



**MURIEL BOWSER**  
**MAYOR**

May 4, 2026

The Honorable Phil Mendelson  
Chairman  
Council of the District of Columbia  
John A. Wilson Building  
1350 Pennsylvania Avenue NW, Suite 504  
Washington, DC 20004

Dear Chairman Mendelson:

I am pleased to submit to the Council of the District of Columbia the enclosed Truancy Reduction Pilot Program 2026 Mid-Year Report, prepared by the Department of Human Services (“DHS”) pursuant to section seven of the Truancy Pilot Expansion Amendment Act of 2025, effective December 6, 2025 (D.C. Law 26-55; D.C. Official Code §26-148).

This mid-year report for year two of the DHS Truancy Reduction Pilot Program (“pilot”) details the results of implementation August 2025 through February 2026. This report provides insight into the valuable services the pilot has provided to students, families, schools, and residents of the District of Columbia. This pilot program has enhanced the District’s “safety net” by providing supportive rather than a punitive approach to truancy.

My administration is available to discuss any questions you may have regarding this report. In order to facilitate a response to any questions, please contact Lauren Kinard, Special Advisor , Legislative Affairs, DHS at (202) 716-9493.

Sincerely,

A handwritten signature in black ink that reads "Muriel Bowser".

Muriel Bowser



DC DEPARTMENT OF HUMAN SERVICES

# TRUANCY REDUCTION PILOT PROGRAM

2026 MID-YEAR REPORT

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## BACKGROUND

The Department of Human Services (“DHS”) Truancy Reduction Pilot Program (the “Pilot”) was established by the Pilot Truancy Reduction Temporary Amendment Act of 2024 (the “Act”), which became effective on November 27, 2024. The Act directed the Mayor to identify five secondary educational institutions in the District that had truancy rates greater than 50 percent in the 2023-24 school year to participate in the Pilot with DHS during the 2024-25 school year. Therefore, beginning in the 2024-25 school year, instead of referring students to the Family Court Social Services and the Office of the Attorney General, participating schools referred students – aged 14 through 17 who had 15 unexcused full day school absences – to the Pilot.

The Pilot was later expanded to include up to 10 educational institutions with students enrolled in grades 6-12 that had truancy rates of 35 percent or higher in school year 2024-25. DHS also began to refer students aged 10 through 13, whose guardian had not responded to DHS within 10 business days after outreach or has declined services, to the Child and Family Services Agency (“CFSA”).

The Act requires DHS to publish a preliminary and final report for each year of the Pilot. Reports from year one of the Pilot can be found at <https://dhs.dc.gov/page/truancy-reduction-program>. This report shares details on the progress, findings, and outcomes from August 2025 through February 2026. For privacy purposes, names and other identifying information have been changed and/or removed.

## IMPACT

The Pilot, which has now expanded to seven schools, has provided valuable services to students, families, schools, and the District of Columbia as a whole. By providing tailored interventions to address each student’s unique barrier to school attendance, the Pilot has enhanced the District of Columbia’s “safety net” by providing a supportive, rather than a punitive, approach to truancy.

The Pilot focuses on schools with high truancy rates and provides tailored interventions to address each student’s unique barrier to school attendance. The Pilot has expanded to seven schools at the time of the mid-year report, including adding three new schools in the second year of the program.

The Pilot’s goal is to improve attendance among referred students and disrupt patterns of truancy from year to year. During its first year, almost 500 students from five DC Public Schools (“DCPS”) and DC Public Charter Schools (“DCPCS”) were referred to the Pilot. Currently, four of those five schools still participate in the Pilot and three other schools are being phased in. So far in its second year, almost 400 students have been referred to the Pilot.

Since the beginning of the Pilot, one of the most compelling changes is the year-to-year impact on student attendance. **Seventy-one percent of truant students referred to the Pilot in year one did not become truant at the same point in the school year in year two of the Pilot.** For these students, truancy patterns have been disrupted or at least delayed. This positive trend

demonstrates that intensive interventions have the potential to produce both short-term improvements in addition to longer and sustained change. Additionally, for the 20 percent of students re-referred to the Pilot at the same point in time in year two as they were in year one, their engagement with the Pilot is notably different. These students tend to engage in brief case management services rather than intensive services, suggesting some barriers have been remediated. Alongside that trend, families who declined services in year one are now accepting services in year two. Also, the success realized in year one has continued in year two. **Nearly 50 percent of students who completed case management improved their attendance and behavioral functioning in as little as 90 days.** This is a positive finding, especially considering the short duration of services designed to propel students towards increased attendance in the future.

## PILOT STRUCTURE

The purpose of the Pilot is to identify and respond quickly to barriers to attendance for students with chronic truancy challenges, with the goal of improving educational outcomes for these students. Specifically, the Pilot refers middle school students with 10 full-day and high school students with 15 full-day unexcused absences to DHS. DHS in turn provides the families of these students with truancy education and offers case management services. To evaluate the program, DHS and other government partners document attendance, academic progress, and legal involvement outcomes of students referred to the Pilot. Improvements in functional behaviors of students participating in case management are also evaluated.

During the first year of the Pilot, the five secondary schools chosen to participate were Anacostia High School, KIPP DC Legacy College Preparatory PCS, Eastern High School, Digital Pioneers Academy PCS – Capitol Hill, and HD Woodson High School. One of these schools, Digital Pioneers Academy PCS, declined to participate in year two. In year two, the Pilot planned to serve six additional schools including one new school to replace Digital Pioneers Academy PCS. At the start of the 2025-26 school year, year one schools began participating in the Pilot along with the newly participating schools of Kramer MS, KIPP DC College Preparatory PCS, and Cardozo Education Campus. As of February 2026, seven schools are participating in the Pilot. These schools represent a cross section of wards, a range of student population sizes, and a mix of DCPS and DCPCS. The Pilot continues to expand in phases, which allows DHS to build its team to serve the increasing number of student referrals.

Truancy rates for participating schools are listed below:

### Year 1

- Phase One (September 15, 2024): Anacostia High School and KIPP DC Legacy College Preparatory High School
- Phase Two (November 25, 2024): Eastern High School and Digital Pioneers Academy
- Phase Three (February 28, 2025): H.D. Woodson High School

### Year 2

- Returning Schools (August, 2025): Anacostia High School, Eastern High School, H. D. Woodson High School, and KIPP DC Legacy College Preparatory High School
- Phase One (October 6, 2025): Kramer Middle School
- Phase Two (December 15, 2025): KIPP DC PCS College Preparatory High School
- Phase Three (January 26, 2026): Cardozo Education Campus
- Phase Four (Spring 2026): Cesar Chavez PCS for Public Policy, Dunbar High School and Friendship PCS Technology Preparatory High School

## FUNDING

The Pilot was funded in Fiscal Year (“FY”) 2025 to include 24 full-time equivalents (“FTEs”). However, in DHS’ FY 2025 budget, only 12 of those 19 FTEs were uploaded in the proper category. Various challenges, including the need for budget reprogramming approval and hiring freezes, rendered DHS unable to staff those positions. In FY 2026, 21 FTEs were funded and to date, DHS has nine FTEs funded through the Pilot with one FTE detailed from another program, totaling 10 staff. These staff include a Program Manager, Supervisory Social Worker, Program Assistant, a Management and Program Analyst, two Bilingual Case Managers, and four Case Managers (including one FTE detailed from another program). Hiring is in progress for a Supervisory Case Manager, two Bilingual Case Managers, and eight additional case managers, with offers having been made to one Bilingual Case Manager and four Case Managers.

## REFERRAL PROCESS

Like in year one, each school that began the Pilot in year two participated in a meeting with DHS prior to initiating referrals. The meeting introduced key staff at each school (i.e., attendance counselors, behavioral health teams, school leadership, and DCPS Central Office staff) to DHS staff, shared information about the Pilot’s purpose, and provided guidance on completing the referral form. Kramer Middle School was eligible to begin sending referrals on October 6th, 2025,

Figure 1. Schools participating in Year 2 of the Truancy Pilot Program

School	Ward	Truancy Program Participation Date	Student Population	SY24-25 Truancy Rate
Anacostia High School	8	Sept. 2024	320	80.8%
KIPP DC PCS - Legacy College Preparatory High School	8	Sept. 2024	670	52.7%
Eastern High School	7	Nov. 2024	1,002	77.7%
H.D. Woodson High School	7	Feb. 2025	681	74.9%
Kramer Middle School	8	Sept. 2025	257	75.9%
KIPP DC PCS - College Preparatory High School	5	Dec. 2025	666	37.6%
Cardozo Education Campus	1	Jan. 2026	782	72.3%
Dunbar High School	5	TBD	1,035	81.3%
Cesar Chavez Public Charter Schools for Public Policy	7	TBD	376	61.2%
Friendship PCS - Technology Preparatory High School	8	TBD	309	45.7%

KIPP College Prep was eligible to send referrals on December 15<sup>th</sup>, 2025, and Cardozo Education Campus was eligible to send referrals on January 26<sup>th</sup>, 2026.

Prior to each school becoming eligible to participate in the Pilot, they followed the District's existing process for truancy by referring students aged 14 to 17 to Family Court Social Services Division and to the Office of the Attorney General. Since Kramer Middle School began participating in the Pilot at the start of the school year, referrals to DHS replaced a CFSA referral for Educational Neglect at 10 unexcused absences for truant students ages 13 and younger.

Schools participating in the Pilot submit student referrals through a secure portal on the DHS website. The referral takes between 5-10 minutes to complete, and school staff provide student and parent demographic and contact information, the student's number of excused and unexcused absences, whether they have completed a student support team meeting (a meeting with an attendance counselor and other school staff as applicable to discuss attendance issues and create a plan to address them), and a copy of the student's grades and attendance report.

## INTERVENTIONS

Upon contacting the parent of a referred student, DHS provides truancy education via truancy education, which consists of informing the parent or guardian of the student's absences, reminding them about the legal requirements of school attendance, inquiring about the barriers to attendance, and extending an offer to participate in case management services. If the parent or guardian is interested in case management, DHS triages the student's needs, behavioral functioning, and barriers to attendance. Based on information gathered, the student is referred to either: (1) Brief Case Management services for 90 days or (2) Parent and Adolescent Support Services Intensive Case Management ("PASS ICM") for 6 months.

Once a parent or guardian agrees to receive case management services, their student is assigned a Case Manager. Since barriers to student attendance are often layered, Case Managers are trained to assess and address the many factors that contribute to student truancy. Case Managers use the Child and Adolescent Functional Assessment Scale ("CAFAS") to assess overall behavioral functioning across eight domains: school, home, community, behavior towards others, moods, self-harm, substance use, and thinking. Case Managers use the CAFAS assessment results to create a service plan to address students' needs across these areas, with a focus on addressing barriers to school attendance.

Case Managers tailor interventions to the needs of each student. Case Managers work with students on attendance improvement and provide students with school-based support. The details of this support can vary from student to student based on the specific needs identified in their service plan. If a student's parent or family needs services that may have an impact on the student's attendance (for example mental health services for the parent, linkages to community support services that help the household, etc.), Case Managers help the family as well. Case Managers meet young people weekly or bi-weekly in person, coming to visit them at school, at home, or in the community.

Case Managers check school attendance weekly and work closely with the family to see if strategies and resources are working well or need recalibration. At the end of the service period, either 90 days for Brief Case Management or six months for PASS ICM, Case Managers complete

another CAFAS assessment to determine whether to conclude or extend services. At case closure, DHS measures changes in functional behavior and school attendance. Additionally, DHS tracks whether the youth had legal involvement while in the program.

## RESULTS FROM YEAR 2

### REFERRAL FREQUENCY

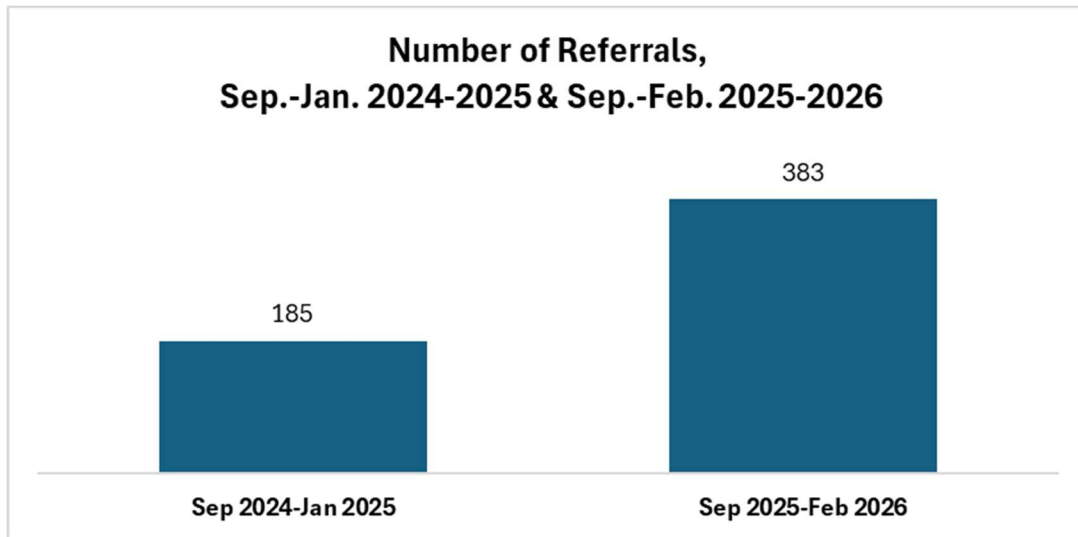


Figure 2. Total truancy referrals, Sep. 2024-Jan. 2025 and Sep. 2025-Jan. 2026

As of February 6, 2026, the Pilot has received 383 referrals (Figure 2). This is more than double the number of referrals completed during a similar timeframe in year one. The expansion of the Pilot to new schools, increased student population at year one schools, and systemic issues that impacted DC students and families in the fall of 2025 may all contribute to the increased number of referrals thus far in year two.

