Type of Referrals to Services by CBO

In order to compare the types of referrals made by each of the CBOs in a meaningful way, only types of referrals that were consistent across the CBOs among families that received at least one contact are presented in Table 6. There were some families included in the case notes data that did not have any reported contacts. It is important to note that a key limitation is that with some CBOs, there are a small number of cases recoded. For that reason, this discussion should be viewed primarily as informational until a larger number of cases can be examined. To be clear, these results reflect whether families in each of the CBOs received **a type of service** (or not) and does not speak to the **frequency** that these specific types of service referrals were provided to the family.

The categories of services included: Child care, clothing, education, employment, financial, food, furniture, and housing.

- **Child care** referrals included instances where CBOs referred families to afterschool care programs or provided child care vouchers.
- **Clothing** assistance included school uniform vouchers or actually providing families with clothing.
- **Education** assistance could include efforts to improve the education of either the youth referred to SUSO (e.g., mentoring, IEP referral) or their parent(s)/guardian (e.g., GED program).
- **Employment** assistance included providing a parent/guardian with employment referrals or providing resume/interview assistance.
- **Financial** support included instances where the CBO provided funds for a variety of needs for the family (e.g., rental assistance, metro funds).
- **Food** referrals included instances where CBOs provided referrals to food banks, gave the families food, or provided gift cards to a grocery store.
- **Furniture** assistance primarily involved referrals to agencies that offer furniture or if the CBO provided furniture.
- **Housing** assistance included instances of referrals to housing agencies or efforts to help families locate housing options.

In general, only a small percentage of families of youth referred to SUSO received referrals for any of these service. Across all of the CBOs, 20% of families received employment assistance, 12% received housing assistance, 11% received food assistance, and 9% received education assistance.

While discussed more in-depth below in the next section, the data in Table 6 also indicates that referrals "pattern" somewhat by CBO. For example, while 4 of 7 CBOs provided referrals for employment services to over 40% of SUSO families engaged in case management services,

while only 2 of the CBOs provided clothing assistance to a substantial number of families. This speaks to programmatic differences, which in turn may help to explain why by CBO outcomes also differ.

Table 6: Types of Referrals to SUSO Families by CBO N=362

CBO	N	Child Care	Clothing	Education	Employment	Financial	Food	Furniture	Housing
CBO A	10	1 10%	5 50%	1 10%	5 50%	5 50%	5 50%	2 20%	2 20%
CBO G	15	3 20%	0 0%	2 13%	5 33%	1 7%	7 47%	4 27%	4 27%
CBO C	43	3 7%	1 2%	11 43%	18 42%	7 16%	7 16%	3 7%	13 30%
CBO D	12	0 0%	5 42%	1 8%	5 42%	4 33%	5 42%	1 8%	3 25%
CBO B	144	3 2%	2 1%	8 6%	13 9%	1 <1%	3 2%	13 9%	11 8%
CBO E	32	1 3%	2 6%	6 19%	14 44%	9 28%	5 16%	10 31%	10 31%
CBO F	106	4 4%	6 6%	3 3%	11 10%	5 5%	8 8%	7 7%	2 2%
Totals	**362**	**15 4%**	**21 6%**	**32 9%**	**71 20%**	**32 9%**	**40 11%**	**40 11%**	**45 12%**

Intensity of Referral Efforts

Although the analyses cannot speak to the frequency of specific types of referrals, Table 7 highlights the number of different types of referrals made per youth. This provides a sense of the diversity and intensity of referrals for service made by each CBO and was broken down into categories of: 0 types of referrals, 1-2 types of referrals, 3-4 types of referrals, and 5+ types of referrals. It is important to note that if a family received 0 types of referrals this does not mean that the CBO case manager did not engage the family at all; however, based on a review of the case notes there were no observable instances where the case manager documented providing referrals to services. Overall, 52% of youth did not receive any referrals for service or assistance, 32% received 1-2 types of referrals, 10% received 3-4 types of referrals, and only 6% received 5 or more referral types. There tends to be a decline in the intensity of the number of referral types for all of the CBOs, except for CBO A where 40% of youth have received 5 or more different types of referrals to services.

Table 7: Intensity of Referrals to Services by CBO N=362

	0 Referral Types	**1-2 Referral Types**	**3-4 Referral Types**	**5+ Referral Types**
CBO A (N=10)	1 10%	4 40%	1 10%	4 40%
CBO G (N=15)	1 7%	9 60%	3 20%	2 13%
CBO C (N=43)	9 21%	22 51%	10 23%	2 5%
CBO B (N=144)	107 74%	34 24%	2 1%	1 <1%
CBO D (N=12)	1 8%	4 33%	5 42%	2 17%
CBO E (N=32)	7 22%	11 34%	10 31%	4 13%
CBO F (N=106)	63 59%	31 29%	4 4%	8 8%
Totals	**189** **52%**	**115** **32%**	**35** **10%**	**23** **6%**

Referrals to Service & Efforts by Individual CBOs

The following section provides a breakdown of the types of referrals to services made and overall diversity of referrals to services made by each CBO. The purpose is to identify specific patterns of efforts within each of the CBOs and document where CBOs focused resources on

families referred to SUSO. In addition to referrals to various services, the following table also indicate whether CBOs provided other services such as help writing attendance notes, providing transportation, or linking families up to parenting workshops.

CBO A

CBO A provided case notes for 10 youth referred to SUSO. According to Table 8, approximately 10% of the youth that CBO A worked with received zero referrals to services, however 90% of youth received at least 1 different type of referrals to services. Table 8 also indicates that CBO A referred approximately 50% of families to behavioral management, for clothing, transportation, and food assistance, employment opportunities, and/or financial assistance.

Table 8: Intensity, Types of Efforts & Referrals to Service, CBO A N=10

Intensity of Effort – Referral Types	**Freq.**	**Percent**
0 Referral Types	1	10%
1-2 Referral Types	4	40%
3-4 Referral Types	1	10%
5+ Referral Types	4	40%
Total	**10**	**100%**
Types of Efforts - Referrals	**Freq.**	**Percent**
Behavioral Management	5	50%
Child Care	1	10%
Clothing	5	50%
Education	1	10%
Employment	5	50%
Financial	5	50%
Food	5	50%
Furniture	2	20%
Housing	2	20%
Legal	1	10%
Notes Assistance	1	10%
Provided Transportation	5	50%
Other	7	70%

*Totals for referral types will exceed 100% as youth can receive more than 1 type of referral

CBO G

CBO G provided case notes for 15 youth referred to SUSO. As Table 9 indicates, approximately 60% of families that CBO G worked with received at least 1 type of referral to services and 7% received zero referrals to services. Among these families, 47% received food assistance, 33% received referrals to employment opportunities, and 27% received furniture assistance.

Table 9: Intensity, Types of Efforts & Referrals to Service, CBO G N=15

Intensity of Effort – Referral Types	**Freq.**	**Percent**
0 Referral Types	1	7%
1-2 Referral Types	9	60%
3-4 Referral Types	3	20%
5+ Referral Types	2	13%
Total	**15**	**100%**
Types of Efforts - Referrals	**Freq.**	**Percent**
Child Care	3	20%
Education	2	13%
Employment	5	33%
Financial	1	7%
Food	7	47%
Furniture	4	27%
Housing	4	26%
Mental Health	3	20%
Utilities	3	20%
Other	2	13%

*Totals for referral types will exceed 100% as youth can receive more than 1 type of referral

CBO C

CBO C provided case notes for 43 youth referred to SUSO. According to Table 10, approximately 21% of families that CBO C worked with did not receive any type of referral to service. This table also indicates that 51% of families received between 1-2 different referrals to services. Specifically, 30% of families received referrals for housing opportunities, 26% received education assistance, and 23% attended parenting workshops.

Table 10: Intensity, Types of Efforts & Referrals to Service, CBO C N=43

Intensity of Effort – Referral Types	**Freq.**	**Percent**
0 Referral Types	9	21%
1-2 Referral Types	22	51%
3-4 Referral Types	10	23%
5+ Referral Types	2	5%
Total	**43**	**100%**
Types of Efforts - Referrals	**Freq.**	**Percent**
Child Care	3	7%
Clothing	1	2%
Education	11	26%
Employment	7	16%
Financial	7	16%
Food	7	16%
Furniture	3	7%
Healthcare	1	2%
Housing	13	30%
Mental Health	4	9%
Utilities	1	2%
Notes Assistance	2	5%
Parenting Workshop	10	23%
Provided Transportation	3	7%
Other	8	19%

*Totals for referral types will exceed 100% as youth can receive more than 1 type of referral

CBO B

CBO B provided case notes for 144 youth referred to SUSO. As Table 11 indicates, 74% of the families that CBO B worked with did not receive any referrals to services and 24% of families received between 1-2 types of referrals to services. Overall, 10% of families received notes assistance, 9% received referrals to receive furniture and/or employment opportunities and 8% received a referral for housing assistance.

