting. The SSAC is always looking for more parent participation on the committee.

TRUANCY WORKGROUP

Pam Groh stated there are two truancy workgroups. The young truant subcommittee group includes Corp Counsel, Waukesha County Health and Human Services, and Waukesha School District and Muskego School District. She listed the workgroup members. The group is looking into challenges with families having their children excused from school with medical excuses potentially overdone; families with forty-five missing days continuing to receive medical excuses. The committee attempts to come up with solutions to resolve the issue. Differences in the school districts' processes on how truanancies are addressed have been reviewed. One positive with Waukesha School District is they do not accept a medical excuse that is over a week old. Muskego will look into doing that. Another interesting thing in Waukesha is if a parent doesn't show up there is a meeting re-scheduled, and if there was a reason for the lack of attendance or not, they make a decision on potentially petitioning.

Waukesha County HHS and Corp Counsel share their perspectives on the process. Corp Counsel suggested school districts make a shorter, firm, reader friendly letter addressing the truancy issue. Are the doctors excuses being provided to families mental health issues or medical issues?

Is the correct person addressing the issue with the student and family? They want to help families get to root cause more quickly and have doctors more accountable for the excuses that they're writing. In the Muskego School District the social worker is trying to inform the medical community about why education is important and why being in school matters. Once a child is coming through the system on a truancy, and if it not necessarily the child's illness, but rather a parent participating in approval of their child being home for extended periods of time or doctor shopping, getting multiple excuses, the school district tries to make sure that issue is addressed in some way through the courts. Some barriers that come up is that Corp Counsel has recommended that the schools begin to refuse the medical excuses if it's felt to be a true abuse of an excuse. For Muskego that means doing more checking with their legal department to ensure that would be legally supported, or would there be legal ramifications for not accepting a medical excuse from a doctor. There is a meeting planned within the Muskego District to talk more about that.

Other barriers are as follows. Missing fathers. Many times schools have one parent listed on the campus system and they are not able to connect with both parents. Parents aren't always signing a release for the school district to communicate with the doctor. Sometimes the doctors are really believing the parents and repeatedly writing excuses, and the children who have said they have anxiety are not showing those symptoms when they do arrive at school.

It's a good group with the right people. They are trying to come up with solutions including what type of sanctions could be provided to a child on a truancy petition that is different than having them go to shelter care. Are there community service activities, or other things to help promote change for the family?

Pete Slesar added that the group Pam Groh spoke of resulted from a change in the demographics in truancy referrals, targeting the younger truants, which is a new phenomenon. The other group is a general truancy task force, which Fred Garcia, Supervisor in the Adolescent and Family Services Division reported on.

Garcia reported that the task force group started in 2014 following a truancy conference that included the school districts. Out of that meeting, the judge wanted to continue with collaboration between the school district and Health and Human Services. The mission is that the task force consists of individuals, stakeholders and parties interested in reducing truancy by communication, collaboration, and exploring best practices. They met March 16. Around the table are individuals from the school district, juvenile court system, and Health and Human Services. Some things they have been working on are alternatives to sanctions. What can we do to help teach children a meaningful lesson regarding their truancy? They will collaborate with UW Extension and have a community garden near the Huber facility. The referral process starts soon. The program runs from June until August. This pilot program has received donations from Menards and a church. While community service is court ordered, youth would need to voluntarily participate in the garden program as an alternative to traditional sanctions.

Garcia explained another program they are working on called Agree to Succeed through the mediation center and WCS, looking at ways to better meet the needs of young truants, pre-referral to juvenile court. Sharon Thiede has worked with the staff there. Another group is

working on the medical excuses in collaboration with Pam Groh's group. Molly Jasmer, Waukesha County Corp. Counsel, has been a leading force in that entity, looking at how we can better streamline that entire process.

There is a pilot program at Butler Middle School with a social worker there. It involves a survey they developed on why young truants are truant from school so they can better develop strategies to improve attendance. They have begun gathering and analyzing the data, and recommendations will be made.

Garcia talked about a summer public service campaign to better educate the community on the importance of school attendance. Ideas have been flyers in the community and public service announcements at the movie theater.

The group meets monthly. Judge Domina is very interested in the task force and has many ideas.

How serious is the truancy problem? Garcia has worked in truancy for 20 years and has seen a trend in younger truants in the last couple of years. That is an entirely different set of issues versus the older truant students. They need to take a look at this new trend and develop programs and services. Slesar added that with the older youth, the onus is usually on the youth themselves, and with the younger truants it is a result of parenting issues. Question; how many days represents truancy? All or part of five school days in a semester. Maura McMahon added many times they see, not a child who is truly voluntarily doing this, usually it's the tip of the iceberg and these trancies may reflect other issues within the family. Many of the youth referred in are not all-day truants. They have seen a significant uptick in genuine anxiety issues. Some youth have not been able to make court because they have been hospitalized so many times. Many are in need of protection and services. They may act out because they're tired of the way they've been treated. Usually, when they start digging, it's a parental issue. The children need support. Please think about when we're labeling a youth, sometimes it's truly a parent issue. It's easier to get orders on a parent on a JIPS because the parent isn't necessarily entitled to counsel and isn't entitled to request a hearing. A lot of it could boil down to more sorting out ahead of time the social issues in the home. The Department has been helpful to certain children who have significant medical or physical issues, where the school has not been willing to acknowledge. 504 is difficult to do, iep's are difficult to do, but it's the right thing to do in many cases. Garcia agreed. There was discussion that in both the younger and the older truants, they are seeing many parents with drug, alcohol and/or mental health issues. That's what's difficult, is that it's not only an attendance issue. That's a symptom of other underlying factors that need addressing.