## Number of Referrals by Month

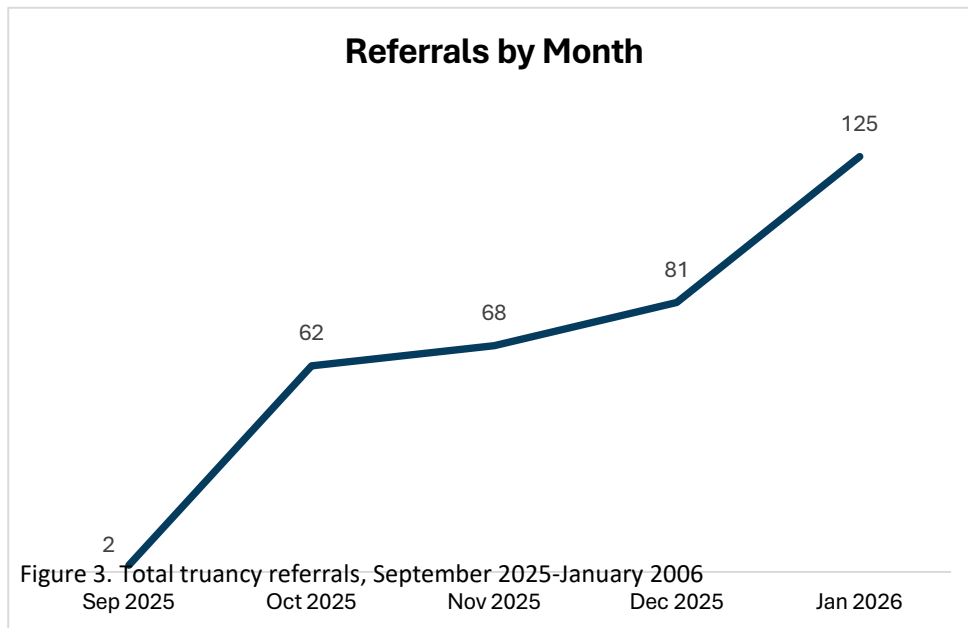


Figure 3. Total truancy referrals, September 2025-January 2026

Figure 3 shows the number of referrals to the Pilot each month. Except for Digital Pioneers Academy, all schools enrolled in the Pilot in Year 1 began sending referrals at the beginning of SY 25-26. The number of referrals to the Pilot has increased each month as students progress through the school year and have more opportunities to accrue absences and as more schools joined the Pilot - Kramer Middle School joined in October, KIPP DC College Prep joined in December, and Cardozo Education Campus joined in January. The uptick of referrals in January also aligns with OSSE’s SY24-25 [Attendance Report](#) study that found that the highest missed school days are the day before a snowstorm, the day after a snowstorm, and the days after holiday break. With 45 referrals in the first week of February alone, it is anticipated that there will continue to be an increase in the number of student referrals to the Pilot each month as more students reach the legally mandated thresholds of full-day unexcused absences.

## Number of Referrals by School

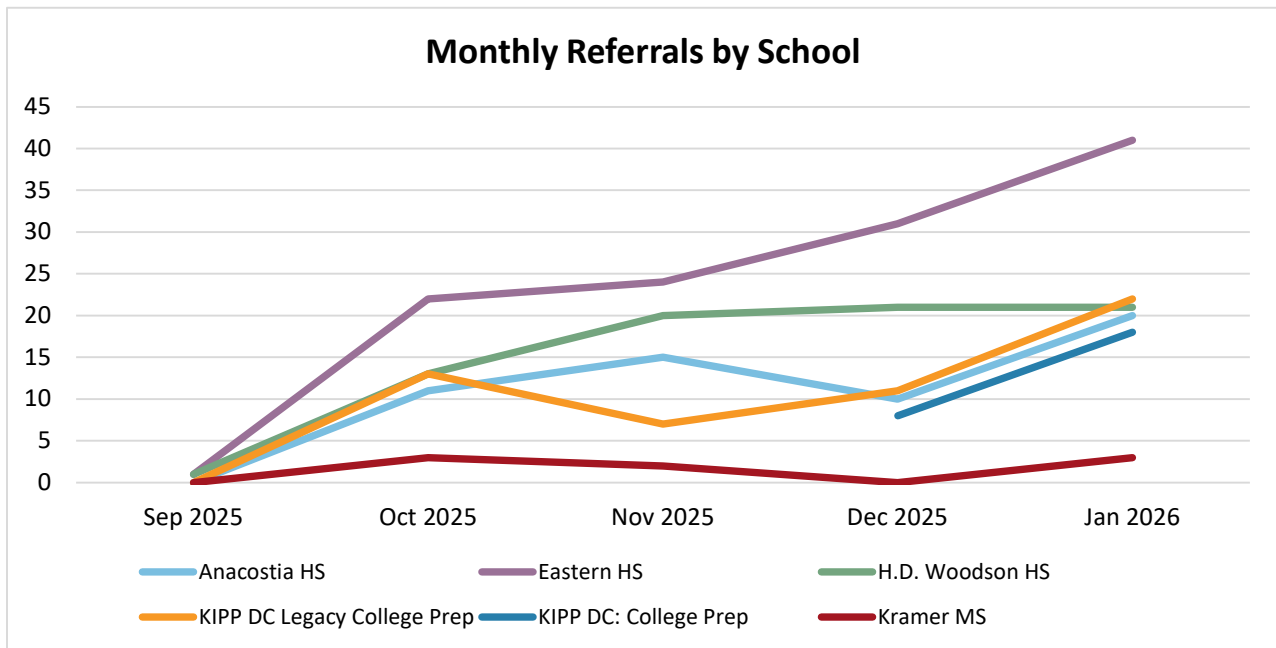


Figure 4. Truancy referrals by school, September 2025-January 2026

Figure 4 shows the distribution of referrals per school over time. All schools except H.D. Woodson showed a spike in referrals in January. This follows previous attendance trends where student absences increase after a holiday and after inclement weather. The number of referrals sent monthly from Eastern HS has increased steadily each month and the number of referrals sent monthly from H.D. Woodson has remained steady between November and January.

There have only been 8 referrals from Kramer Middle School, whose SY 24-25 truancy rate was over 75%. Out of a population of more than 250 students, 8 students missing 10 full days is a small percentage of the student population. However, anecdotal discussions with DCPS indicate that at the time of this report, approximately 70 students were absent from Kramer based on partial day absences. Therefore, it seems students who are truant at Kramer have a number of partial-day absences that do not meet the threshold of a full-day absence that would count toward a truancy referral. Under current policy, students are counted as truant if they have a partial-day unexcused absence, but an absence only counts toward the reporting threshold if the absence is full-day.

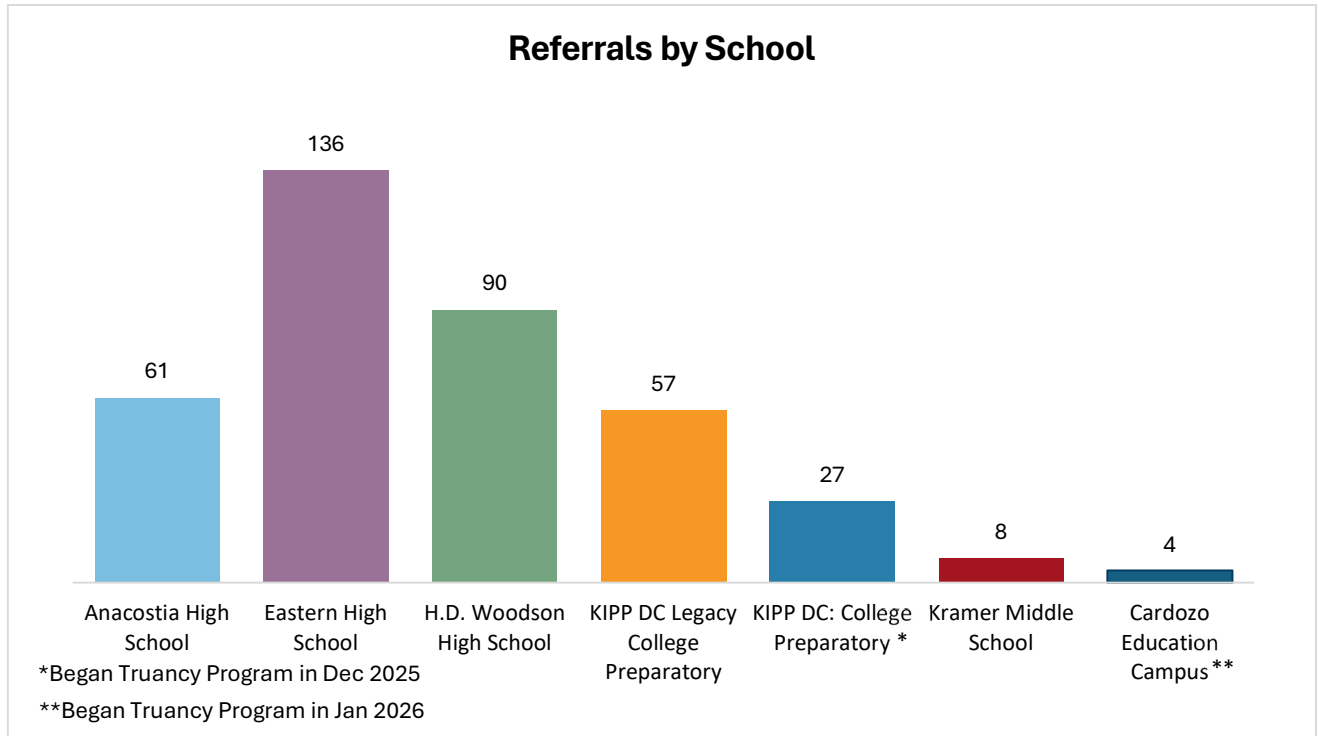


Figure 5. Truancy referrals by school, September 2025-February 6, 2026

Figure 5 shows the number of referrals to the Pilot by school. Eastern High School has had the largest number of referrals thus far, and it is also the largest school in the Pilot with a student population of 1,002.

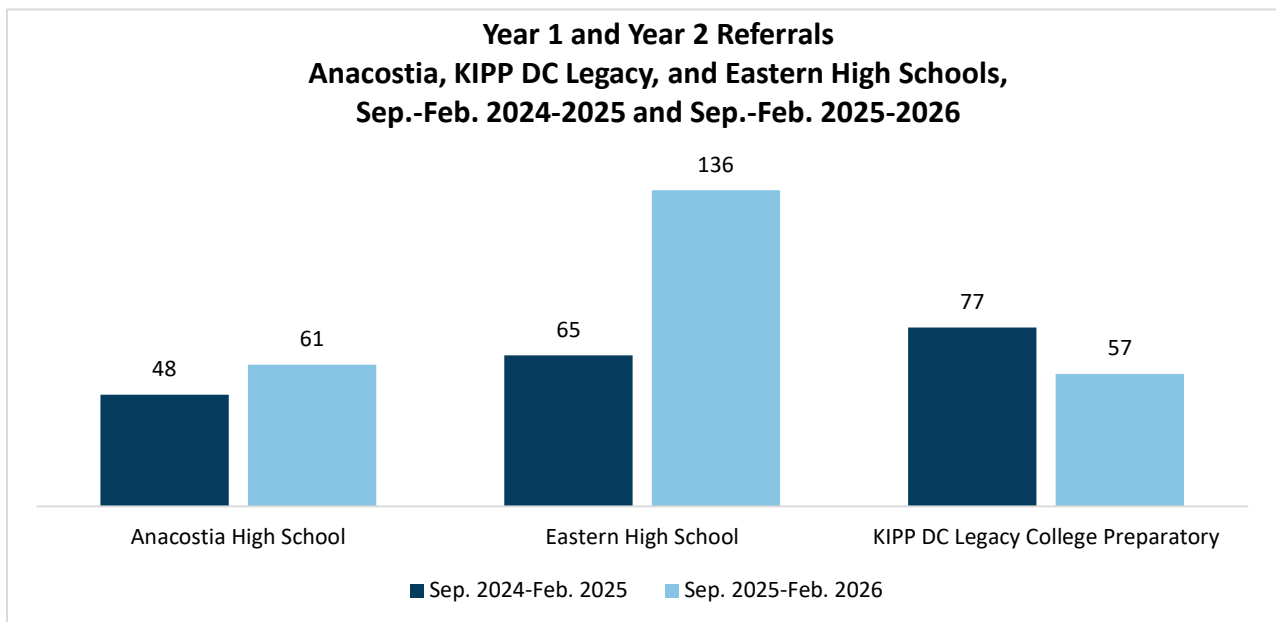


Figure 6. Referrals from Anacostia High School, Eastern High School, and KIPP DC Legacy College, Years 1 and 2

Preparatory  
In year two, Eastern High School has more than doubled the number of referrals as compared to year one (Figure 6), however they did not begin the Pilot in year one until November. KIPP

Legacy, which began sending referrals in September of year one, referred fewer students compared to year one. Anacostia, a year one school, sent more referrals during the same time period in year two. H.D. Woodson on-boarded in February of year one, so comparisons are not available at this time.

### Percentage of Referrals by School

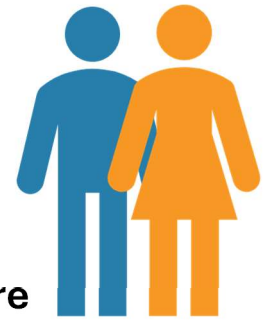
Figure 7 shows the percentage distribution of referrals per school.