Table 11: Intensity, Types of Efforts & Referrals to Service, CBO B N=144

Intensity of Effort – Referral Types	**Freq.**	**Percent**
0 Referral Types	107	74%
1-2 Referral Types	34	24%
3-4 Referral Types	2	1%
5+ Referral Types	1	<1%
Total	**144**	**100%**
Types of Efforts - Referrals	**Freq.**	**Percent**
Child Care	3	2%
Clothing	2	1%
Education	8	6%
Employment	13	9%
Financial	1	<1%
Food	3	2%
Furniture	13	9%
Healthcare	1	<1%
Housing	11	8%
Notes Assistance	14	10%
Parenting Workshop	1	<1%
Provided Transportation	2	1%
Other	6	4%

*Totals for referral types will exceed 100% as youth can receive more than 1 type of referral

CBO D

CBO D provided case notes for 12 youth referred to SUSO. According to Table 12, approximately 8% of youth received zero referrals to services and 36% received 1-2 referrals to services. In addition, 42% received a referral for clothing, employment opportunities, and/or food assistance, and 25% of families received referrals to housing assistance.

Table 12: Intensity, Types of Efforts & Referrals to Service, CBO D N=12

Intensity of Effort – Referral Types	**Freq.**	**Percent**
0 Referral Types	1	8%
1-2 Referral Types	4	33%
3-4 Referral Types	5	42%
5+ Referral Types	2	17%
Total	**12**	**100%**
Types of Efforts - Referrals	**Freq.**	**Percent**
Behavior Management	1	8%
Clothing	5	42%
Education	1	8%
Employment	5	42%
Financial	4	33%
Food	5	42%
Furniture	1	8%
Healthcare	1	8%
Housing	3	25%
Legal	1	8%
Mental Health	4	33%
Notes Assistance	4	33%
Parenting Workshop	4	33%
Provided Transportation	2	17%
Other	4	33%

*Totals for referral types will exceed 100% as youth can receive more than 1 type of referral

CBO E

CBO E provided case notes for 32 youth referred to services. According to Table 13, 22% of families that CBO E worked with did not receive any referrals to service, and 34% of families received between 1-2 types of referrals to services. Also according to the table below, 44% received referrals to employment opportunities, 31% of families received referrals for housing opportunities, and 31% received referrals for furniture.

Table 13: Intensity, Types of Efforts & Referrals to Service, CBO E N=32

Intensity of Effort – Referral Types	**Freq.**	**Percent**
0 Referral Types	7	22%
1-2 Referral Types	11	34%
3-4 Referral Types	10	31%
5+ Referral Types	4	13%
Total	**32**	**100%**
Types of Efforts - Referrals	**Freq.**	**Percent**
Childcare	1	3%
Clothing	2	6%
Education	6	19%
Employment	14	44%
Financial	9	28%
Food	5	16%
Furniture	10	31%
Healthcare	3	9%
Housing	10	31%
Legal	3	9%
Mental Health	1	3%
Utilities	7	22%
Provided Transportation	1	3%
Notes Assistance	11	34%
Other	7	22%

*Totals for referral types will exceed 100% as youth can receive more than 1 type of referral

CBO F

CBO F provided case notes for 56 youth referred to SUSO. According to Table 14, 60% of families that CBO F worked with did not receive a referral to services, whereas 29% received between 1-2 referrals to services. Additionally, 10% of families received referrals to employment opportunities, 8% received referrals to food assistance, and 7% received referrals for furniture and/or transportation assistance.

Table 14: Intensity, Types of Efforts & Referrals to Service, CBO F N=106

Intensity of Effort – Referral Types	**Freq.**	**Percent**
0 Referral Types	63	60%
1-2 Referral Types	31	29%
3-4 Referral Types	4	4%
5+ Referral Types	8	7%
Total	**106**	**100%**
Types of Efforts - Referrals	**Freq.**	**Percent**
Childcare	4	4%
Clothing	6	6%
Education	3	3%
Employment	11	10%
Financial	5	5%
Food	8	8%
Furniture	7	7%
Healthcare	6	6%
Housing	2	2%
Transportation	7	7%
Youth Referral	34	32%
Utilities	7	7%
Parenting Workshop	1	1%
Other	10	9%

*Totals for referral types will exceed 100% as youth can receive more than 1 type of referral

Family Engagement Process Evaluation - Overview

The following provides the results of the program standards analysis for overall data collection efforts for Year 2 of SUSO Family Engagement program.[3] Youth were included in this analysis only if they were eligible to participate in SUSO (had between 5 and 9 absences at the time of referral and/or had at least 3 absences but were identified as high risk) and were in elementary school (K-5th grade) for the Family Engagement Program. Overall, there were 2,151 youth that had recorded contacts with valid data to base our evaluation of the implementation of the program standards.

Table 15: Summary of Compliance with Program Standards for Family Engagement

Summary of Standards	# & % of Clients Met Standard	# CBOs Met Standard
1. CBO would make an attempted contact (by phone or face-to-face) with 100% of clients within 48 hours of date of referral.	1400 of 2151 = 65%	0
2. For 60% of clients, CBOs will have completed a face-to-face or phone contact with families within 10 days of date of referral.	897 of 2151 = 42%	2
3. For 100% of clients, CBOs will follow the attempted contact steps (in no particular order): 1) Attempt to Contact at School; 2) Home Visit; 3) Send Letter to home; if returned by post office; 4) Deliver letter to school and notify school office.	93 of 2151 = 4%	0
4. CBOS will attempt contact by phone, mail, home or school visit for 14 days before closing referral.	1963 of 2151 = 91%	0
5. For 75% of clients with an initial completed contact, the first home visit will occur within 7 days of the date of the completed contact.	376 of 455 = 83%	5
6. For 100% of clients engaged into the program, CBOs will have parents of youth sign the program consent letter during the first face-to-face contact.	33 of 132 = 25%	0
7. 100% of clients engaged into the program will have at least two one-on-one face-to-face contacts per month, of which at least one is a home visit.	58 of 132 = 44%	0

[3]While it would have been ideal to also examine the degree to which CBOs were compliant with the Youth Participation Program process standards, we were unable to provide this type of analysis due to the lack of data.

Program Standard 1 – Attempted Contact

The first program standard for the Family Engagement Program required that the CBO would make an attempted contact (by phone or face-to-face) with 100% of clients within 48 hours of the date of referral. As can be seen in Table 16, for 65% of referred youth, there was a contact attempt made within 48 hours of the date of referral across all of the CBOs. None of the CBOs achieved 100% fidelity to this standard, however, CBO E achieved this standard for 92% of their referred youth, followed by 90% for CBO B, and 88% for CBO A.

Table 16: Program Standard 1 Compliance by CBO N=2,151

CBO	**Standard Met?**		
	Yes	**No**	**Totals**
CBO A	88% 118	12% 16	134
CBO G	57% 127	43% 97	224
CBO C	24% 82	76% 267	349
CBO B	90% 712	10% 78	790
CBO D	65% 174	35% 95	269
CBO E	92% 151	8% 13	164
CBO F	16% 36	84% 185	221
Totals	**65% 1,400**	**35% 751**	**2,151**

Program Standard 2 – Completed Contact

The 2nd program standard expected that for 60% of clients, CBOs will have completed a face-to-face or phone contact with families within 10 days of the date of referral. As evidenced below in Table 17, overall, CBOs achieved this for only 42% of referred families. Two CBOs successfully met this standard: CBO D (67%) and CBO E (60%). Of note, CBO B completed a face-to-face or phone contact with referred youth within 10 days of the date of referral for 54% of youth. CBO F only successfully completed this type of contact for 10% of referred youth, suggesting a significant lag in achieving a successful contact in a short period of time after the date of referral.

Table 17: Program Standard 2 Compliance by CBO N=2,151

CBO	**Standard Met?**

	Yes	No	Totals
CBO A	34% 45	66% 89	134
CBO G	36% 81	64% 143	224
CBO C	12% 42	88% 307	349
CBO B	54% 430	46% 360	790
CBO D	67% 179	33% 90	269
CBO E	60% 97	40% 67	164
CBO F	10% 23	90% 198	221
Totals	**42% 897**	**58% 1,254**	**2,151**

Program Standard 3 – Contact Steps

The 3rd program standard for Family Engagement expected CBOs to follow the attempted contact steps (in no particular order): 1) Attempt to Contact at School; 2) Home Visit; 3) Send Letter to home; if returned by post office; 4) Deliver letter to school and notify school office. As can be seen in Table 18 an overwhelming 96% of referred youth did not receive each type of contact referenced in the program standard across all of the CBOs. Only 4% of youth had home visits, phone calls, and written correspondence documented as contacts. CBO E reported the highest percentage of compliance with this standard with 19% of youth meeting this standard. Although there is low compliance with this standard, it may reflect the fact that CBOs are opting out of engaging in a range of different types of contacts with families because they either obtain parental consent or find that certain types of contacts are more successful.

Table 18: Program Standard 3 Compliance by CBO N=2,151

CBO	Standard Met?		
	Yes	**No**	**Totals**
CBO A	2% 2	98% 132	134
CBO G	4% 9	96% 215	224
CBO C	0% 0	100% 349	349
CBO B	3% 22	97% 768	790
CBO D	11% 29	89% 240	269
CBO E	19% 31	81% 133	164
CBO F	0% 0	100% 221	221
Totals	**4% 93**	**96% 2,058**	**2,151**

Program Standard 4 – Contact Before Case Closure

The 4th program standard for Family Engagement expected CBOs to attempt contact by phone, mail, home or school visit for 14 days before closing referral. In order to determine whether CBOs complied with this standard for each youth, two determinations were made. If the CBO closed the case before 14 days after the referral date, this resulted in a lack of compliance with this standard (excluding cases where the family declined services). Among the remaining cases, if CBOs did not document contacts within 14 days after the date of referral this also resulted in a determination of lack of compliance.