Slesar shared a handout showing the numbers of referrals and ages (attached).

Sharon Thiede commented on the increase. The School District of Waukesha, met with their social workers in Spring of 2012 and directed them to begin to write the truancy referrals for the elementary aged children. It was a concerted effort to gain additional resources to attempt to make long term change with these families. They will track this over the long term.

Is there a correlation to the recent uptick of parents on methadone treatment and/or various addictions? The time frame correlates, but the data isn't sophisticated enough to prove that for certain. Addiction is an issue that gets in the way of young truants getting to school.

How does this correlate with changing demographics in Waukesha? Thiede said since 2013, they haven't seen it change drastically. But over the last five years there has been a change in demographics. If there was a study done many things would factor in over the last five to seven years; the economic climate and stress it caused back then, in addition to possible addictions, and other things.

Slesar added that the figures on the graphs are county wide, not just City of Waukesha.

McMahon discussed the issue of parent anxiety and fear about allowing their children to get to school on their own.

Slesar pointed out that the numbers on the handouts are mostly new referrals. If you see that in 2014 there were 40, and in 2015 there were 34; if a truancy issue resolves itself, the case would then be closed and could be re-opened on a new referral. More likely than not, if someone continues to truant, that court supervision would be extended. The point is there are many young lives, a significant number of very young children, facing this and the potential of a pattern that can be devastating for them to learn the skills they need to become productive adults. As Sharon Thiede has said, there's more and more attention to the younger, elementary children. Ordinarily, when you think truant, you don't think of the elementary children. There can be many other factors getting in the way of school attendance. The increased number is a tribute to the schools being more vigilant and recognizing that little excuses add up to somebody not getting their education. The system can then intervene.

On the second and third page of the handout, it shows they have been tracking their truants to get a sense of how they do when the school and HHS work with the families. The database tracks the raw truancy numbers and comes up with a rate for different semesters. The first semester they look at is the semester of referral. Then they track it by semester after that, so the next one would be the assigned semester, and after that what they refer to the next semester. You can see what the rates are. The average truant is missing about one in every five days. Once the system starts to get involved you can see a significant decrease. Keep in mind, if you look above the graph to the chart, there are fewer and fewer truants as we get deeper into the study of the data; partly because there haven't been enough youth through the system yet. If you note on the graph, you can see semester three numbers bounce up. Slesar wanted to see what's going on there and found it is a function of a couple different things – one is there is a much smaller group (21 kids) and the second thing is, if we're still involved after semester three, those are the chronic children. The children that do fine, they don't keep open into the third semester.

Slesar talked about the young students, those under the age 11 at the time of referral, have a different type of intervention. The truancy rate initially is very close; one out of every five days. The pattern has some similarities. When the system gets involved for the younger children, the truancy rate drops more dramatically than for all of the youth. Then it stays steady. It's

encouraging that the system and working with schools, the Department, and community resources, they are making a dent.

Both sets of figures show that when a truant and their family are referred, the system makes a difference. It is hopefully. When the workgroup refines the initiatives they're working on, figures will be lowered even more.

At what point, what are the criteria, for a referral into the system? After someone has missed all or part of five days in a semester, that is considered a truancy referral. There are things that the schools do prior, i.e. outreach to the family. At time of referral the intake staff assess the family to determine whether formal court involvement is necessary or it should be handled informally. What about the illnesses that younger children have? Groh answered that's where the school has to do follow up on those medical excuses; get a release from the doctor, make phone calls, engage the family, have a meeting with the associate principal and social worker. There can be large chunks of time where the question becomes, is the medical excuse legitimate or is there really a parenting issue. Slesar said there is a lot of research and involvement with the school prior to referral. A lot of good assessment work is done within the districts.

Garcia explained how they assess the family needs and work with family. If they are able to work with the family through a deferred prosecution agreement, and they see improvement, they continue with the deferred prosecution agreement, and the family doesn't go to court. If there is no improvement, they go to court.

FINALIZE THE NEEDS LIST

Karen Villarreal shared the draft of the PowerPoint unmet needs presentation created for the March 24 meeting with the HHS Board. She will make the edits suggested and email the corrected version to the CAFSAC members for one last review. She reminded everyone, the presenters and any other supporters, to be in Room 271 of the Human Services Center at 2:15 p.m., with the actual presentation time being 2:45.

Slesar explained the annual process of the advisory committees presenting service needs in the community to the HHS Board prior to budget planning.

ANNOUNCEMENTS

Kathy Duffek announced Deb McNellis, Brain Insights, is speaking at Parents Place on April 4, for \$10.00. Free child care is provided.

The annual Health and Human Services Board Public Hearing is scheduled in the Public Health Division of the Human Services Center Building at 7:00 p.m. on Thursday, April 7, 2016. There is no CAFSAC meeting in April, because of the Public Hearing.

Lisa Roberts stated that on April 13 the Trauma Informed Partnership is showing the documentary, Paper Tigers, about a trauma informed school, at 1:00 p.m. and a second showing at 4:00 p.m. at the Center for Excellence.

April 25 is the annual meeting of the Addiction Resource Council, with three keynote speakers, Paul Farrow, Brad Schimel, and Representative John Nygren. At 3:30 they will be networking and the presentations start at 4:30, at Easter Seals.

ADJOURNMENT

Pam Groh moved to adjourn, seconded by Maura McMahon at 9:39 a.m.

NEXT MEETING

The next meeting is scheduled for May 19, 2016 at 8:30 a.m. in Room 271 of the Human Services Center Building, 514 Riverview Avenue.

5-19-16

APPROVED