Figure 7. Number and percentage of referrals by school

School	# Referrals	% Referrals
Anacostia High School	61	16%
Eastern High School	136	36%
H.D. Woodson High School	90	23%
KIPP DC Legacy College Preparatory	57	15%
KIPP DC: College Preparatory	27	7%
Kramer Middle School	8	2%
Cardozo Education Campus	4	1%
<b>Total</b>	<b>383</b>	<b>100%</b>

### Referrals By Gender

Referrals are split 50% male and 50% female, compared to year one, where there were slightly more referrals for female students at the time of the mid-year report.



Referrals are **evenly divided** by gender.

### Referrals by Race/ Ethnicity

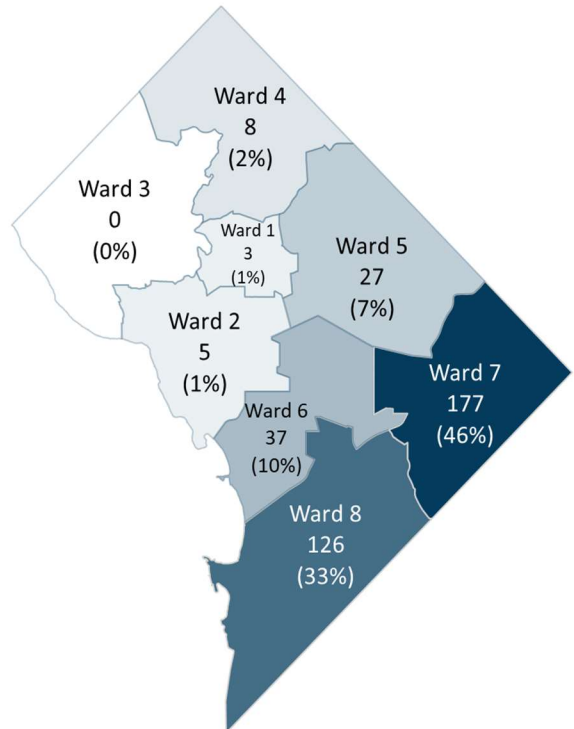
Figure 8. Referrals by race

Race	# Referrals
Black/African American	355
White/Caucasian	19
Other	4
Amer. Indian/Alaska Native	4
Nat. Hawaiian/Pacific Islander	1
<b>Total</b>	<b>383</b>

Figure 8 shows that most students referred to the Pilot identify as Black/African American, followed by a small number of students who identified as White/Caucasian, American Indian/Alaska Native, and Native Hawaiian/Pacific Islander. There are 24 students who identify as Hispanic/Latino.

### Referrals by Ward

Figure 9 shows the number and percentage of referred students who live in each ward. Consistent with year one referrals and where most Pilot schools are located, most referred students live in wards 6, 7, and 8.



### Referrals by Grade Level

Figure 10 shows the distribution of referrals by grade level. There is a fairly equal distribution of referrals between 9<sup>th</sup>, 10<sup>th</sup>, and 11<sup>th</sup> graders, whereas Year 1 referrals at this time skewed higher towards 9<sup>th</sup> grade, followed by 10<sup>th</sup> grade. To date, there have been a small number of referrals for 6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup> grade students.

Figure 9. Referrals' home address by ward

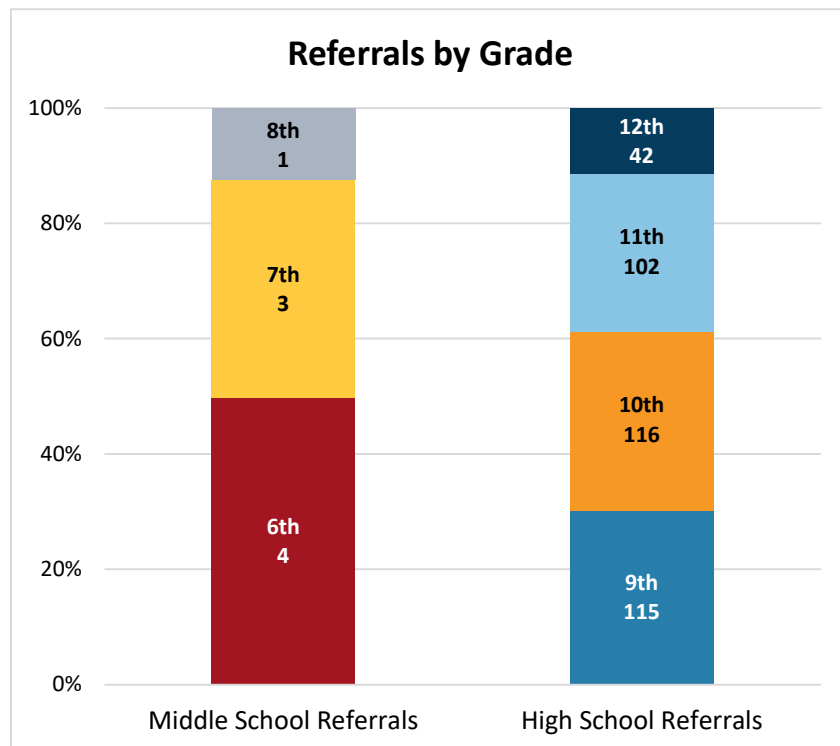


Figure 10. Truancy referrals by grade

## Referrals of students who have an IEP or 504

Just over 20 percent of students referred to DHS in the Pilot have an IEP or 504 plan (Figure 11). In some cases, challenges related to a students’ disability and services needed contributed to their absences.

Figure 11. Referrals by disability status

Referrals by Disability Status		
	# Referrals	Percentage
No IEP or 504	303	79%
IEP	70	18%
504	10	3%

## Spanish-Speaking Referrals, Parents or Guardians

There has been a small number of students referred to the Pilot in year one and thus far in year two whose primary language is Spanish or who has a parent whose primary language is Spanish (Figure 12). It is anticipated that these numbers will increase with the addition of new Pilot schools with larger Spanish-speaking populations, including Cardozo Education Campus and Dunbar High Schools. The Pilot has multiple bilingual Case Managers who can work with these students and families in their primary language.

Figure 12. Number of Spanish-speaking referrals and parents/guardians

Spanish Primary Language Referrals and Parents/Guardians		
	2024-2025	2025-2026
Referrals	14	8
Parents/Guardians	14	11

## Recurrent Truancy in Students Referred in both Year 1 and Year 2

Truancy is a systemic issue that is not easily resolved. The reasons for truancy can look different for the same student from school year to school year. Nearly a quarter (24%) of referrals in year two (91 students) were also referred in year two (Figure 13). Understanding the profile of students who reach the truancy threshold multiple years in a row can inform future interventions.

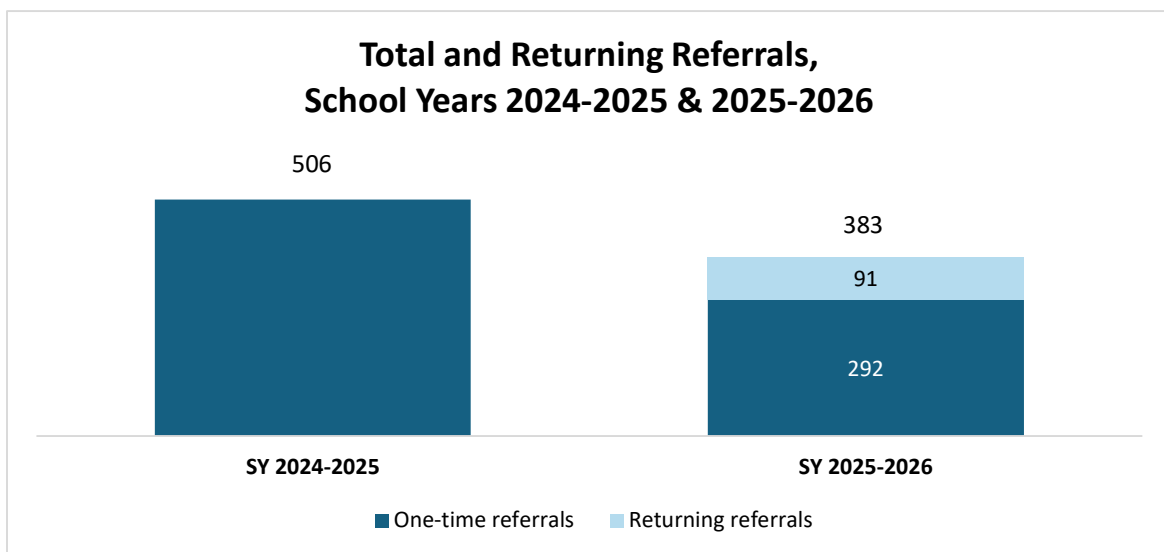


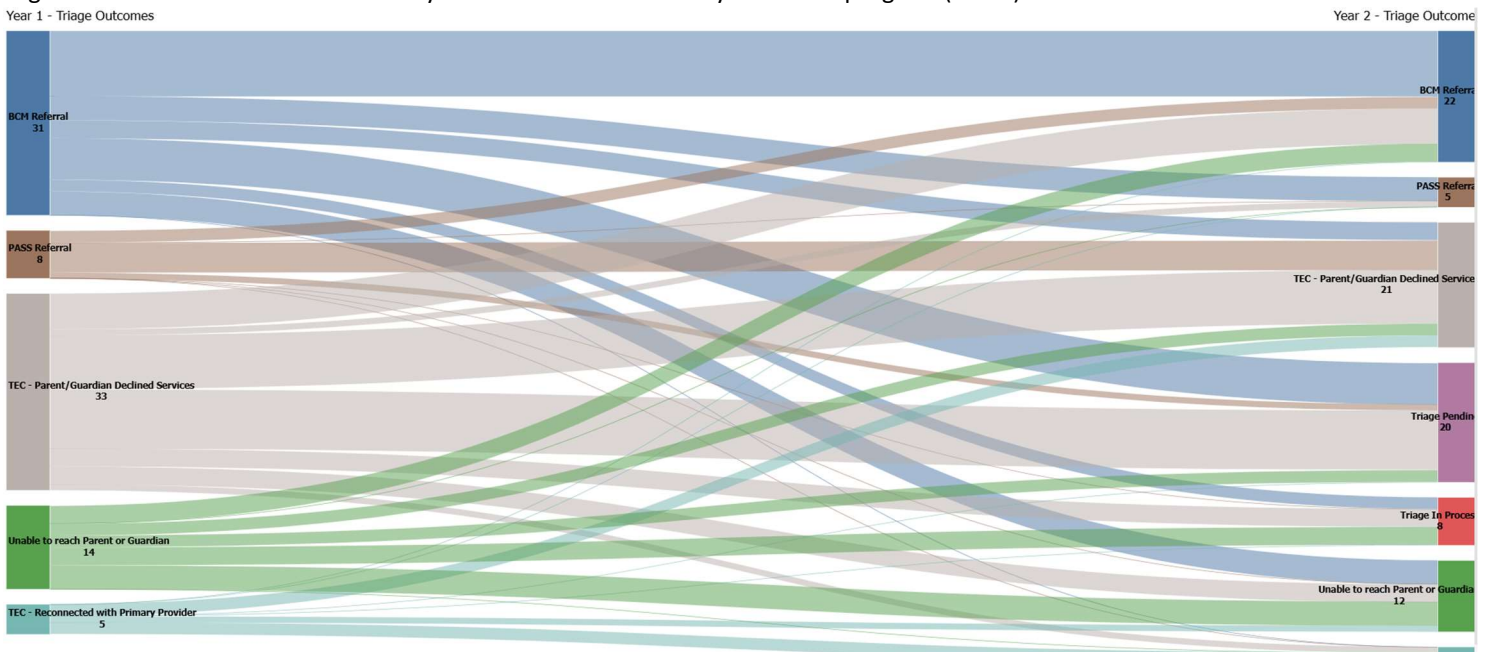
Figure 13. Students Referred to the Pilot in Year 1 and 2

Figure 14.1 Students referred in both years one and two of the truancy reduction program

	Year 1 - Triage Outcomes					
	BCM Referral	PASS Referral	TEC - Parent/Guardian Declined Services	TEC - Reconnected with Primary Provider	Unable to reach Parent or Guardian	Total
<b>Year 2 - Triage Outcomes</b>						
BCM Referral	11	2	6		3	22
PASS Referral	4		1			5
TEC - Parent/Guardian Declined Services	3	5	9	2	2	21
TEC - Reconnected with Primary Provider			1	2		3
Unable to reach Parent or Guardian	4		3	1	4	12
Triage In Process	2		3		3	8
Triage Pending	7	1	10		2	20
<b>Total</b>	<b>31</b>	<b>8</b>	<b>33</b>	<b>5</b>	<b>14</b>	<b>91</b>

Figures 14.1 and 14.2 below provide details and a visual of the triage outcome status for students who were referred in year one and in year two. Of the 91 students who were referred to the Pilot both years, 39 students are currently in case management services, with 31 participating in Brief Case Management and eight participating in PASS ICM. Seventeen of those 39 students also received case management in year one.

Figure 14.2. Students referred in both years 1 and 2 of the truancy reduction program (visual)



Of the eight students that participated in PASS ICM last year and were referred to the Pilot again this year, two are participating in Brief Case Management, which suggests a need for a less intense case management this year. Five parents of students re-referred to the Pilot this year declined services and one is pending triage as of the time of writing this report. Of the 33 students whose parents declined services last year and were referred again this year, seven have accepted case management services this year and are either in Brief Case Management or PASS. Three of the 14 referred students whose parent/guardian could not be reached last year and were referred again this year were able to be contacted this year and are participating in brief Case Management.