As can be seen in Table 19, across all CBOs this standard was met for 91% of referred youth. CBO A achieved this standard for 100% of youth, followed by CBO E (98%), CBO B (97%), and CBO C (96%). Interestingly, CBO F had the lowest compliance rate for this standard (47%) and may reflect significant gaps in dates of contact between the referral date and the closure date.

Table 19: Program Standard 4 Compliance by CBO N=1,918

CBO	Standard Met		
	Yes	**No**	**Totals**
CBO A	100% 106	0% 0	134
CBO G	94% 211	6% 13	224
CBO C	95% 227	5% 13	240
CBO B	97% 686	3% 21	707
CBO D	95% 248	5% 12	260
CBO E	98% 157	2% 3	160
CBO F	47% 103	53% 118	221
Totals	**91% 1738**	**9% 180**	**1918**

Program Standard 5 – First Home Visit After Completed Contact

The 5th program standard for Family Engagement expected that among youth with an initial completed contact, for 75% of these youth the first home visit would occur 7 days after the completed contact. Only 455 youth reported having both an initial successful contact and a subsequent home visit. As highlighted in Table 20, this standard was met for approximately 83% of all youth across CBOs. In particular, this standard was met by CBO C (100%), CBO D (91%), CBO E (89%), and CBO F (89%). CBO A met this standard for 57% of youth and CBO G was only able to complete a home visit within 7 days after a completed contact for 44% of youth.

Table 20: Program Standard 5 Compliance by CBO N=455

CBO	Standard Met?		
	Yes	**No**	**Totals**
CBO A	57% 8	43% 6	14
CBO G	44% 8	56% 10	18
CBO C	100% 93	0% 0	93
CBO B	76% 154	24% 50	204
CBO D	91% 39	9% 4	43
CBO E	89% 58	11% 7	65
CBO F	89% 16	11% 2	203
Totals	**83% 376**	**17% 79**	**455**

Program Standard 6 – Signing Program Consent Letter

The 6th program standard for Family Engagement stated that for 100% of clients engaged into case management services, parents of youth would sign the program consent letter during the first face-to-face contact. This analysis only includes engaged youth (N=132).

As noted in Table 21, 25% of referred youth had the program consent letter signed during the first face-to-face contact across all of the CBOs. CBO C had the highest percentage of compliance with this standard (36%), followed by CBO F (33%), and CBO E (29%). This relatively low compliance with this program standard may reflect missing engagement date information and/or that the CBO obtained consent *after* the first face-to-face contact.

Table 21: Program Standard 6 Compliance by CBO N=132

CBO	Standard Met?		
	Yes	**No**	**Totals**
CBO A	0% 0	100% 2	2
CBO G	14% 2	86% 12	14
CBO C	36% 15	64% 27	42
CBO B	14% 3	86% 19	22
CBO D	0% 0	100% 9	9
CBO E	29% 8	71% 20	28
CBO F	33% 5	67% 10	15
Totals	**25% 33**	**75% 99**	**132**

Program Standard 7 – Face-to-Face Contacts Across Engagement

The 7th program standard for Family Engagement was that for 100% of clients engaged into the program, they will have at least 2 one-on-one face-to-face contacts per month, of which at least one is a home visit. In order to determine if the standard was met, youth engaged into the program had to have a record of 6 home visits. Given that the Family Engagement Program is 12-weeks (or 3 months) long, this standard implies that engaged youth should have 6 face-to-face contacts over the course of engagement.

As documented in Table 22, overall, this standard was met for 44% of youth and families engaged into case management services. CBO B and CBO C reported engaging in the highest home visits per engaged youth with 59% and 57% (respectively) of youth receiving at least 6 face-to-face contacts. CBO E and CBO D conducted the minimum number of home visits for between 46% and 44% of families. CBO F reported providing at least 6 face-to-face contacts with 20% of engaged youth, while CBO G did not meet this standard for any of the engaged youth.

Table 22: Program Standard 7 Compliance by CBO N=132

CBO	Standard Met?		
	Yes	**No**	**Totals**
CBO A	50% 1	50% 1	2
CBO G	0% 0	100% 14	14
CBO C	57% 24	43% 18	42
CBO B	59% 13	41% 9	22
CBO D	44% 4	56% 5	9
CBO E	46% 13	54% 15	28
CBO F	20% 3	80% 12	15
Totals	**44% 58**	**56% 74**	**132**

The next section of the report examines the SUSO intervention targeted toward middle school youth – the Youth Participation program.

Youth Participation Program

Status of Referrals

Table 23 provides referrals for youth engagement overall and by CBO for middle school youth. The youth engagement model involves conducting youth empowerment clubs. Since the beginning of the school year, 765 youth were referred to CBOs conducting these groups. Note that several CBOs reported the same youth as CBO H youth. As CBO H supplied the most comprehensive data for these youth, the duplicate entries were deleted. Once those duplicate records were deleted, Table 8 reflects the total referrals, and in the cases where youth were referred multiple times, the number of unique youth referred for youth engagement services.

Table 23: Youth Participation Program Referrals Overall and by CBO

	Total Referrals	Percent of All Referrals	Referrals By Unique Youth
CBO H	111	15%	111
CBO A	10	1%	10
CBO B	63	8%	63
CBO C	112	15%	110
CBO D	102	13%	101
CBO E	65	8%	61
CBO F	146	19%	145
CBO G	156	20%	156
Total	**765**	**100%**	**757**

Table 24 provides the overall status of these referrals, based on data provided by the contact logs. Among the 757 youth referred, 414 (or 55%) were engaged into the club (defined as attending one or more sessions), 116 youth referrals (16%) were closed because there was no response and 54 parents refused (7%). There were no data available to assess what occurred with 122 of the referrals, and the remaining were closed due to a lack of contact information (2%), because the CBO failed to follow-up within the specified time period (2%), the school withdrew the referral or the youth was no longer truant (2%) and a few youth were deemed ineligible, they transferred to another school, or the case was referred to CFSA (less than 1% of youth referrals).

Table 24: Status of Referrals, N=757

Status	Frequency	Percent
Engaged into Club	414	55%
Parent or Child Refused to Participate	54	7%
No Response to Outreach or No Parental Consent	119	16%
No Contact Info	13	2%
CBO Failed to Follow-up Within Time Frame	13	2%
School Withdrew Referral or No Longer Truant	16	2%
Ineligible, Transfer to Another School, or Referral to CFSA	6	<1%
Unable to Assess Based on Data Provided	122	16%
Total	**757**	**100%**

Reasons for Refusal of Services

Table 25 provides the reasons for refusal to participate in the youth engagement program. The most often documented reason for refusal to participate is parent and/or child is too busy or not interested (44%), followed by parents sent notes to school (15%) and not wanting agency involvement (15%).

Table 25: Of Closed Referrals, Reasons Refused to Participate, N=54

Stated Reason for Refusal to Participate	Frequency	Percent
Parent stated sent notes to school, were not recorded properly; issues with school	8	15%
Parent or Child is Too Busy or Not interested	24	44%
Parent does not want any agency involvement	8	15%
The child is not truant	2	4%
Youth will transfer/has transferred to different school	2	4%
Child illness is the cause of the absences	2	4%
Current case with CFSA	1	2%
Unable to Assess Based on Data Provided	7	13%
Total	**54**	**100%**

Outcome Evaluation -- Overview

This outcome evaluation focuses on the second year of program activity – from August 2013 through the end of the school year in June 2014. This report contains a comprehensive set of evaluations of the impact that the SUSO intervention had on eligible youth referred to the program during the 2013-2014 school year. In total, the analyses seek to identify whether the intervention reduced the number of unexcused absences. The report presents a series of analyses that increase in methodological rigor in order to account for some of the features of the program and to develop a quasi-experimental estimate of the treatment effect. The report will discuss the Family Engagement (FE) and Youth Participation (YP) programs separately.

Importantly, DC Public Schools (DCPS) staff conducted the propensity score matching analysis in order to provide a comparison group for this evaluation. Youth from the treatment group were matched based on having 5 to 9 unexcused absences, gender, grade, and special education status. In addition, as the number of schools participating in SUSO has increased since the program began, there are fewer schools available from which to match with comparison youth. For this reason, it was difficult to find schools from the same ward or having the same characteristics for *each* SUSO school, so Choice Research Associates (CRA) provided a list of schools by Community Based Organization (CBO)[4] (see Appendix A below).

Data for this evaluation was provided by DCPS for both the treatment and comparison group youth. These data included:

- Number unexcused and excused absences and days enrolled, end of year, school year 2013-2014;
- Number unexcused and excused absences and days enrolled for each term of school year 2013-2014;
- Demographics of gender, race, and zip code;
- Student information including grade, special education status;
- CAS Math and Reading 2013 and 2014 (3rd grade and above);
- Disciplinary – Suspension incidents and days suspended, by term

[4] Also note that due to the lack of comparison schools, several schools were used for more than one CBO. A code was provided to indicate "unique" youth so that in the overall analysis, youth from schools matched to more than one CBO were only included once.

Regression Analyses

Overall Impact of SUSO Family Engagement

In these first sets of analyses, negative binomial regressions are used to assess the impact of treatment for youth referred to both family engagement and youth participation. This method allows us to explore the impact of SUSO while accounting for other factors that may be important in influencing the outcome. Unfortunately, there were only a few factors that were consistently provided by DCPS which did not have a lot of missing information. These included the gender, grade, and race.[5] As noted in Table 26, 53% of treatment cases are male, 92% of treatment cases are black, and on average treatment youth are in the 2nd grade[6]. Approximately 44% of control youth are male, 87% of control youth are black, and on average control youth are in the 1st grade. There are statistically significant differences in the percentage of white youth, black youth, Latino youth, and grade across the treatment and control groups. In the analysis, we also added a variable indicating that youth were "clustered" on their assigned CBO, because we believe youth within CBOs are more likely to be similar to one another than youth from another CBO.[7] In addition, youth within a CBO are also receiving a similar set of CBO-specific services.[8]

As an overall assessment of the impact of the family engagement program, negative binomial regressions were used to look at the effect of treatment on attendance over the 2013-2014 school year, specifically looking at the total number of unexcused absences, excused absences, and in-seat attendance.[9] The expectation is that youth referred to the program would experience a reduction in unexcused absences. Additionally, prior SUSO evaluation reports indicated that CBO case managers often facilitate excuse note-writing among families. These efforts arguably may lead to an increase in the number of excused absences. With respect to in-seat attendance, it is possible that overall a reduction in the number of unexcused absences leads to an increase in

[5] In addition, overall, there were a substantially smaller number of control group youth (n=484) compared to the number of youth in the treatment group (n=1,690). This was because many of the control group did not have the minimum number of unexcused absences that would have led to a referral if SUSO were present within the control school. While the size of the control group is sufficient for looking at the overall outcomes, it is more of an issue when looking at these outcomes by CBO.

[6] The grade of youth is coded such that: Pre-K (0), Kindergarten (1), 1st Grade (2), 2nd Grade (3), 3rd Grade (4), 4th Grade (5), 5th Grade (6). Hence, an average grade of 3 is actually referring to the 2nd grade.

[7] Another way to frame this idea of youth "clustering" within a CBO is to think by classroom. Youth within a classroom are likely to be more similar to each other than to youth from other classrooms – particularly when one thinks about the comparison of youth from an Advanced Placement (AP) class versus youth in a standard class.

[8] While the SUSO program has a proscribed set of implementation measures by which the CBOs conduct outreach and engagement to the families and youth, the types and intensity of services provided under the umbrella of "case management services" or by the type of youth activity club likely differs by CBO. It is important that the CBOs have this flexibility to appropriately respond to needs of the families and community that they serve.

[9] In-seat attendance is defined as the total number of days a youth is actually present in the school year. It is calculated by subtracting the total number of excused and unexcused absences from the total number of school days in which the youth is enrolled.

the in-seat attendance; however, if families get better at generating excuse notes, youth may still be as likely to *not* be in school as prior to referral to the SUSO program.

The method of analysis (negative binomial regression) generates estimates that are not intuitively simple to interpret. In order to provide more interpretable results, estimates are converted into average marginal effects. This translates into the average difference in the outcomes compared across treatment and control youth. Note that positive estimates indicate the treatment group experienced an increase in each outcome, whereas negative estimates indicate that the treatment group experienced a decline. (So for this program – which seeks a reduction in unexcused absences, we would want to see estimates that are *negative*). In addition, we include additional variables (referred to as "control variables") in the analysis to account for other factors that could explain the results that we find. (For example, based on the literature, we know that youth are more likely to be truant as they grow older, so we include age in the regression model to account for differences in youth in age).

Table 26: Family Engagement Control Variables

	Treatment Youth (N=1,690)		**Control Youth (N=484)**	
	N	*Mean*	*N*	*Mean*
Male	894	.53	214	.44
White	10	.01	27	.06
Black	1556	.92	422	.87
Latino	100	.06	26	.05
Other Race	24	.01	7	.01
Grade	-	3.15	-	2.16
Pre-K	19	.01	176	.37
Kindergarten	392	.23	68	.14
1st Grade	305	.18	44	.09
2nd Grade	267	.16	51	.10
3rd Grade	252	.15	43	.09
4th Grade	219	.13	49	.10
5th Grade	236	.14	53	.11

Treatment vs. Control Group by End of School Year

As revealed in Table 27, net of the control variables (in other words, after taking into account grade, gender, and race), youth referred to SUSO experienced a statistically significant *decrease* in the number of unexcused absences compared to youth in the control group by the end of the school year. Specifically, treatment youth reported approximately 4.90 fewer unexcused

absences (p<.001).[10] Consistent with the fact that in-seat attendance is defined as the total number of days actually present in school, treatment youth reported nearly 5.33 more days of in-seat attendance (p<.001) than control youth.[11]

Treatment vs. Control Group by End of School Year, By CBO

There may also be differences in the impact of the SUSO program among youth depending on their level of engagement in the program, type of case management services that they received, or by CBO. To try to get at this issue, the next set of analyses examines these same results by CBO. Table 27 also provides the number of treatment and control youth included in these analyses. As can be seen, there are substantially different numbers of control and treatment youth within each CBO. As previously noted, although control youth were requested from DCPS to match the treatment youth, many did not have the minimum number of unexcused absences that would have led to a referral if SUSO were present within the control school. The cases included in the analyses are treatment youth that were eligible for SUSO and control youth that *would have* been referred if they had between 5-9 unexcused absences. Consequently, the results from the regression analyses should be interpreted with caution due to the small samples among control cases.

Again, looking at Table 27, the overall difference in attendance outcomes appears to differ depending on which CBO youth were referred to (or assigned to in the case of control youth). Compared to control youth, treatment youth in CBO A, CBO B, CBO D, and CBO E report significantly fewer overall unexcused absences. Although treatment youth from CBO G, CBO C, and CBO F reported less unexcused absences than control youth, these were not statistically significant differences.

Considering the number of excused absences, compared to control youth, only youth referred to CBO G, CBO C, CBO D, and CBO E had significantly less overall excused absences. This suggests that perhaps these CBOs have been also focused on reducing absences in general. In contrast, treatment youth from CBO F actually reported significantly more excused absences (p<.05), which may suggest that efforts were made to help families convert unexcused absences into excused absences through submitting excuse notes.

[10] Differences that are statistically significant include a "p-level" indicator (e.g., at p<.001). This notation means that the findings are highly unlikely (e.g., for p<.001 - less than a 1 out of 100 chance or p<.05 less than 5 out of 100 chances) to be the result of chance or coincidence.

[11] Of note, there are N=176 Pre-K youth in the control group for the analytic sample. The family engagement program was intended for K-5th grade youth, however, in some instances CBOs worked with siblings of referred youth or other children residing within a household that may have been a Pre-K youth. This resulted in a number of Pre-K being included in the control group. The analyses presented in this report were run with and without Pre-K youth and the results were substantively the same across both sets of models.

Consistent with the general reductions in both unexcused and excused absences, there was an overall statistically significant increase in in-seat attendance by about 5.33 days (p<.001). This effect appears to be driven by the significant increases in in-seat attendance among treatment youth compared to control youth that is observed in CBO C, CBO B, CBO D, and CBO E.

One possible explanation for these diverse findings may be in differences with how the program was implemented. We explored this by reviewing the CBO's compliance with the SUSO program standards above, and this is discussed more below. It is also worth mentioning that for a few CBOs there were a small number of control cases (i.e., CBO G has 7 control cases that were eligible for referral), which raises some concern about the validity of these findings.

Table 27: Family Engagement - Outcome Estimates Overall and by CBO

			Outcomes		
	Total Number of Youth		Total Number of Unexcused Absences 2013-2014	Total Number of Excused Absences 2013-2014	In-Seat Attendance 2013-2014
	Treatment	*Control*			
Overall estimate of treatment effect	1690	484	-4.90***	-1.00	5.33***
By CBO					
CBO A	101	57	-3.84**	.06	2.77
CBO G	189	7	-1.00	-5.22*	6.14
CBO C	278	102	-.388	-2.55*	2.99*
CBO B	678	139	-6.15***	.30	6.92***
CBO D	208	54	-6.98***	4.82***	5.50**
CBO E	149	95	-5.67***	-4.32***	10.44**
CBO F	87	30	-3.11	6.80*	-4.12

***p<.001, **p<.010, *p<.05

As indicated in the process evaluation section of this report, across CBOs, there were differences in the extent to which each CBOs complied with the SUSO process standards. Table 28 provides

a summary of the percentage of cases that met compliance for each standard across all of the CBOs and indicates whether the CBOs observed statistically significant reductions in unexcused and excused absences or statistically significant increases in in-seat attendance.

We also provide the average percentage of compliance with process standards both by CBO (e.g., CBO E on average complied with standards with 62% of referrals; versus CBO F, who complied on average 31% of referrals) and by standard (e.g., across all CBOs, standard #3 was complied with 6% of the time or standard #5 was complied with 78% of the time). Overall, by CBO or by standard, there was an average 49% compliance with the process standards in Year 2 of the SUSO program.