## **CASE MANAGEMENT ENGAGEMENT & INTERVENTIONS**

### **Triage Outcomes**

Once a student is referred to the Pilot, a staff member contacts the student's parents to inform them of their child's unexcused absences as well as educates them on compulsory attendance laws (i.e., truancy education) and then offers case management services. If the parent accepts, the student is referred to either brief Case Management for 90 days of services or PASS ICM for six months of services. As required by the Truancy Pilot Expansion Amendment Act of 2025, students ages 10-13 attending Kramer Middle School referred to the Pilot whose families decline services or are unable to be contacted are referred to CFSA. To date, the three students referred to CFSA have been screened out for educational neglect.

Figure 15 below shows the triage outcome for the referrals that have been received as of February 6, 2026. Once a parent is contacted, they are provided truancy education, but they have the option to accept or decline case management services. Of the parents who have been contacted during year two, 47 percent have accepted case management services, which is a slight increase over the 42 percent who accepted services during the same time in year one. Twenty-nine students who have been referred to the Pilot in Year 2 were already connected to another agency, such as CFSA, DYRS, or Court Social Services. In these instances, the Triage Coordinator asks the parent if they feel that they are being supported by their Social Worker or Probation Officer and offers to reconnect them with that agency (noted as “reconnected to primary provider” below).

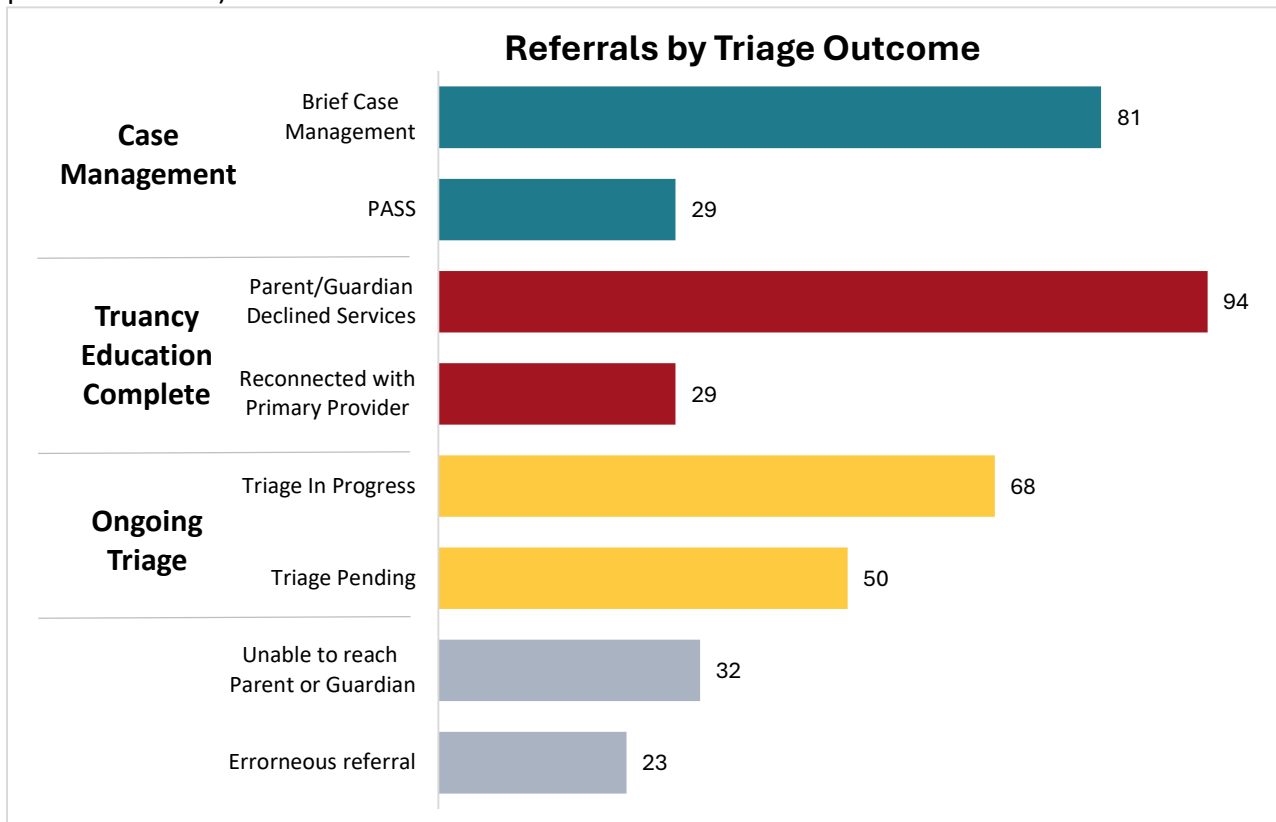


Figure 15. Referrals by triage outcome

As the school year progresses and additional schools are added to the Pilot, the number of referrals has increased. There are currently 50 students whose parents are pending a first triage call and 63 students whose parents have received at least one triage call, but DHS has not yet been able to reach them. There have been 23 students who were referred to the Pilot by mistake (defined in the chart as “erroneous referral”). These students either had less than 15 or more than 20 unexcused absences, or the same student was referred multiple times.

*Unable to Reach Parent or Guardian*

DHS experienced a significant increase in the number of parents whose phones are out of service this school year. When a phone number is out of service, attempts are made to reach the secondary parent or guardian if one is identified. DHS also asks the school for additional contact

information. The family is also searched in DHS’ database to identify points of connection and alternative contact information. After completing a robust outreach process including multiple calls, texts messages, emails as well as a mailed letter, 14 percent of parents have not been able to be contacted.

Based on learning from year one, DHS enhanced its triage process to better understand why parents decline services.

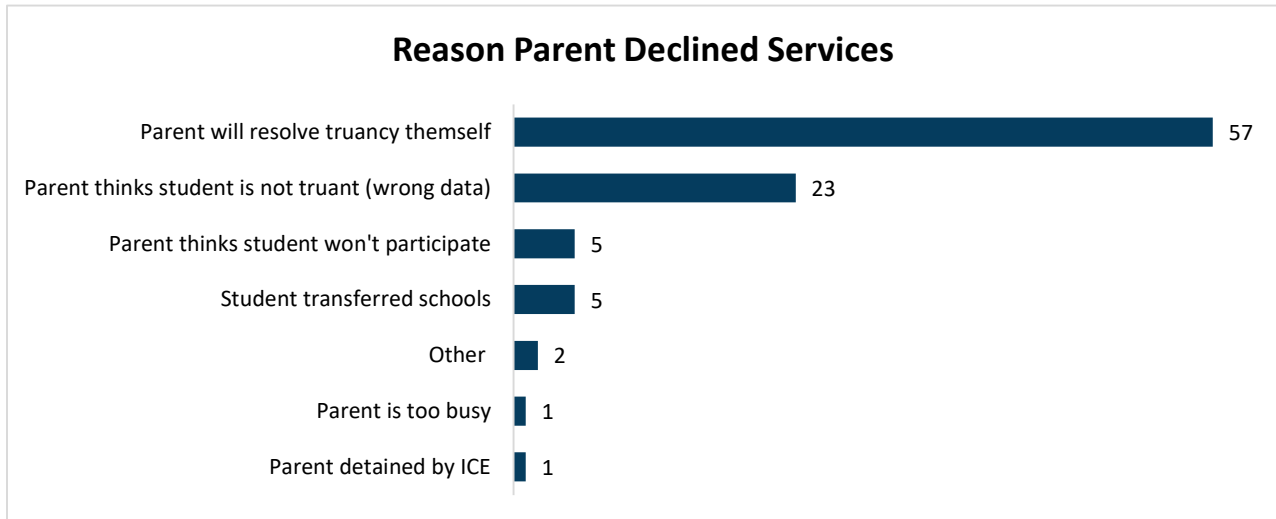


Figure 16. Reasons parent declined services

Figure 16 shows the reasons parents decline services. Following truancy education services, most parents who declined services reported a desire to work on their own with their students to address unexcused absences. Many parents don’t believe that their student has 15 full-day unexcused absences and believe their student is late or schools’ absences are calculated improperly, despite explanation from DHS.

Parents who declined case management services shared some commonalities, based on a qualitative analysis of triage notes:

- **Concerns with how the school marked their students’ attendance.** Parents reported late arrivals marked as full day absences, long entry/security lines after a certain time of day inhibiting students from making it to class on time, confusion regarding suspensions marked as unexcused absences, and roster errors when a student has changed schools.
- **Health-related explanations** (e.g., student illness, medical appointments, severe menstrual cycles)
- **Desire to transfer schools** because of bullying or school climate.
- **Workload or privacy concerns** from caregivers (e.g., long shifts, not wanting “people in my business”).

Below are two examples parents gave for why they did not want case management services:

**Client Story 1:** Gary is a student who was referred with a primary reason for absences as *Struggling Behaviorally*. Gary also has an Individualized Education Program (IEP) for

*a Specific Learning Disability (SLD). When Gary's mother was contacted by phone, she expressed strong emotions upon learning about his unexcused absences. She shared her frustration, explaining that she believes nothing is preventing Gary from attending school and she feels that he is choosing not to go. Mom stated that she has done everything she can to support him and feels exhausted from trying. She declined case management services, explaining that she has sought help before and feels she has reached her limit.*

**Client Story 2:** *Dominique is a student who was referred to the Pilot with a primary reason for absences as Limited AM Supervision Due to Parent Employment. When DHS contacted her parent, concerns were expressed about the accuracy of the number of absences. However, the parent acknowledged that Dominique often arrives late and sometimes misses her first two class periods. She also mentioned a limited understanding of the 60/40 rule. The parent understood the reason for DHS's call and said she would handle this with her daughter directly and did not want case management services.*

## Case Opening & Case Status

When a student is referred to brief case management or PASS ICM, they are assigned to a Case Manager within 48 hours of completing triage. Case Managers contact the parent within 24 hours to introduce themselves and schedule time to review DHS participation agreements and complete an intake session. Prior to a parent signing the DHS Participation Agreement and a Release of Information, a case is considered "pending." Once a Participation Agreement is signed, the case becomes "open." In some instances, a case is unable to open even after triage has been completed and the parent has agreed to services. This may occur because a parent does not return DHS's calls, the family relocates outside of the District of Columbia, or a child becomes court-involved prior to beginning DHS services. In these scenarios, the case is considered an "Early Closure." To date in year two, the Pilot has a total of 15 Early Closures, with seven in PASS ICM and eight in Brief Case Management. Of the seven PASS ICM Early Closures, four were not responsive to DHS calls, one student was enrolled in ACE Diversion, one student moved out of the area, and one transferred schools.

Of the eight Brief Case Management Early Closures, one student moved out of the area, one was able to convert their unexcused absences to excused absences before beginning services, and the other six were not responsive to DHS calls/unable to be contacted.

Occasionally, a case is closed prior to completing the full term of services, which may happen if a student becomes court-involved or if a student or parent stops responding to contact from the DHS Case Manager. When a case closes after opening but prior to completion, it is classified as a "Termination." Thus far in year two, there was one termination in Brief Case Management for non-participation. PASS ICM had two terminations, one due to non-participation and the other due to a student becoming court involved after they began services. So far, nine students have completed Brief Case Management services in year two, and the first PASS ICM students will complete services in March 2026.

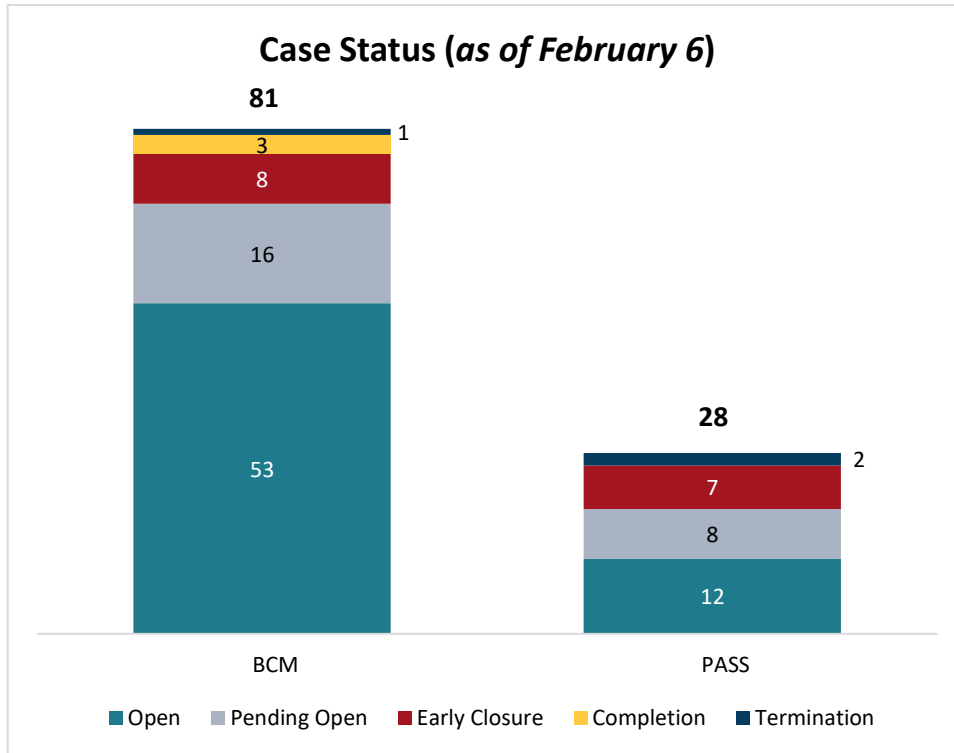


Figure 17. Case management status for BCM and PASS programs, as of Feb. 6

### Barriers to Attendance

At the time of referral, schools enrolled in the Pilot are asked to identify students’ primary and secondary reasons for absences. The top five reasons for absences as identified by schools thus far in year two are “Struggling Academically,” “Struggling Behaviorally,” “Youth Sick,” “Social and Peer Challenges” and “Limited AM Supervision Due to Parent Employment.” Four of these top five reasons are the same as year one, while “Limited AM Supervision” is a new category this year.