As noted in Table 28 below, CBO E reported statistically significant reductions in the number of unexcused (and excused) absences and a significant increase in in-seat attendance. With respect to compliance, CBO E tended to report larger percentages of cases where the process standards were met compared to other CBOs. For example, CBO E met standard #1 of attempting contact with the client within 48 hours in 92% of cases; for standard #2, CBO E completed a face-to-face or phone contact within 10 days of the referral in 60% of their cases, and they also had the highest percentage of cases for standard #3 – 19% of cases where they followed all the contact attempt steps.

In general, CBO F reported a lower percent of compliance for several of the process standards compared to other CBOs. Although this is speculative and certainly may be driven by low sample size, it suggests that compliance with the implementation of the program may explain some of the observed differences.

Although there is no way to formally test this hypothesis, this information provides some evidence to suggest that fidelity to the implementation of the program model may be driving some of the differences in results across CBOs. In addition, given that these implementation measures were based on data provided by the CBO from their individual systems, our hope is that by creating the new SUSO ETO system the data will be more uniformly and consistently reported. However, even once those issues are resolved, it remains that these standards do not necessarily capture the *quality* of the programming offered by CBOs. Quality of services would need to be measured differently (e.g., vis-à-vis client satisfaction surveys, client and stakeholder interviews, and/or through observation of services provided).

The next section of this report reviews the SUSO Youth Participation program results.

Table 28: Summary of Compliance with Process Standards by CBO for Family Engagement

CBO	Percent of Cases Where CBO Complied with Process Standard							By CBO – Average % Compliant	Reduction in Unexcused Absences	Change in Excused Absences	Increase in In-seat Attendance
	1	2	3	4	5	6	7				
CBO A	88% 118	34% 45	2% 2	100% 106	57% 8	0% 14	50% 1	47%	Yes	No	No
CBO G	57% 127	36% 81	4% 9	94% 211	44% 8	14% 2	0% 0	50%	No	Yes	No
CBO C	24% 82	12% 42	0% 0	95% 227	100% 93	36% 15	57% 24	46%	No	Yes	Yes
CBO B	90% 712	54% 430	3% 22	97% 686	76% 154	14% 3	59% 13	56%	Yes	No	Yes
CBO D	65% 174	67% 179	11% 29	95% 248	91% 39	0% 0	44% 4	53%	Yes	Yes (Increase)	Yes
CBO E	92% 151	60% 97	19% 31	98% 157	89% 58	29% 8	46% 13	62%	Yes	Yes	Yes
CBO F	16% 36	10% 23	0% 0	47% 103	89% 16	33% 5	20% 3	31%	No	Yes (Increase)	No
By Standard -- Average % Compliance	62% 1400	39% 897	6% 93	89% 1738	78% 376	18% 33	54% 58	**49%**			

Overall Impact of SUSO Youth Participation

Treatment versus Control Group by End of School Year

The next set of regression analyses focus on the estimated impact of the Youth Participation program. Control variables for youth referred to the SUSO middle school program and control group youth are provided in Table 29 below. Several additional control variables were included in the middle school analyses because there was available data for both treatment and control youth, including CAS Math and Reading scores, and the percentage of youth in special education. In general, there are differences in the demographics across treatment and control youth. There are slightly more black treatment youth (.92 to .85) and slightly less Latino treatment youth (.7 to .15) compared to the control group. There are statistically significant differences in the percentage of black, Latino, grade, percent in special education, math scores, and reading scores across the treatment and control groups. There are also substantially different numbers of eligible treatment and control youth that were included in these analyses. To be eligible for treatment, youth had to have at least 5 unexcused absences at the time of referral.

Again, in order to provide more interpretable results, estimates are converted into average marginal effects. This translates into the average difference in the outcomes compared across treatment and control youth. Note that positive estimates indicate the treatment group experienced an increase each outcome, whereas negative estimates indicate that the treatment group experienced a decline. (So for this program – which seeks a reduction in unexcused absences, we would want to see estimates that are negative).

Table 29: Youth Participation Control Variables

	Treatment Youth (N=397)		**Control Youth (N=187)**	
	N	*Mean*	*N*	*Mean*
Male	209	.52	100	.53
White	0	0	0	0
Black	.366	.92	159	.85
Latino	27	.7	28	.15
Other Race	1	.1	0	0
Math Score	-	2.21	-	1.82
Reading Score	-	2.25	-	2.03
Special Education	89	.22	58	.31
Grade	-	7.02	-	6.95
6^{th} Grade	122	.31	57	.31
7^{th} Grade	142	.35	81	.43
8^{th} Grade	133	.34	49	.26

As described in Table 30, treatment youth reported nearly 3.1 less unexcused absences (p<.001) and 4.6 more unexcused absences (p<.05). There were no statistically significant differences in in-seat attendance.

Unfortunately, we were unable to conduct CBO comparisons for the impact of the youth participation program because there were too few eligible control cases assigned to CBOs to generate credible and non-biased estimates.

Still, these results suggest that there were beneficial effects of the youth participation program such that treatment youth experienced reductions in unexcused absences compared to control youth. Interestingly, the increase in excused absences is a bit difficult to explain because there was not documented evidence that the YSPs worked with youth/families to convert unexcused absences into excused absences through note writing assistance.

Finally, it is important to note that schools had a different number and type of available clubs, thus it was not possible to assess differences in treatment and control by YSP because we had no way to decipher the decision process of how youth would be assigned to a particular YSP. In some schools, youth could choose to participate between different YSP programs, in other locations where there was only one program available, youth were assigned. Consequently, there are likely numerous differences between youth who opted into one club or another. Such differences could not be incorporated into the control youth because there is limited capacity to predict, if the program were available to the control group youth, which YSPs would be present in the schools that control youth attend.

Table 30: Youth Participation - Outcome Estimates Overall

			Outcomes		
	Total Number of Youth		Total Number of Unexcused Absences 2013-2014	Total Number of Excused Absences 2013-2014	In-seat Attendance 2013-2014
	Treatment	*Control*			
Overall estimate of treatment effect	397	187	-3.09***	4.64*	-1.09

***p<.001, **p<.010, *p<.05, †p<.10

Propensity Score Analyses

In any research endeavor, it is preferable to utilize random assignment to the treatment condition, as that is considered the scientific "gold standard". This is because when individuals are assigned to treatment by chance, it can be assumed that variations between those in the comparison and the treatment groups are random and should not influence or bias the outcomes of the study. In many instances, including SUSO, random assignment is either not feasible (e.g., in choosing whether to sentence a person to prison or diversion) or is not desirable by the program, so it is possible that those participating in a program that were selected (or self-selected) into the treatment condition were substantially different than those who would be randomly assigned to treatment. One way to overcome this selection bias is to create a comparison group by calculating a propensity score using logistic regression to estimate the probability that, had this intervention employed random assignment, the individual would have been assigned to the treatment group. Overall, the end result of this analysis is to utilize relevant characteristics to predict a youth's propensity to receive treatment and then assess the effect of treatment on truancy outcomes for respondents who are matched based on those propensity scores.[12]

Several sets of propensity score analyses were used to estimate the impact of the SUSO intervention. The first set of analyses evaluate the effect of treatment on the end-of-year totals of unexcused absences, unexcused absences, and in seat-attendance. Unfortunately, due to the relatively low number of matched cases that emerged within each CBO, we were unable to conduct this analysis by CBO.

Family Engagement & Youth Participation Outcomes

SUSO Outcomes Using Propensity Match

Table 31 presents the propensity score results for the estimated treatment effect for both the family engagement and youth participation programs. As seen in Table 31, youth referred to the family engagement program had significantly less unexcused absences (at a significance level of $p<.001$)[13] and significantly higher levels of in-seat attendance than control youth ($p<.01$). Specifically, treatment youth had roughly 4.09 fewer unexcused absences and nearly 8 more days of in-seat attendance than the control group youth.

[12] There are differences in the level of complete data that can be included as variables in in the matching process therefore, the relevant characteristics used to estimate propensity scores differ across the programs. For family engagement, matching was based on gender, grade, race, ward, number of days enrolled, and the assigned CBO. For youth participation, matching was based on gender, grade, race, ward, number of days enrolled, assigned CBO, math score, reading score, and special education status.

[13] At $p<.001$ there is less than a 1 out of 100 chance that this finding is the result of chance or coincidence.

Consistent with the regression analysis, youth referred to the Youth Participation Program had significantly fewer unexcused absences than control youth (p<.01). Specifically, treatment youth had nearly 2.09 fewer unexcused than control youth. There was no statistically significant differences in the number of excused absences or in-seat attendance.