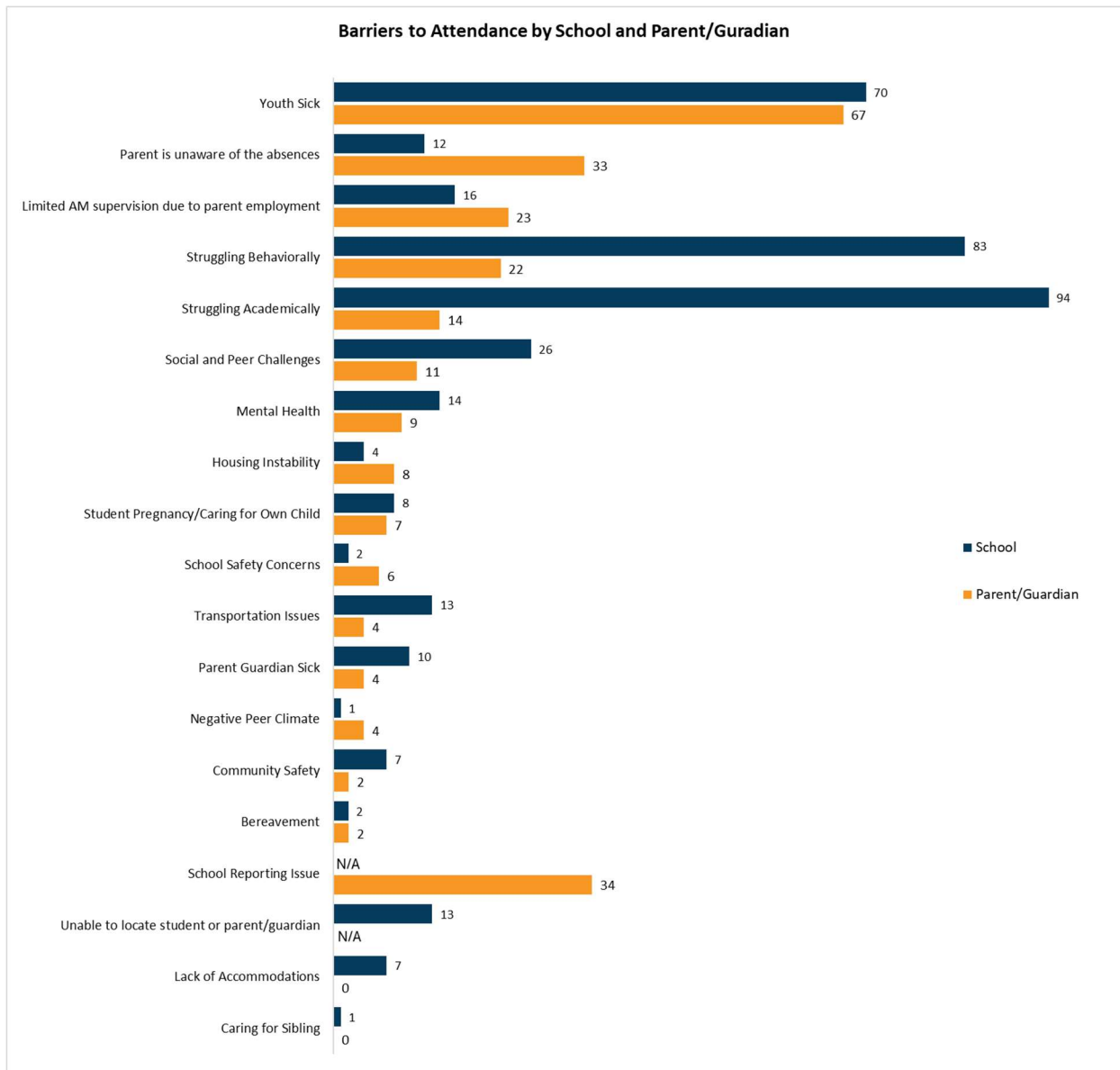


Figure 18. Barriers to school attendance from school staff and parents/guardians

Parents interpret their students’ reasons for absences differently than the schools. The primary reasons for students’ absences according to parents are “Youth Sick,” “School Reporting Issue,” “Parent Unaware of the Absences,” “Limited AM Supervision due to Parent Employment,” and “Struggling Behaviorally.”

**Youth Illness**

While a student being sick is an excusable absence, once again “Youth Sick” is the most common reason for truancy as identified by parents, with a quarter of parents indicating their student being sick as the primary reason for absences. When parents have indicated their student’s illness as the primary reason for attendance issues, the Triage Coordinator and Case Managers work with the parent to determine barriers to turning in an excuse note. Most parents indicate that they forget to send in notes, while other parents have indicated that life stressors inhibited them

from sending in notes. Case managers also work with parents to understand the multitude of ways that they can send in excuse notes, including Aspen, but parents have indicated that as a barrier because they struggle accessing their Aspen accounts.

A student's illness may be the presenting issue that leads to a referral to the Pilot, but upon work with the student and family, other barriers are uncovered that contribute to absences. Case managers work with students and their families to address the multitude of barriers that lead to truancy.

**Client Story 3:** *Brandon is a student who was referred for truancy concerns due to Youth Illness. During services, significant family instability occurred due to his mother's mental health challenges, which led to prolonged absences and a decline in attendance from 66% to 26%. The Case Manager implemented interventions including frequent outreach, home visits, school coordination, and concrete support such as gift cards for groceries, haircuts for Brandon and his brothers, transportation assistance, and referrals for mental health services. CM also worked with Brandon on coping skills and collaborated with CFSA and family members to ensure safety and stability. Due to safety reasons, Brandon and his brothers were placed with their aunt in Maryland and enrolled in school there. Brandon's aunt reports that he is attending school regularly now.*

**Client Story 4:** *Shay is a student whose presenting issue is chronic truancy related to significant medical and emotional challenges. She has been diagnosed with endometriosis and experiences severe physical symptoms which often prevent her from getting out of bed and attending school. In addition to medical barriers, the student experiences emotional distress related to school, including feeling overwhelmed and difficulty adjusting to frequent teacher turnover, which has negatively impacted her motivation and engagement. On days when the student does attend school, late arrivals have resulted in her being marked absent, further contributing to truancy concerns. Additional stressors include increased responsibilities at home due to the mother's disability and a family history of truancy and court involvement. The case manager collaborated with the student's primary physician to assess whether she would benefit from receiving a 504 Plan, collaborated with the school team to ensure she has the necessary in school supports, submitted a referral for her to receive a therapeutic mentor, and connected her with a girls self-esteem group.*

### **Spanish-Speaking Students**

The Spanish-speaking students whose families accepted case management have presented with different barriers to attendance than other students in the program. Some of these students are Newcomers, students who have recently immigrated to the United States and are living with a family member as a sponsor. This family dynamic has presented some challenges, as students living with extended family often live in homes with other children and often have family members less involved in case management and the students' academics. Some students have reported feeling like they need to prioritize working over school to help their families. One student who was referred to the Pilot ended up moving out of the area before she was able to be connected to services because her guardian was arrested by Immigration and Customs Enforcement (ICE).

**Client Story 5:** *Ricardo is a student who presents as respectful and cooperative but struggles with chronic truancy, low motivation, and poor academic performance. Ricardo stays up late, works evenings at a restaurant, and has difficulty waking up for school. Although he is often present on campus, he frequently does not attend class and is marked absent. Over the past six months, the Case Manager attempted multiple interventions, including a mentoring referral through the Institute for Emotional Regulation (unsuccessful due to lack of bilingual mentors), connection to a school-based therapist, and collaboration with Ricardo's grade counselor, who implemented a class tracker that showed temporary improvement. Recently, Ricardo has returned to previous attendance patterns. His mother has suggested a school transfer; Ricardo has considered virtual learning but remains inconsistent. A 60-day extension on DHS services is requested to continue supporting improvements in attendance, grades, and motivation to ensure Ricardo exits services with stability and progress rather than ongoing disengagement.*

**Client Story 6:** *Ernesto is a student who immigrated from El Salvador. He was residing with his sponsor; however, she needed to move out of their apartment after an injury at her job. Prior to her leaving the apartment, Ernesto was working two jobs to help support the household, which was the main reason why he was not attending school. Initially the Case Manager was only able to connect with the sponsor and the student was disengaged. The Case Manager connected with a community-based organization (CBO) partnering with Ernesto's school and found out that Ernesto had been avoiding contact and meetings because he thought he was in trouble. Ernesto's engagement has increased significantly and he is reaching out to the Case Manager on his own. He was provided with a winter coat and the aunt was provided with a \$100 emergency food card. Ernesto started with 13% attendance rate and is currently at 0%. When he has gone to school, he is coming significantly late due to his employment schedule/demands. He has some English learner supports, but most of his teachers do not know Spanish, which contributes to his disinterest in school. Ernesto is currently homeless. Since turning 18 and his sponsor moving out of the apartment, he has been staying with a school friend. He is interested in his education but feels pressure to have an income. The Case Manager is working to see if he is eligible for Youth Housing Options Prevention Education (HOPE) services, continuing to work together with the CBO and together they are trying to help Ernesto figure out what is the best education plan for him.*

### *Transportation*

**Client Story 7:** *Joseph is a student who was referred to the Pilot due to transportation issues and community safety issues. Joseph is diagnosed with autism (non-verbal) and experiencing issues with social communication and difficulty with changing his daily routine. Joseph and his mother's apartment in Ward 7 was deemed uninhabitable and they were moved to a temporary address in Maryland, but Joseph's OSSE-provided transportation due to his IEP needed to be re-routed to his temporary address. Joseph's mother experienced stress due to managing her son's disability, trying to get Joseph to school in DC and keeping her employment in Maryland. The Case Manager assisted her acknowledging her struggles and discussed the importance of self-care. Interventions included suggesting she reach out to the school for Autism resources and creating a*

*structured yet flexible daily routine for her son. The Case Manager provided her with community resources such as Federal Agency Resources for Autism. Joseph was provided with a winter coat and food gift cards to assist the family. The Case Manager has assisted Joseph with being transported to school, home visits and working on his enhancing his social skills. Joseph's attendance in November 2025 was 53% and he has improved his attendance to 78%.*

## **Case Management Increases Resources and Skills, Amplifies Strengths, and Mitigates Barriers to Attendance**

As discussed earlier in the report, each student's reason for truancy is unique, and case management is tailored to support the student specific attendance barriers. DHS Case Managers are experienced, use best practices guided by our Case Management manual, and provide developmentally appropriate interventions that help young people improve decision making, enhance coping skills, and engage in future planning.

In addition to working directly with students to address barriers to attendance, Case Managers advocate on behalf of students and families needing support to navigate systems such as educational, legal, and behavioral health care. In Year 2, Case Managers have advocated primarily for general school-based support, special education access including attending IEP meetings, and school transfer and re-enrollment when safety issues or school "fit" is an issue. Case Managers have also helped families access legal and housing support.

Because case management in the Pilot is time-limited, Case Managers are particularly focused on connecting families with services that can extend even after their time in the Pilot has ended. Through grant funded providers, DHS offers mentoring and tutoring for students enrolled in the Pilot, which can last up to six months.

## Interventions Provided by DHS Case Managers

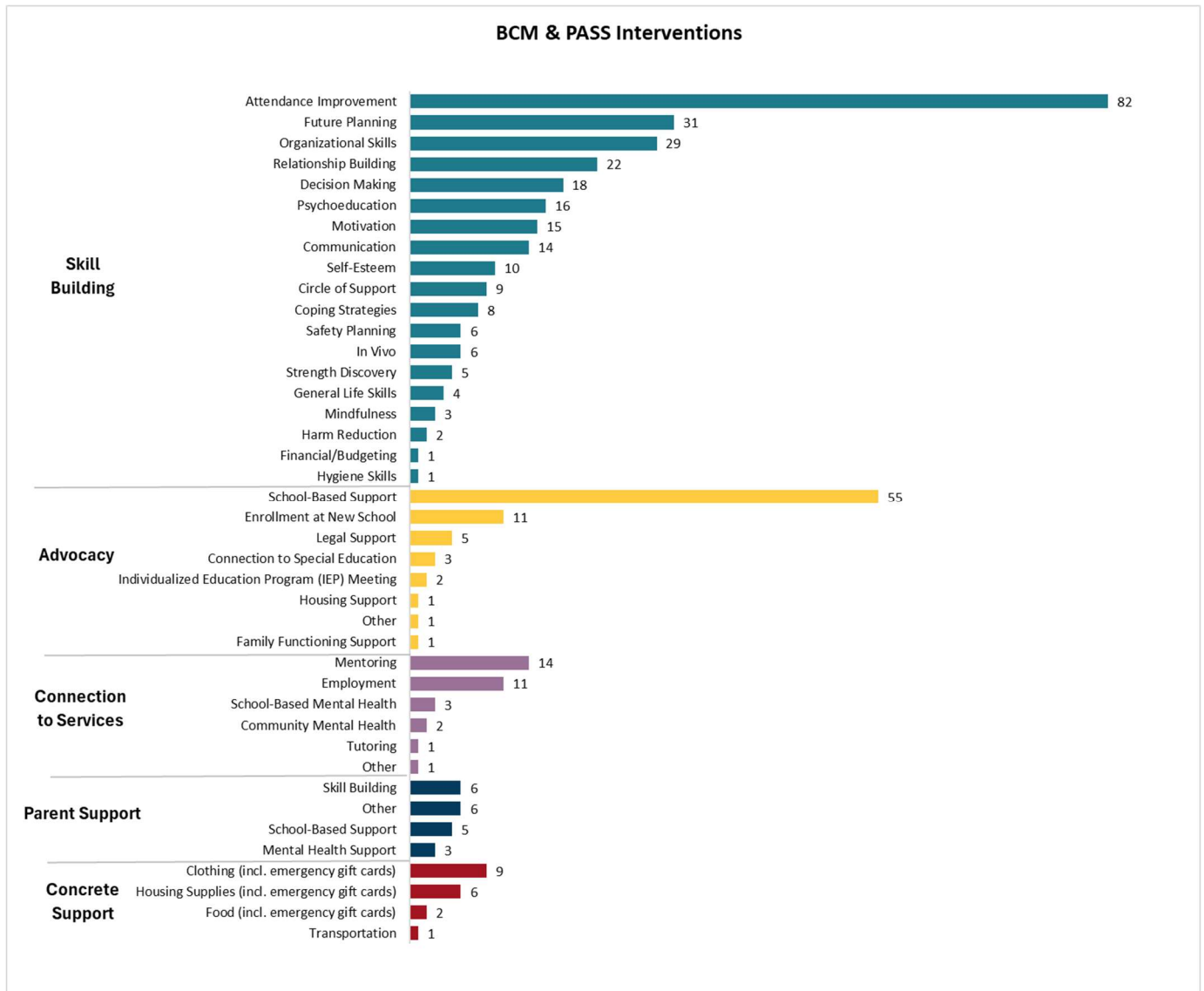


Figure 19. Case management interventions for BCM and PASS programs

Figure 19 shows the categories of interventions provided by DHS Case Manager with students and families. Skill Building interventions are most frequently used and align with helping young people better manage their behavior, emotions, and relationships. Advocacy interventions help students and families access or navigate resources. Connections to services are referrals to other providers. Parenting support is helping parents directly and Concrete supports help fill basic or emergency needs.

## Behavioral Functioning & Attendance Improvements

The Pilot has three core interventions: Truancy Education (which is provided to all families of students referred to the Pilot when DHS makes contact), BCM, and PASSICM. Enrollment in either Brief Case Management or PASS ICM depends on both the complexity of the attendance challenge and DHS’s program capacity. BCM typically lasts for 90 days and PASS ICM lasts for six months.

The Pilot compares attendance improvements of all groups referred including those who are never contacted or referred back to their primary provider, which typically is CFSA, DYRS, or Court Social Services (CSS).

### Year to Year Impact

The Pilot was designed to create modest short-term gains for the promise of longer-term, more sustainable outcomes. One of the most important outcomes of this program is seeing its impact over time. This is where the Pilot shows its most exciting results. Between September 24, 2025 – February 25, 2026, 185 students had been referred to the Pilot. Excluding 12<sup>th</sup> graders, 131 students, or 71%, who were truant at this time last SY are no longer truant in the same time in the current SY. Practically and functionally, early truancy patterns were disrupted and changed by Year 2 for most students served by the Pilot in year one.

Also, out of the 383 referrals received in year two, only 91 students (24%) who were referred at any point in SY 24-25 were referred to the Pilot during this period. Although their truancy

persisted, 39 of the 91 (43%) opted to engage in case management services with the bulk of families moving from more intense interventions (PASS ICM) to less intense (BCM). Conversely, some families were able to recognize their student’s issue as significant and accept case management services after declining support in year one.

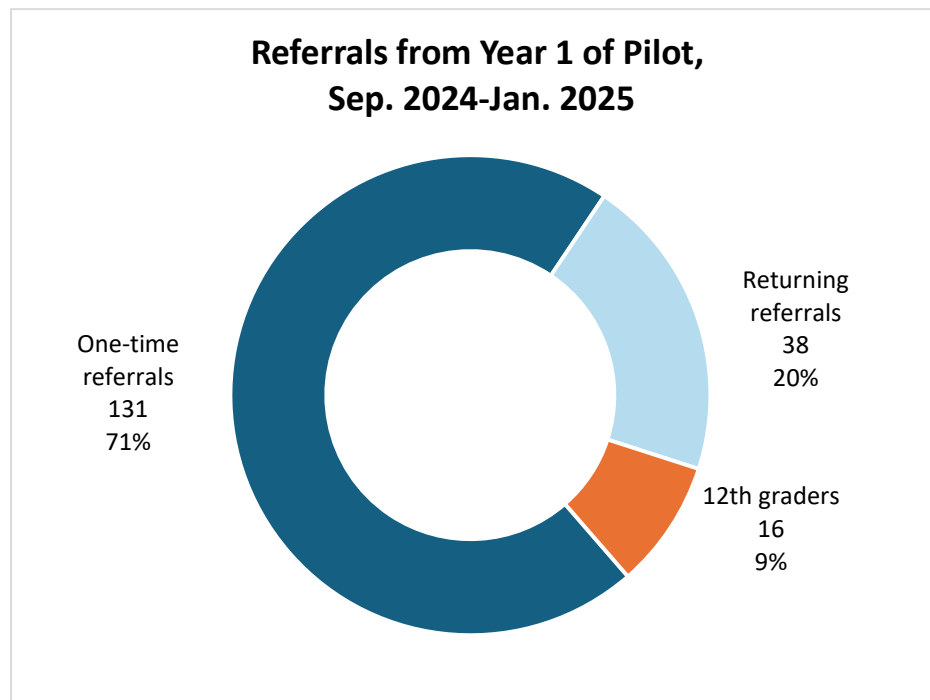


Figure 20. Year 1 Pilot referrals, Sep. 2024-Jan. 2025

### Attendance Improvement While in Program

The first portion of this section reviews the attendance gains of students who received truancy education and then enrolled in Case Management. Before November 2025, the number of students referred in year two was minimal (due to it still being early in the school year) and so was the number of students enrolled in case management. Therefore, there are a limited number of students that have completed case management at the time of this report.

Through February 6, 2026, nine students have completed Brief Case Management and no students have completed PASS ICM because six months have not yet passed since the first PASS ICM referral. There are 84 students that have been receiving case management at least 30 days at the time of this report. The charts below show their attendance trends at both 30 days and 60 days in case management services.

### Attendance Trends Based on Days of Case Management Services

Figure 21 shows the attendance outcomes of students enrolled in case management for at least 30 days. Forty-seven percent have improved attendance, 49% have worsened attendance, and 2% have incomplete attendance. Incomplete attendance can occur because a student moved to another jurisdiction, opted to homeschool, or other reasons. Interventions that make an immediate impact such as food or clothing assistance, documenting excused absences, or engaging a mentor, are often able to provide a boost to attendance in the first 30 days of case management. Ten of the students with worsening attendance were enrolled in BCM or PASS in SY 24-25; seven of the students with improving attendance were also enrolled in either BCM or PASS ICM in SY 24-25.

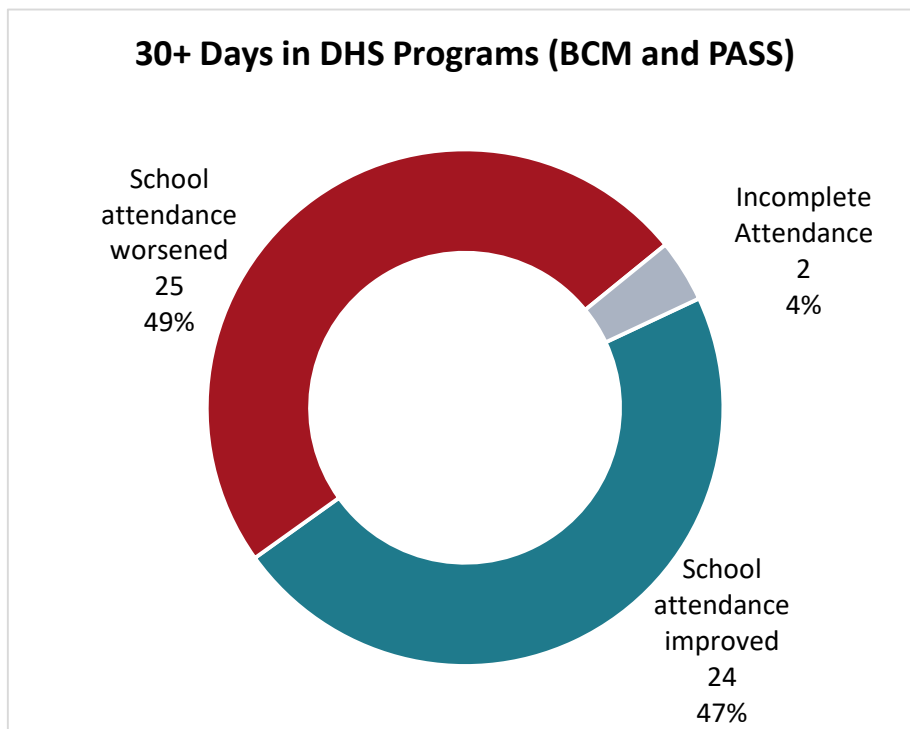


Figure 21. Attendance changes for students in Case Management for 30 or more days

Figure 22 shows attendance changes for students who have been enrolled in case management for at least 60 days. 33% of students are showing attendance improvements and 64% are not, while 3% of students have incomplete attendance. Students referred to the Pilot in the earlier months of the school year typically have more complex and chronic issues which are harder to resolve quickly. Seven of the students with worsening attendance were enrolled in BCM or PASS ICM in SY 24-25; two of the students with improving attendance were also enrolled in either BCM or PASS ICM in SY 24-25. What these charts show is how difficult it can be to change behaviors in such a short time period, gains in the first 30 days may be lost in the second 30 days. The work of the program is to sustain those gains over time and help those students whose attendance has slipped to recover.

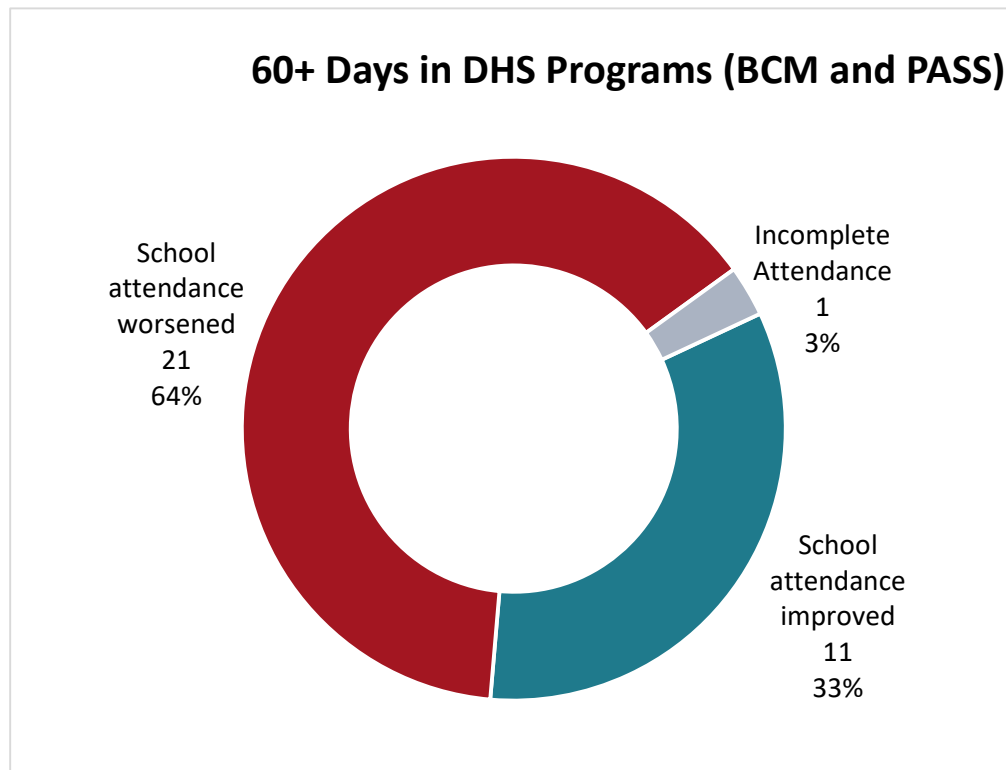


Figure 22. Attendance changes for students in Case Management for 60 or more days