Table 31: FE & YP Program Outcomes Using Propensity Match

	Outcomes		
	Total Number of Unexcused Absences 2013-2014	Total Number of Excused Absences 2013-2014	In-Seat Attendance 2013-2014
Estimate of treatment effect for Family Engagement (N=2,153)	-4.09***	.34	7.68**
Estimate of treatment effect for Youth Participation (N=858)	-2.09**	2.08	-.08

***p<.001, **p<.010, *p<.05, †p<.10

SUSO Outcomes Using Propensity Match By Referral Quarter

It is important to note that there are important limitations with the prior regression and propensity models. One key limitation is that there is no consideration of the *timing* of referral. For example, if a youth is referred in the first quarter, there is more time for the potential benefits of the treatment to be experienced by the youth.[14] In contrast, a youth referred in the fourth quarter has less time to experience the benefits of treatment. These differences in timing likely impact the extent to which there would be differences in the total number of unexcused absences or excused absences. For this reason, the next set of propensity score analyses identifies the quarter in which the treatment youth were referred and then looks at whether the change in unexcused absences in subsequent quarters were reduced. For example, if a youth was referred in the first quarter and had 8 unexcused absences at intake and then in the second quarter this youth had 4 unexcused absences, this would be coded as a reduction in truancy. In order to identify a comparable set of control youth, only those youth that had between 5-10 unexcused absences in a given referral quarter were selected to be included in the analyses. This ensures that these control youth were among the most likely to be referred *if* SUSO programming had been implemented in their schools. The outcome variable is coded as 1 for an increase in unexcused absences and 0 if youth reported a reduction or no change in unexcused absences.

[14] Or conversely, more time for the youth to accrue absences from school.

As observed in Table 32, the estimated effect of treatment conditional on when youth were referred to the family engagement program generally indicates that treatment youth experienced less positive outcomes on a quarter-by-quarter basis compared to youth in the control group. For instance, more treatment youth compared to matched control youth who were referred in the 2nd quarter experienced an increase in the number of unexcused absences by the 4th quarter. Specifically, 43% more treatment youth referred in the 2nd quarter experienced an increase in the number of unexcused absences by the 4th quarter compared to the control group. These results tend to indicate that youth referred to the family engagement program experienced more negative attendance outcomes across quarters, however, there are a few caveats worth mentioning. First, we know that not all youth were engaged into the program and received the full extent of CBO services. Due to the small sample sizes, it is not feasible to assess the extent to which those youth that were fully engaged experienced different results; however, we would expect that those youth who received a higher dosage of services would be more likely to reduce their unexcused absences.

Further, one of the challenges in this type of analysis (for both the family and youth program) is identifying when a control youth *would* have been referred had their school been part of the SUSO intervention. To do so, we identified the number of unexcused absences each control youth had in a given quarter to determine whether they would have met the threshold for eligibility. For instance, if a control youth had between 5-9 unexcused absences during the 1st quarter we assumed that they would have been referred to SUSO during the 1st quarter had the intervention been offered in their school. This assumption could bias the results *against* the treatment youth because of the nature of how and when attendance data are provided by DCPS. In order to identify the timing of referral for control youth, we include control youth that meet the eligibility requirements (i.e., between 5 and 9 unexcused absences), which restricts the sample of control youth for a given quarter. This is because eligibility for treatment youth may be identified anytime during the quarter (beginning, middle or end) and youth receive services or notes assistance *prior* to the time point that we are using to identify 'eligible' control youth. This sets up a scenario where treatment youth potentially have substantially different numbers of unexcused absences from our comparison youth.

For instance, if a treatment youth was identified as eligible midway through the quarter because they had 6 unexcused absences, but by end of the quarter, three of those unexcused absences were converted into excused absences or were discrepancies that were cleared up with the attendance counselor as a result of involvement with SUSO. In this example, at the end of the first quarter, this treatment youth now has 3 unexcused absences, but the eligible matched control youth has 6 unexcused absences.

Keeping in mind that when attendance data outcomes are calculated, we are looking for the degree of *change* among all of those in the SUSO program compared to the control group. So when comparing the change in unexcused absences between the 1st quarter and 2nd quarter, the treatment youth now has *less* room to have fewer than 3 unexcused absences (they can only possibly reduce their absences by 3, 2, 1 or 0) compared to the control youth who has *more* room to have fewer than 6 unexcused absences (they could reduce their absences by 6, 5, 4, 3, 2, 1 or 0). This would suggest that control youth are *more* likely to experience a reduction in unexcused absences and thus this would contribute to results being more consistently favorable to the control group in a quarterly analysis of attendance outcomes.

Additionally, prior reports suggest that the timing of youth and families becoming engaged into the SUSO intervention does not always occur within the timing outlined by the process standards. This likely introduces substantial variation as to when CBO outreach and/or services began and end. As a result, using end-of-quarter totals of unexcused absences as a point of reference to compare changes in attendance outcomes presents challenges in the interpretability of the findings.

Nonetheless, when we examine the estimated effect of treatment for the youth program, we see similar results emerge. Treatment youth referred to SUSO experienced significantly more unexcused absences on a quarter-by-quarter basis compared to control youth. For instance, more treatment youth referred in the 2nd quarter compared to matched control youth experienced an increase in the number of unexcused absences by the 4th quarter. Specifically, 34% of treatment youth referred in the 2nd quarter experienced an increase in the number of unexcused absences by the 4th quarter. These results indicate that there seems to be consistently worse attendance outcomes across quarters when comparing treatment youth to a matched sample of control youth. It would be ideal to have information on youth attendance within-clubs, however, we did not have attendance data necessary to conduct that analysis. Alternatively, some evidence suggests that there are negative consequences to mixing high and low-risk youth in the same intervention because it may lead to reinforcement of problem behaviors and exposure to additional risk factors (e.g., Dishion, McCord, & Poulin, 1999[15]).

[15]Available: http://www.unc.edu/~gsmunc/JoanMcCord/When%20IntervHarm1999.pdf

Table 32: FE & YP Program Outcomes Using Propensity Match by Referral Quarter

	Outcomes					
	Referred in Q1			Referred in Q2		Referred in Q3
	Change in Unexcused Absences from Q1-Q2	Change in Unexcused Absences from Q1-Q3	Change in Unexcused Absences from Q1-Q4	Change in Unexcused Absences from Q2-Q3	Change in Unexcused Absences from Q2-Q4	Change in Unexcused Absences from Q3-Q4
Estimate of treatment effect for Family Engagement	.17*	.32***	.48***	.20***	.43***	.23**
Estimate of treatment effect for Youth Participation	.62***	.53***	.10	.29***	.34***	-.20***

***p<.001, **p<.010, *p<.05, †p<.10

SUSO Outcomes Using Propensity Match Year to Year by Quarter

An alternative approach to considering the impact of treatment would be to evaluate the extent to which youth referred in Year 2 differ across the number of unexcused absences from their prior year. This essentially uses a youth's information in a prior year as reference point to compare to the youth's current attendance outcomes. The next set of analyses uses propensity score matching to observe whether or not treatment and control group differ across the number of unexcused absences in each quarter of the school year compared to the prior school year quarter, conditional on the quarter that they were referred to SUSO. For example, if a youth was referred in the first quarter, the analyses will compare the number of unexcused absences between the first quarter of year 2 to the first quarter of year 1, second quarter of year 2 to the second quarter of year 1, etc. The analyses explicitly compare the extent to which treatment and control youth differ in attendance outcomes across years on a quarter-by-quarter basis.

If the treatment estimate is a negative number, this indicates that treatment youth in year 2 had a smaller number of unexcused absences in any given quarter compared to control youth. This approach should be viewed with some caution as there may have been other systematic differences in the control and treatment group that occurred in the prior year that we simply do not have any information on. For example, if treatment or control youth were part of SUSO or some other type of school-based intervention in the prior year this would lead to a potentially biased (or inaccurate) estimate of differences in attendance outcomes.

As observed in Table 33, for the Family Engagement program there is some evidence indicating that treatment youth had a reduction in the number of unexcused absences across year 2 and year 1 conditional on the quarter that they were referred to SUSO. In general, then, treatment youth experienced significant declines in the number of unexcused absences across years compared to youth matched by propensity score that were not referred to SUSO. A cautious interpretation of these findings would suggest that during the year of participation in SUSO, youth referred to SUSO experienced fewer unexcused absences compared to the prior year relative to matched control youth not referred to SUSO[16].

Reviewing the results for the Youth Participation program, the general pattern that emerges is that across years, treatment youth generally experienced a mix of statistically significant decreases or no differences in the number of unexcused absences in the periods examined. This suggests that conditional on the timing of the referral to SUSO in year 2, treatment youth had better or no different attendance while engaged in the YP program than in the prior year when compared to a matched sample of control youth.

[16] Of note, it is possible some treatment youth may have been involved with SUSO in the prior year. Thus, for some youth the comparison across years (and quarters) does not adequately capture the difference between a quarter in Year 2 when the youth was involved in SUSO and a quarter in Year 1 when the youth was *not* involved in SUSO.

Table 33: FE & YP Program – Year to Year Outcomes by Referral Quarter

	Outcomes									
	Referred In Q1 in Year 2				Referred in Q2 in Year 2			Referred in Q3 in Year 2		Referred in Q4 in Year 2
	Difference in Q1 Unexcused Absences	Difference in Q2 Unexcused Absences	Difference in Q3 Unexcused Absences	Difference in Q4 Unexcused Absences	Difference in Q2 Unexcused Absences	Difference in Q3 Unexcused Absences	Difference in Q4 Unexcused Absences	Difference in Q3 Unexcused Absences	Difference in Q4 Unexcused Absences	Difference in Q4 Unexcused Absences
Estimate of treatment effect for Family Engagement	-5.54***	-3.57**	-2.27**	.68	-4.47***	-1.56**	-.53	-5.36***	-2.94**	-4.33***
Estimate of treatment effect for Youth Participation	-8.43***	3.40	5.19	-3.56	-4.88***	-.47**	.27	-1.50	-3.03	-3.42***

***p<.001, **p<.010, *p<.05, †p<.10

Summary and Discussion of Results

In total, multiple analytic strategies were used to understand the impact of the SUSO interventions on attendance outcomes. Each strategy comes with its own set of benefits and limitations, however, it seems that there is some consistency in the findings that enable a few general conclusions to be drawn. Figure 1 provides a summary of the finding across the analytic strategies, with a particular emphasis on the end of year of outcomes. In particular, if treatment youth reported a significantly larger number of unexcused absences, excused absences, or in-seat attendance, this finding is marked with a "+" symbol. In contrast, reductions in unexcused absences, excused absences, and in-seat attendance are marked with a "−" symbol. Non-significant findings are marked by a "~" symbol.

Figure 1: Summary of Analyses by Family Engagement and Youth Participation

Method	Family Engagement	Youth Participation
Negative Binomial Regression Models		
EOY Unexcused Absences	−	−
EOY Excused Absences	~	+
EOY In-seat Attendance	+	~
Propensity Score Analyses		
EOY Unexcused Absences	−	−
EOY Excused Absences	~	~
EOY In-seat Attendance	+	~

- Treatment Group had significant decrease in unexcused, excused, or in-seat attendance
+ Treatment Group had significant increase in unexcused, excused, or in-seat attendance
~ No Significant difference between treatment and control group.

With respect to the family engagement program, both the negative binomial regression and propensity score matching analyses indicated that for year-end outcomes, treatment youth reported significantly fewer unexcused absences and more in-seat attendance. This effect was observed across all CBOs, however was only statistically significant for CBO A, CBO B, CBO D, and CBO E. Once the timing of referral was accounted for in the propensity score analyses, there were generally either no observed differences or significantly negative effects of the impact of the family engagement program for treatment youth when compared to a control group. Because the timing of referral throughout the year captures both the length of time that youth could have experienced the SUSO program (and its benefits), these analyses attempt to provide a

more methodologically rigorous set of findings. Still, as mentioned previously, as we needed to identify a proxy for referral timing among control youth, it was necessary to determine their eligibility as a control group case based on end-of-quarter attendance records (e.g., had between 5 and 9 unexcused absences at the end the quarter, unlike the treatment group who could have been referred at any point in the quarter once they reached the required number of unexcused absences[17]). In doing so, this leads to a potentially less precise set of results that should be viewed cautiously.

A slightly different set of findings emerge for the youth participation program. For both the negative binomial regression and propensity score matching analyses, compared to control youth treatment youth reported significantly fewer unexcused absences and showed no difference in in-seat attendance. Looking at the binomial regression analysis, there was a significant increase in excused absences, but no difference when this outcome was examined using the propensity score matching. Once accounting for the timing of referral, treatment youth tended to report significantly worse attendance outcomes (i.e., number of unexcused absences) on a quarter-by-quarter basis. These negative outcomes suggest that youth who were referred to the youth participation program experienced increases in unexcused absences that are counter to the expected impact of the program. Still, there are a number of limitations that should be made before making such a firm conclusion against the impact of this program and the positive benefits observed for the family engagement program.

Limitations

Control Group

The findings of these analyses are largely contingent upon the quality of the control group that were provided by DCPS. If there are important differences in the control group youth (i.e., control group youth are less prone to be absent or would have never been referred to SUSO), then the results of these analyses are biased against treatment youth. There is some evidence to suggest that this is the case. First, it was clear that there were a substantially lower number of control youth who were eligible to be included in the analyses because they did not meet the criteria for referral to both the family and youth programs. For family engagement, of the 3,025 control youth provided by DCPS, 2,584 were deemed ineligible for the program (~85%) Similarly, for youth participation, of the 995 controls provided by DCPS, 790 were deemed ineligible for referral to the program (79%). To be clear, some of these control youth may have been matched to treatment youth who may have also been deemed ineligible after review of the eligibility status of the treatment youth. For instance, there were a number of Pre-K youth who remained in the control group and Pre-K youth would never have technically been eligible to

[17] This potential bias is discussed more in depth in the "SUSO Outcomes Using Propensity Match by Referral Quarter" section of this report.

receive services from the CBOs. Nonetheless, there are clearly deficiencies in the quality of the control group. These issues also emerged in the basic descriptive comparison of the demographic characteristics of the treatment and control groups for family engagement and youth participation. As noted above, treatment and control groups statistically different in the percentage of certain racial categories and average grade. Although the modeling strategies attempt to account for such differences, the control group is clearly not identical to the treatment group. There are also likely unobserved characteristics (i.e., difficulties at home, school engagement) that vary across the treatment and control groups that could also be related to attendance outcomes. Recommendations for how to address some of these concerns will be discussed below.

Implementation of Programming

The analyses provided in this report enables us to narrow down the impact of the program across CBOs. The fact that some differences emerged in the direction and magnitude of the observed relationship between SUSO and attendance outcomes suggest that there are differences in the implementation of the program across CBOs. Although we only have a process evaluation for the family engagement program, there were clearly some observed differences in the extent to which CBOs complied with the process standards. It is possible that the capacity of CBOs to implement the program effectively could be related to differences in the outcomes. Outcomes may also be impacted by intensity and frequency of engagement with families.

Analyses among case notes indicated that there were differences in the number of contacts for each family by CBO and the number of referrals to services. These observed differences in the intensity of the services provided to families likely had a differential impact on the outcomes. Interestingly, a review of the case notes indicated that case managers more often reported providing employment, housing, or other types of services that were not *directly* related to youth school attendance. Still, the fact that we observe reductions in unexcused absences suggest that these types of outreach efforts facilitate the capacity of families to provide a stable home environment, which may in turn make it less burdensome for families to get their children to school or to instill a sense of importance over school attendance. The fact that there was both variation in the number and type of referrals to services provided to families across CBOs also suggests that there is no single ‘solution’ to addressing the risks and needs of families referred to SUSO. Understanding the complexity of the role that referrals to services have on generating positive outcomes is unfortunately beyond the scope of this analysis, however, understanding the extent to which families demanded different levels of services should be an important focus for contextualizing the impact of the program.

Similar implementation issues are likely to exist within the youth participation program. While the analyses in this report focus on CBO differences in the impact of the youth program, youth within CBOs were involved in a number of club activities offered by the youth service providers (YSP). Therefore, to the extent that YSPs offer a range of different services and youth were involved in multiple clubs, it would be expected that YSPs have varied impacts on attendance outcomes. It was not possible to conduct analyses by youth service providers because there is no way to adequately assign control youth to a youth service provider. The decision for schools to work with certain YSPs were based on a number of factors that cannot be easily modeled into an analytic strategy. Further, the Youth Participation Program was only in its nascent stages of development and was not rolled out across all CBOs in the same manner. It would be expected that there would be difficulties in the start-up of programming for youth service providers and the solidification of the relationships between youth service providers and CBOs. These programmatic difficulties may contribute to some of challenges associated with data collection and could be partly responsible for some of the observed negative outcomes.

Recommendations and Conclusions

One of the main challenges in Year 2 was the lack of a systematic data collection among the CBOs. There was significant variation across CBOs in terms of the extent to which they collected information about referred youth, documented their efforts, and formatted their data to provide it to CRA. As such, this may have contributed to some of the negative results with respect to the outcome evaluation for the youth program in particular. Additionally, the lack of consistency across CBOs with respect to data collection likely also impacted the relatively poor compliance with the process standards for the family engagement program.

It is our hope that through the development of an Efforts-to-Outcome (ETO) database, there will be an improvement in data quality and consistency in documentation over the course of the school year. ETO should help case managers enter data and be able to appropriately document outreach efforts in a manner that is consistent with the process standards. Still, this database system will require substantial training and involvement among CBOs who do not currently utilize an ETO based system for other programming that they may offer. At the onset of Year 3, CRA will be providing substantial technical assistance to case managers and program directors in order to streamline the implementation of ETO.

In total, there appears to be promising evidence as to the effectiveness of the SUSO in reducing the number of unexcused absences for both family engagement and youth participation. To improve upon the robustness and strength of the findings presented here, it will be important to conduct a more rigorous process evaluation of SUSO programming in order to understand the extent to which program fidelity is driving the findings. Additionally, consistent with the goals of ETO, it is necessary for CBOs to strive to achieve better data quality and continue to document

the type of outreach efforts made to families and within youth activity clubs. While the design of the program was based on theoretical and empirical evidence, it would be helpful to further isolate the precise mechanism for how the SUSO program can reduce truancy. With the introduction of ETO and continued consultation with the CBOs, it is our goal to conduct a more thorough evaluation of the program in Year 3.