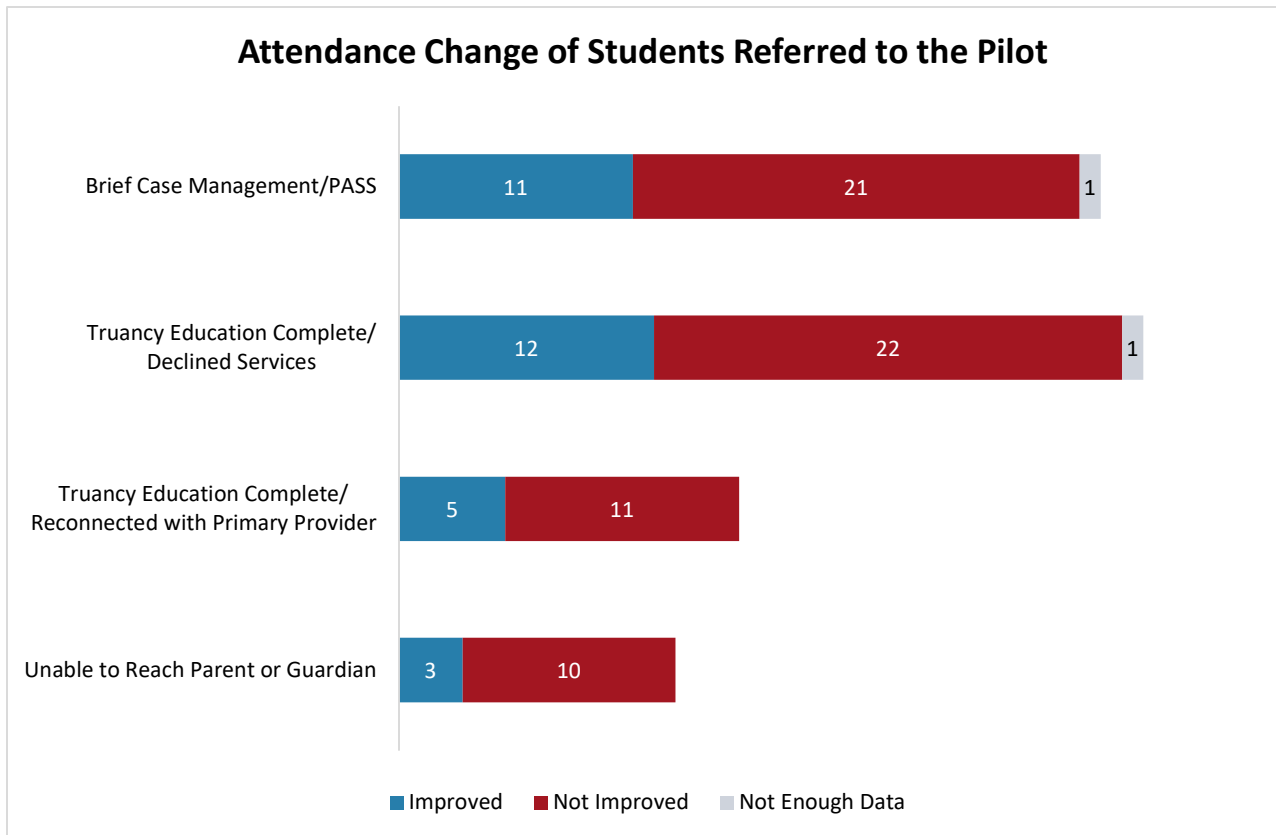


Figure 23. Attendance changes for students referred to the Pilot

#### Attendance Change of Students Referred to the Pilot

Figure 23 compares students referred to the Pilot 60 days after the date of their referral or their first day in case management (BCM or PASS ICM) in five categories. All categories of students served by the Pilot did better than students whose parents were unable to be contacted. It’s important to note that truancy education was provided to all families except those that were unable to be reached.

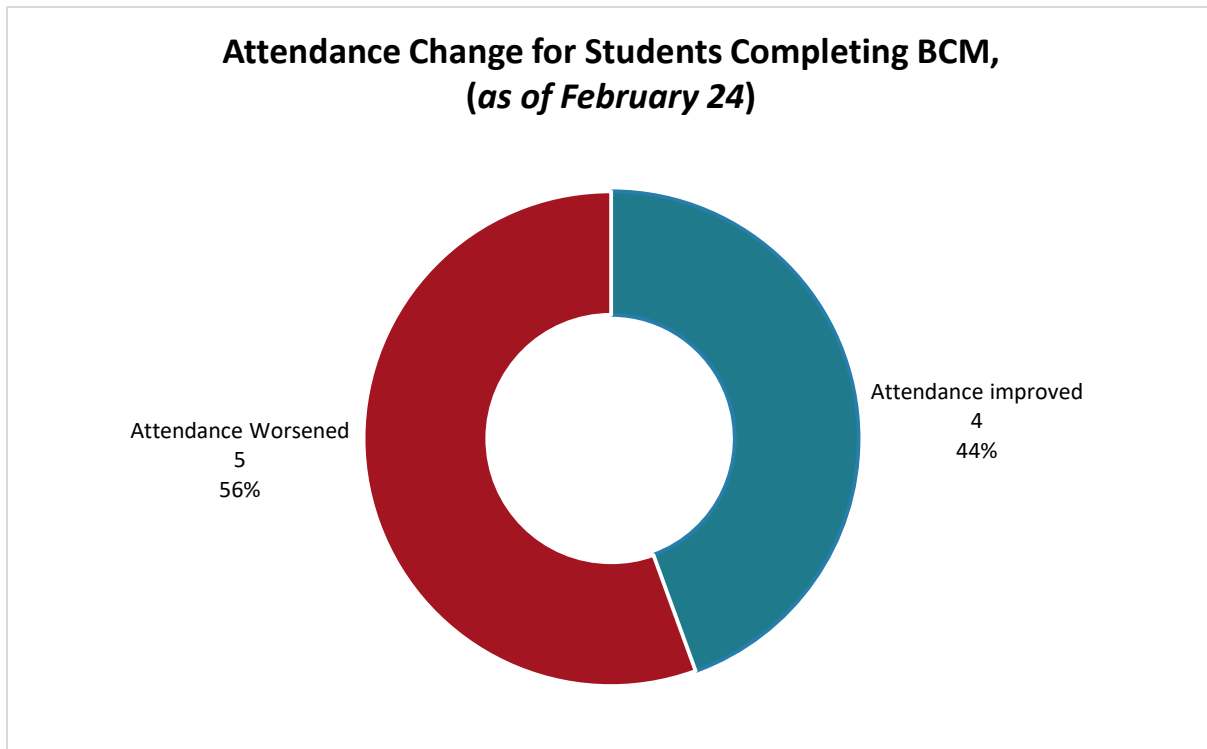


Figure 24. Attendance change for students who completed BCM

Figure 24 shows the attendance change over 90 days for students who have completed Brief Case Management. Four students have improved their attendance, while the attendance for five students declined over the course of the program. The students whose attendance declined experienced significant life issues while in the program that negatively impacted their attendance. One student’s parent experienced a mental health crisis, which caused the student to be out of school for an extended period. Another student has housing instability which negatively impacted their mental health and attendance. Another student experienced significant housing and transportation instability and also changed schools during their time in the program. Two students were repeat referrals to the Pilot that actually attended school more often by the end of the program, but still did not attend enough of the school day to be marked as present.

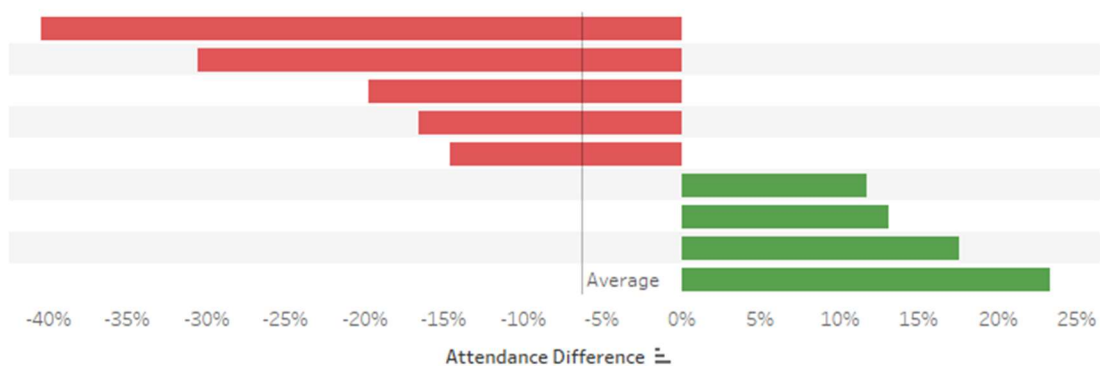


Figure 25. Attendance difference for students who completed BCM

Information on attendance for each student who completed case management during the period of this report is shown on Figure 25. This figure shows the complexity of the attendance pattern across students. While the standard expectation might be a modest gain or decline, we see that some youth, and especially youth with attendance challenges early in the year, can experience continued declines in attendance that can be rapid and severe. Conversely, students that improved their attendance at the beginning of the school year made progress, but in smaller increments. This underscores the need for intensive interventions for students experiencing truancy early in the school year, and longer-term engagement and layering of support for students making modest but steady gains. In these specific instances, one was referred to PASS ICM for additional services, and the others were connected with community supports.

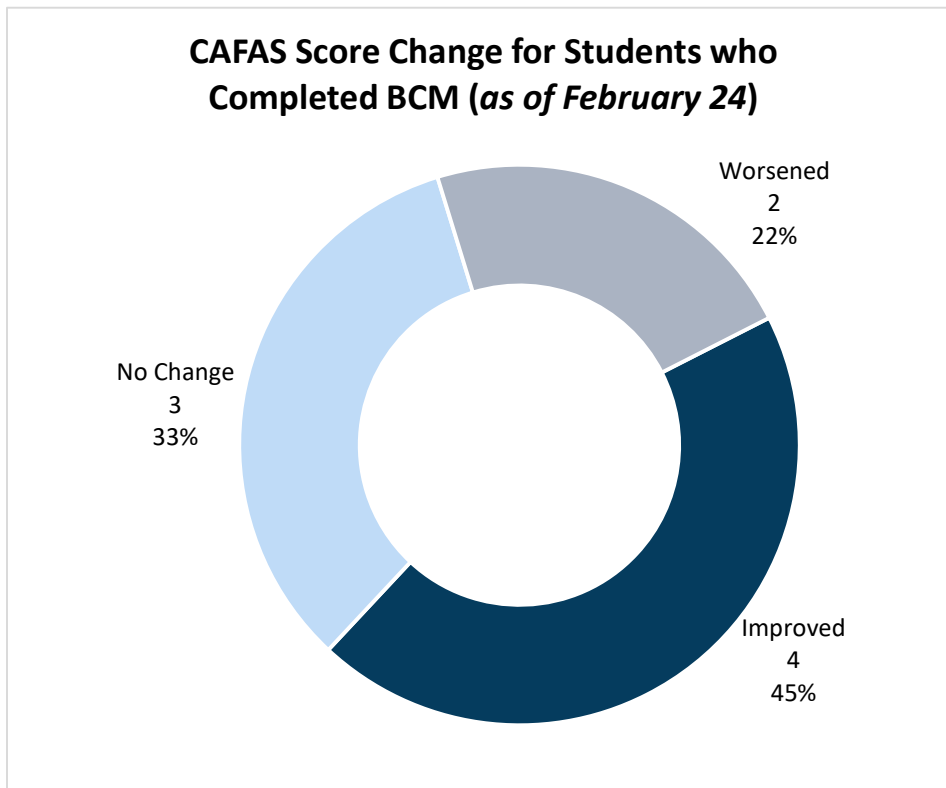


Figure 26. CAFAS score change for students who completed BCM

The CAFAS assessment is a measure of a youth’s overall functioning across eight domains, including school, community, thinking, behavior towards others, substance use, moods and emotions, self-harm, and home. Students receive a CAFAS score at the beginning of services, at 90 days for both Brief Case Management and PASS ICM, and at six months for PASS ICM. Four of the nine students who were served by BCM improved their attendance and their CAFAS also improved (Figure 26). For one student, although their attendance did not improve, their functional behavior did in one or more of the other domains (e.g., home, community, behavior towards others) which is positive and this change can be leveraged with the hopes of impacting future school attendance.

## NEW PROGRAM ADDITIONS IN YEAR 2

DHS has awarded grants to community-based organizations to broaden the types of support that students enrolled in the Pilot can receive. In January 2026, a Request for Applications (RFA) was released to solicit applications to provide services such as mental health, parent/guardian support services, mentoring, health and wellness, and emergency assistance. Applicants have been selected and notified with services expected to begin on April 1, 2026.

DHS will be working closely with each grantee to ensure programs and services provided will be tied to improved attendance outcomes for students. The goal of this grant funding is to provide students and families with additional services to reduce attendance barriers quickly.

## ACADEMIC PERFORMANCE

The Truancy Reduction Pilot Program in the Department of Human Services’ Youth Services Division carries the dual benefit of reducing missed instructional time and reducing the long-term academic impacts of truancy.

The academic outcomes observed this year reflected the phased-in structure of the Pilot. When comparing student GPAs before and after referral within the year (Term 1 to Term 2), all groups experienced some degree of mid-year academic decline, a pattern typical in mid-year academic data in the broader student population. However, students who participated in DHS’s structured interventions, especially those placed in BCM, showed smaller declines than students who received no interventions. Students with open BCM cases had the smallest median GPA declines and, on average, experienced attenuated declines between Term 1 and Term 2. Students participating in PASS ICM also showed declines, but these were generally less severe than those observed among referred students with no intervention, indicating that intensive supports for students with more complex barriers can help slow academic erosion.

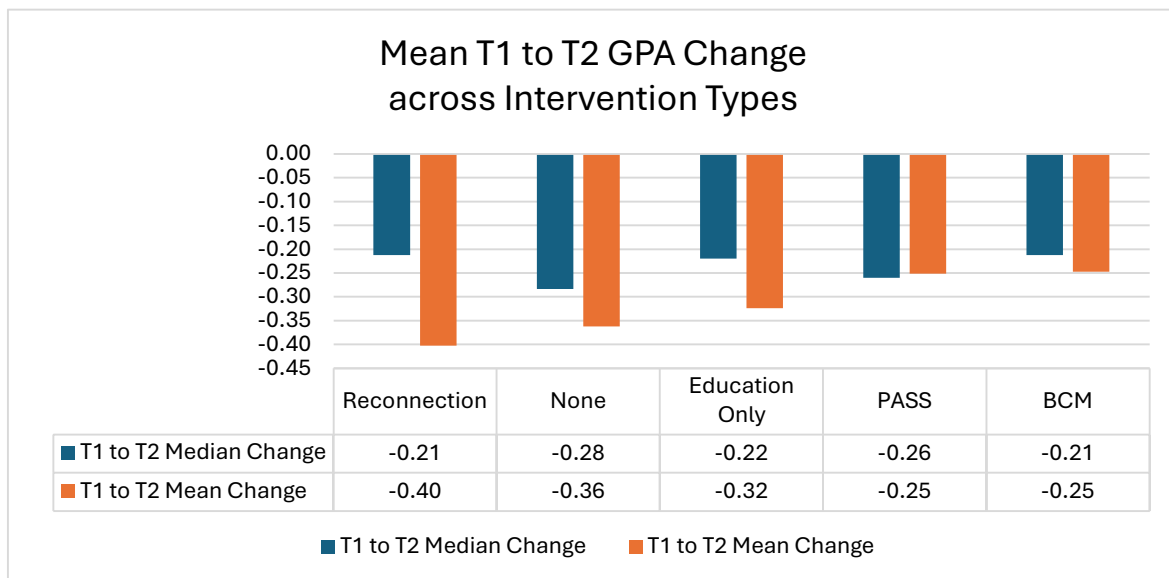


Figure 27. Students receiving BCM or PASS ICM supports experienced smaller mid-year academic declines than students with no intervention, consistent with the purpose of reducing the academic impacts of truancy.