Appendix A: List of Treatment and Comparison Schools by CBO

schid	SCHOOLS	ward	Grades Need Based on Year 2 Referrals	Associated CBO	schid	SCHOOLS	ward
107	Langley Education Campus	5	1 to 5	Boys Town	108	Peabody Elementary	6
109	Barnard Elementary	4	K-4	Boys Town	127	Brent Elementary	6
140	Burrville Elementary	7	K-5	Boys Town	160	Ketcham Elementary School	8
110	Garrison Elementary	2	K-5	Boys Town	172	Burroughs Education Campus	5
105	Noyes Education Campus	5	K-8	Boys Town	134	Brightwood Education Campu	4
126	Walker-Jones Education Campus	6	K-8	Boys Town			
125	Aiton Elementary School	7	K-5	East River	165	Ludlow-Taylor ES	6
120	C.W. Harris Elementary	7	K-5	East River	179	Smothers Elementary	7
135	Drew Elementary School	7	K-5	East River	170	Mann Elementary School	3
123	Houston Elementary School	7	K-5	East River	166	Beers Elementary School	7
121	Nalle Elementary	7	K-5	East River			
147	Plummer Elementary	7	K-5	East River			
145	Thomas Elementary	7	K-5	East River			
157	Eliot-Hine Middle School	6	6 to 8	East River	172	Burroughs Education Campus	5
139	Kelly Miller MS	7	6 to 8	East River	101	Langdon Education Campus	5
159	Sousa Middle School	7	6 to 8	East River			
119	Bruce Monroe Elementary	1	K-5	CSC			
115	Cleveland Elementary	1	K-5	CSC	114	Seaton Elementary	6
111	H.D. Cooke Elementary	1	K-5	CSC			
117	Marie Reed Elementary	1	K-5	CSC			
146	Orr Elementary	8	K-5	CSC	164	King ES	8
152	Stanton Elementary	8	K-5	CSC	169	Moten Elementary School	8
113	Tubman Elementary	1	K-5	CSC	176	Hardy Middle School	2
136	Columbia Heights EC	1	6 to 8	CSC	101	Langdon Education Campus	5

132	Amidon-Bowen Elementary	6	K-5	E/BFSC	133	Randle Highlands Elementary	7
128	J.O. Wilson Elementary	6	K-5	E/BFSC	129	Maury Elementary	6
144	Miner Elementary	6	K-5	E/BFSC	163	Turner Elementary	8
130	Browne Education Campus	5	K-8	E/BFSC	102	Brookland Education Campus	5
138	Jefferson MS	6	6 to 8	E/BFSC			
143	Malcolm X Elementary	8	K-5	Far Southeast	162	Garfield ES	8
148	Savoy Elementary	8	K-5	Far Southeast	166	Beers ES	7
151	Simon Elementary	8	K-5	Far Southeast	180	Patterson ES	8
137	Charles Hart MS	8	6 to 8	Far Southeast	171	Kramer Middle School	8
158	Johnson Middle School	8	6 to 8	Far Southeast			
149	Sharpe Health School	4	K-8	Georgia Avenue	161	Kimball ES	7
153	Takoma Education Campus	4	K-8	Georgia Avenue	168	Hyde-Addison Elementary Sch	2
154	Truesdell Education Campus	4	K-8	Georgia Avenue	178	Raymond Education Campus	4
155	West Education Campus	4	K-8	Georgia Avenue	167	Thomson Elementary	2
156	Whittier Education Campus	4	K-8	Georgia Avenue			
150	Shepherd Elementary	4	K-5	Georgia Avenue			
142	LaSalle-Backus Elementary	4	1 to 8	Georgia Avenue			
116	Payne Elementary	6	K-5	Catholic Charities	118	Tyler Elementary	6
141	Stuart-Hobson MS	6	6 to 8	Catholic Charities			
112	Watkins Elementary	6	1 to 5	Catholic Charities			
106	Wheatley Education Campus	5	K-8	Catholic Charities	102	Brookland Education Campus	5

Choice Research Associates
What gets measured gets done.

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District of Columbia

Office of Victim Services and Justice Grants

Show Up, Stand Out (SUSO)

Year 3 2014-2015 Final Report
Stand Out (SUSO) Truancy Prevention
Family Engagement and Youth Participation Programs

REDACTED

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January 2017

Points of view or opinions contained within this document are those of the author and do not necessarily represent the official position or policies of the District of Columbia Office of Victim Services Justice Grants (OVSJG), District of Columbia Public Schools, or that of the Community Based Organizations. All errors are our own.

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Executive Summary

Choice Research Associates (CRA) was awarded a grant from the District of Columbia Office of Victim Services Justice (OVSJG) to evaluate the Show Up, Stand Out (SUSO) truancy intervention program. This project involves conducting a comprehensive evaluation of the SUSO grant initiative designed to reduce truancy for DCPS elementary and middle school youth. This project is a joint effort with partners including OVSJG, District of Columbia's Public School, selected schools in Wards 1, 2, 4, 5, 6 and 7, Youth Service Providers, and the OVSJG funded Community Based Organizations (CBOs).

SUSO is comprised of two components tailored for either elementary or middle school youth. The Family Engagement program assists elementary school youth with 5 to 9 unexcused absences and their families are provided wraparound services and truancy prevention efforts by the CBOs. The Youth Participation program assist middle school youth with at least 5 unexcused absences who are engaged by the Youth Service Providers (YSP) in a variety of activity clubs that seek to promote school engagement and address absenteeism.

This evaluation is based on the evaluation plan established with the CBOs and OVSJG in December 2012, and subsequently modified over the course of the program development. Unfortunately, one of the key challenges of this project was the quality and quantity of the data submitted for analysis. Starting in Year 2 (2013-2014) of the project, OVSJG commissioned an Efforts to Outcomes (ETO) enterprise system intended to ensure that all CBOs participating in this project provide the data necessary to assess their compliance with program milestones. CBOs participated in extensive training to learn how to implement ETO and manage data collection efforts.

This report focuses on the third year of program activity – from August 2014 when the first referrals were recorded, through the end of the school year in June 2015. For the analyses presented in this report, there were 2,419 eligible referrals for SUSO family engagement services and 847 eligible referrals for SUSO youth participation program. This report includes descriptive information about the referrals to both programs for each CBO, barriers to school attendance identified by CBO and YSP staff, and an examination of compliance with program implementation standards for the Family Engagement program.

This report also provides several sets of outcome results comparing those referred to the SUSO program (treatment group) to a comparison group youth selected by DC Public Schools (DCPS) for both the family engagement and youth participation programs. Additionally, outcome results are compared across treatment *only* youth from DCPS and Charter Schools. Key findings of the evaluation include:

Family Engagement Program Outcomes

- For the 2014-2015 school year, the SUSO family engagement treatment group had significantly fewer total unexcused absences and higher in-seat attendance at year-end then a group of comparison youth.
- Propensity score analyses for the family engagement treatment youth that accounted for the timing of referral to SUSO indicated that treatment youth experienced worse or statistically indifferent attendance outcomes on a quarterly basis when compared to a control group.
- Compared to the 2013-2014 school year, family engagement treatment youth generally reported significantly fewer unexcused absences on a quarterly basis.
- Compared to DCPS treatment youth, a higher proportion of Charter School youth tended to report reductions in truancy for those referred to the family engagement program.

Youth Participation Program Outcomes

- For the 2014-2015 school year, the SUSO youth participation treatment group had significantly more total unexcused absences and less in-seat attendance at year-end then a group of comparison group.
- Propensity score analyses for the youth participation treatment youth that accounted for the timing of referral to SUSO indicated that treatment youth experienced worse or statistically indifferent attendance outcomes on a quarterly basis when compared to a control group.
- Compared to the 2013-2014 school year, on a quarterly basis, there were mixed findings for the youth participation treatment youth -- both significantly fewer *and* more unexcused absences on a quarterly basis.
- There were mixed findings on the extent to which DCPS and Charter School treatment youth referred to Youth Participation differed in attendance outcomes.

The results of the third year of SUSO demonstrate some promising results. However, there are a number of important limitations that should be considered before making a firm conclusions about the effectiveness of the SUSO program. We conclude this report by discussing these limitations and offer substantive recommendations for improving the quality and rigor of the SUSO program.

Overview

This final report is intended to provide status information and changes in attendance for youth referred to the Family Engagement (FE) and Youth Participation (YP) programs of SUSO during the 2014-2015 school year from August 25, 2014 through June 18, 2015 (Year 3 of the program). We first provide the number of youth referred to FE broken down by Community Based Organization (CBO), and then by the status of the referral. For the YP program, we provide referrals by CBO, by club, and by club participation status. In addition, based on data provided by the CBOs through the Efforts to Outcomes (ETO) and downloaded in January 2016, we include a process evaluation for the FE program[1], and outcome evaluation for both FE and YP programs.

Youth were included in this analysis only if they were eligible to participate in SUSO (had between 5 and 9 absences at the time of referral and/or had at least 3 absences but were identified as high risk) and were in elementary school (K-5th grade) in the FE program or had 5 or more absences in middle school (6th to 8th grade) and were referred to the YP program.

Family Engagement Referrals

Table 1 provides referrals overall and by CBO. There were 2,519 referrals[2] to the FE program among the 7 CBOs across all the four quarters of the school year. Based on the grade of the youth and absences at intake, of all 2,519 referred, 96% (2,419) were eligible.

Table 1: Family Engagement Referrals and by CBO

CBO	Total Referrals	Percent of All Referrals
CBO A	254	10%
CBO B	785	31%
CBO C	450	18%
CBO D	165	7%
CBO E	337	13%
CBO F	188	8%
CBO G	340	14%
Total	**2,519**	**100%**

*May exceed 100% due to rounding

[1] Due to the lack of data, we were unable to conduct a process evaluation for the YP program.
[2] Of these 2,519 referrals, there were 2,484 unique youth.