The cross year comparison (Term 2 vs. the same period in the previous year) reinforces this picture, though with more variability due to smaller matched sample sizes. Among students with

complete prior year data, BCM participants as a whole finished Term 2 at roughly the same academic level as the prior year, despite entering the program due to attendance related risk. This pattern is consistent with the intent of BCM, which is to stabilize students with discrete or emerging attendance challenges before academic deterioration accelerates. By contrast, PASS ICM participants, who are referred to the program because of complex, entrenched barriers, showed more mixed year-over-year results. This finding demonstrates that even intensive case management cannot fully offset the cumulative instructional loss associated with chronic absenteeism and truancy. Students with no programmatic intervention, for whom either DHS staff were unable to make contact or who entered the program after the end of Term 2, displayed a broader distribution of year-over-year changes, including a notable segment with deeper academic declines, reinforcing the value of providing at least a baseline level of attendance education or case management when possible.

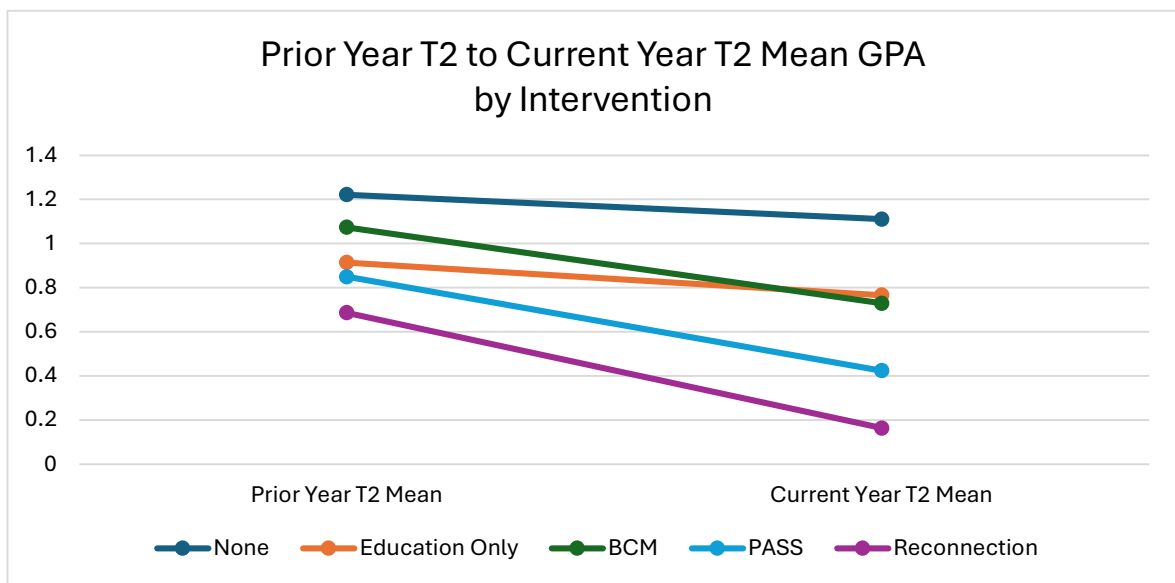


Figure 28. BCM participants show stable year over year academic outcomes, aligning with the program’s purpose of mitigating truancy related academic decline.

The timing of referral also correlates meaningfully with academic outcomes. Students referred to the program in the winter, a period during which truancy patterns often intensify, showed positive average GPA movement from Term 1 to Term 2, whereas fall referrals tended to decline. This could suggest that a student who has collected enough unexcused absences to be referred to the program in the fall is facing far more severe barriers to education than the student’s peers referred to the program later in the school year. Other interpretations include that the program’s timely interventions can mitigate the negative academic effects of absenteeism. If this is the case, this reinforces the program’s foundational aim: addressing truancy early enough, and with the right level of support, to prevent deeper academic losses.

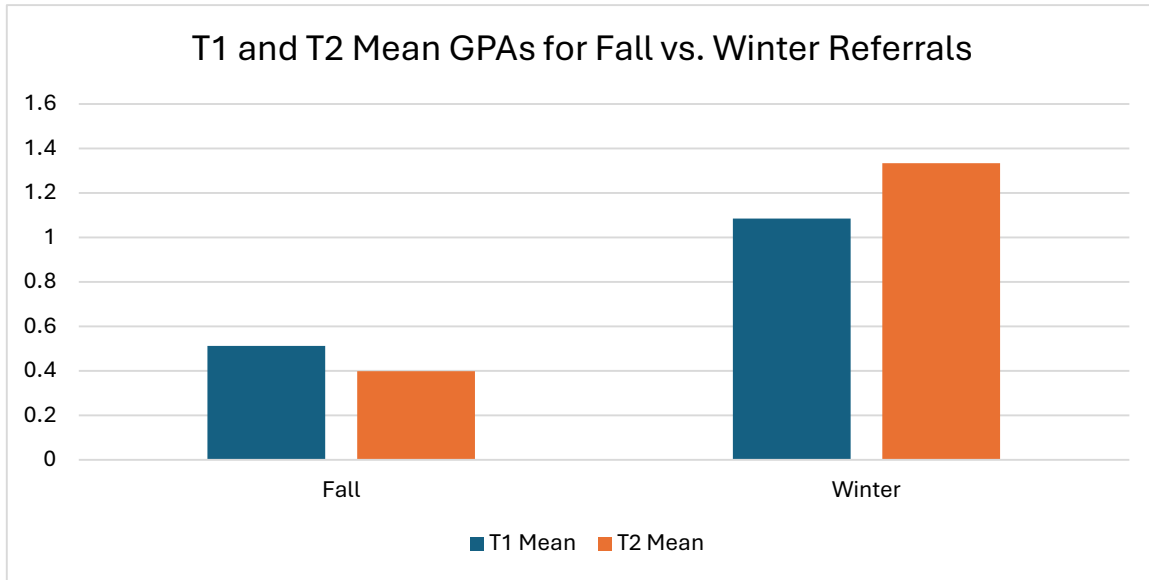


Figure 29. Later year engagement corresponds to improved academic movement, highlighting the importance of timely contact and intervention and the need for intensive supports for early year referrals.

Taken together, the data support the conclusion that the Truancy Reduction Pilot, particularly through BCM and rapid referrals to intensive case management, plays a meaningful role in reducing the academic harm associated with truancy by helping students maintain more stable academic performance compared to similar peers who receive no intervention. While the data do not suggest that any single program eliminates mid-year academic losses due to truancy, they do show that DHS’s tiered approach, helps mitigate the risk of deeper academic decline. These findings validate the program’s design and underscore the importance of maintaining and strengthening the District’s capacity to identify students early, match them to the appropriate tier of support, and sustain engagement throughout the school year.

## DELINQUENCY

Superior Court of the District of Columbia Administrative Order 20-14 allows CJCC to share the results of analysis with members of the Juvenile Justice Data Committee. However, this Administrative Order (AO) does not permit members of the JJDC to further share the analysis with others, without a separate AO from the Court. CJCC requested an additional AO on June 24, 2025, but has not yet received a substantive reply. CJCC will share the analysis after the Court permits CJCC to do so.

## LESSONS LEARNED

Below are some emerging lessons learned from Year 2 of the Pilot.

### Referrals for Full Day Absences Do Not Paint the Full Picture of Student Attendance Issues

The legislation that created the Pilot requires schools to submit referrals for high school students who have reached 15 full-day unexcused absences and middle school students who have reached

10 full-day unexcused absences.<sup>1</sup> While these numbers have been historically used as benchmarks for student referrals to OAG and CFSA, full-day unexcused absences do not fully paint the picture of student absences. In SY22-23, 5-A DCMR § 2199.1 created the “60/40 Attendance Policy,” which counts students as present if they have attended at least 60 percent of the school day and absent if they have attended less than 60% (the prior policy required students to be in school for 80 percent of the day to be counted as present). However, the 15 or 10 full-day absence threshold that qualifies a student to be referred to the Pilot is often only a portion of the total number of absences that students have accrued and students may be struggling with attendance and missing significant portions of school well before they reach referral thresholds outlined in the Pilot and in the standard referral process. For example, some students have accrued more than 30 combined full-day and partial-day absences even before they are eligible to be referred to the Pilot.

### **Building Connections with Schools Improves Student Outcomes**

In a June 2024 attendance hearing convened prior to the launch of the Pilot, school officials indicated they did not have visibility into student progress once schools made truancy referrals to government agencies. In developing the Pilot, DHS has been intentional and established deep partnerships with schools. In year one, the DHS staff held biweekly meetings with each school to discuss onboarding, attendance trends, and any issues that may have arisen with the referral process or students. Schools were also provided with biweekly reports outlining where each student was in the triage process and if their family accepted case management services. In year two, the Pilot has deepened collaborative efforts between the schools and program staff.

Each Case Manager is assigned as the main point of contact for at least one participating school. This person is responsible for attending school attendance meetings, making connections with school staff and in-school programs, and working with the school to address any program-related issues. Additionally, the case managers work primarily with students from their assigned school. By having assigned schools, case managers can more quickly address student attendance issues, mend connections between the school and parents that have been disrupted, and serve as another trusted adult at the school to encourage and praise student attendance.

### **Hispanic and Latino Students Often Have Additional Barriers to Attendance**

Hispanic and Latino students experience additional barriers to attendance often because of systemic issues. In addition to English learners experiencing language barriers at school that have contributed to attendance issues, Latino students served by the Pilot have also been impacted either directly or indirectly by Immigration and Customs Enforcement (ICE) raids in Washington DC. One student was referred to the program for truancy, but fled the area when her uncle was detained by ICE. Another student was detained by ICE, even though he is a U.S. citizen. The fear

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<sup>1</sup> Under DC Code § 38–208(c), schools not participating in the Pilot are required to refer students 5 to 13 years of age to CFSA at 10 full-day unexcused absences and students 14 to 17 years of age to Court Social Services and OAG at 15 full-day unexcused absences.

of being detained by ICE has not only impacted Latino students' attendance, but it has negatively impacted their family's mental health and feelings of safety in their communities as well.

Some Latino students served by the Pilot noted familial responsibilities that keep them from attending school including employment obligations or translation support for family members. Although the Latino population served by the Pilot has been small to date, with the expansion to additional schools in this SY, the numbers are expected to grow. We will continue to monitor the specific needs of this student population in order to best serve them.

### **Case Management May Contribute to Long-Term Attendance Improvement**

In its second year, the Pilot continues to provide individualized services to District students. Nearly 78 percent of the students referred to the Pilot during the first half of year one (who were not in 12th grade) have not been re-referred to the Pilot thus far in year two, which shows that this initiative is an effective intervention that improves student attendance. With student attendance correlating to improved grades, this Pilot contributes to improved educational outcomes for District students. The stories below highlight how the Pilot's intervention positively impacted students' longer term education:

**Client Story 8:** *Sabrina was referred to the Truancy Reduction Program in March 2025 with a truancy rate of 44.44% and a CAFAS score of 50. Interventions included weekly case management sessions focused on coping skills and emotional regulation, connection to therapeutic services, collaborative meetings with school staff to address attendance, and enrollment at a gym to support mental and physical health. At case closure, Sabrina's CAFAS score decreased by 30 points, and attendance improved to 67.35%. Six months post-program, Sabrina continues to demonstrate significant progress: she has made honor roll for two terms, entered the "90% club" for achieving over 90% attendance, joined the cheerleading team, participates in a girls' leadership group, and is active in public leadership. She was selected for early college, but unable to participate due to the lack of credits and is completing credit recovery classes. Sabrina's growth reflects sustained success beyond program completion.*

**Client Story 9:** *Justin is a 17-year-old African American male who was referred to DHS Truancy Reduction in April 2025 due to struggling academically and struggling behaviorally. CM assisted Justin with focusing on his attendance and making up incomplete assignments. Justin increased his attendance to 90.91% and graduated from a Pilot high school in June 2025. Justin is currently in his second semester as a freshman at a university and has a GPA of 3.4. At the beginning of his first semester, Justin had financial challenges and was at risk of being removed from the roster at school. His Case Manager connected him with a scholarship that helped bridge the financial gap. He is now working part-time at a job on campus, preparing to try out for the football team, and a part of the fraternity's mentoring program.*

## **NEXT STEPS AND CONCLUSION**

The Pilot continues to show promising results in both the short and long-term. It underscores the significance of how early, consistent, and individualized services to students and their families can positively impact truancy and student attendance. The Pilot is continuing to expand and

calibrate, aligning our services in ways to produce the biggest impact for students and families. We are excited to continue this work in partnership with educational stakeholders across government and community, committed to helping our young people meet their educational goals.