Evaluation of the Kennedy Cluster Watkins Mill Cluster Project: Follow-up of Participants in the Multi-Agency Team Process

Office of Shared Accountability

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Highlights: Evaluation of the Kennedy Cluster Watkins Mill Cluster Project Follow-Up of Participants in the Multi-Agency Team Process

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Purpose of Study

The goal of the KCWMC Project is to remove the barriers to student success so that children come to school ready to learn. The evaluation addressed the following questions: 1) How was the Multi-Agency Team in KCWMC Project implemented? 2) To what extent did participating students and their families show improvement on family stability measures, attendance, and report card grades? The sample included 325 students and their families with records of Multi-Agency Team participation during school years 2014-2015 and 2015-2016. A parent survey was administered at referral (125 responses) and a follow-up survey was conducted approximately 6 months later (66 responses). During school year 2015-2016, the care coordinator administered a rating scale of family stability to 113 families before services and 101 families after services. We analyzed attendance and report card grades for students with two or more marking periods of data.

Recommendations

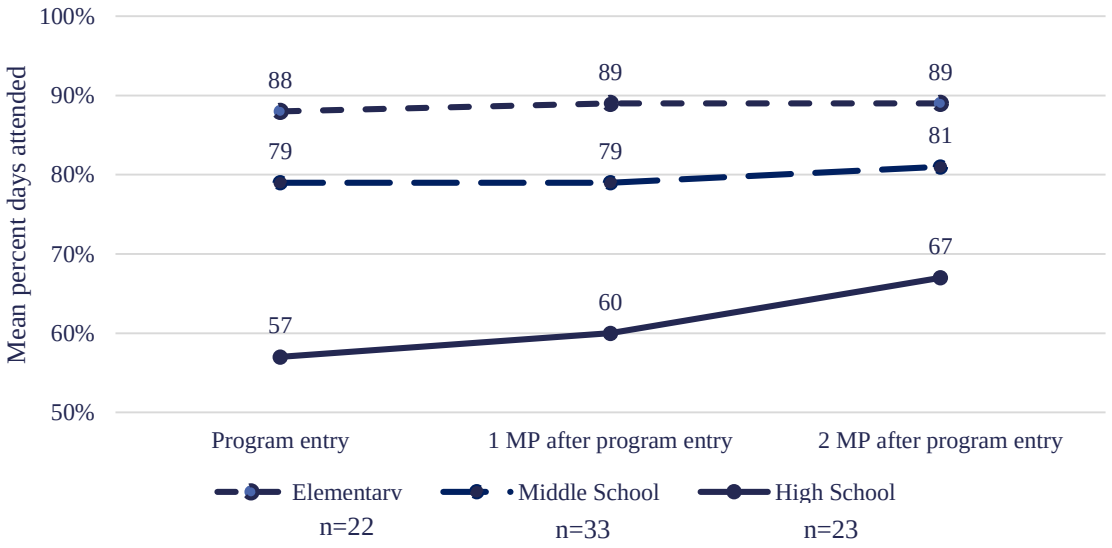
- Explore ways to increase collaboration between KCWMC Project care coordinators, parents, and school staff in order to support students' school engagement and involvement in school activities.
- Explore ways to support parents' involvement in their child's school, since relatively low percentages of parents reported that they regularly attend activities designed to support students' academic progress, such as parent-teacher conferences.
- Continue administration of KCWMC Project parent surveys and explore ways to increase the number of parents completing surveys.

What the Study Found

1) Project staff members successfully implemented the Multi-Agency Team model. Families responding to the follow-up survey reported having positive interactions with the project staff and team members; all agreed that they were treated with respect during the Multi-Agency Team meeting. Self-reports from participating families suggest that the services provided succeeded in making parents aware of resources in the community that can help their family when needed, and knowing how to obtain services in the community when they need help.

2) Ratings of family stability at the time of program entry and approximately six months later showed significant levels of improvement on all areas assessed—physical safety, family conflict, income, work effectiveness, mental health, physical health, and housing stability. Among students who entered the program with low (below median) attendance, some improvement, though not statistically significant, was seen over the two marking periods that followed, especially among high school participants (see figure below). Middle and high school students who entered the program with low grade averages showed some improvement in grade averages in the two marking periods that followed; for high school students, the improvement was statistically significant.

Mean percent days attended during two marking periods (MP) following program entry among elementary, middle, and high school students starting program with low attendance



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Executive Summary

The Office of Shared Accountability (OSA) is conducting a multiyear evaluation of the Kennedy Cluster Watkins Mill Cluster (KCWMC) Project in Montgomery County Public Schools (MCPS). The project is a collaboration among MCPS, the Montgomery County Government, the Montgomery County Collaboration Council, the Montgomery County Department of Health and Human Services (DHHS), the Montgomery County Department of Recreation, the Montgomery County Police Department, the Montgomery County State's Attorney's Office, and the Maryland Department of Juvenile Services. The overarching goal of the KCWMC Project is to remove the barriers to student success. To work toward that goal, the project is guided by three objectives:

- support the well-being of students and families through the Multi-Agency Team process
- provide a rich out-of-school-time environment that promotes positive youth development
- create a network of community partners that builds capacity at the school and community level to serve students and their families

This report focuses on the Multi-Agency Team component of the KCWMC Project; the study followed up the students and families who participated in the Multi-Agency Team process during the last two school years, 2014–2015 and 2015–2016. The other two components of the project—out-of-school-time activities and community partnerships—were examined in a previous report (Wade and Zhao, 2015).

The following evaluation questions guided this study:

1. How was the Multi-Agency Team in Kennedy Cluster and Watkins Mill Cluster Project implemented?
2. To what extent did participating students and families show improvement on outcome measures?

Summary of Methodology

This second part of the evaluation used a non-experimental design with a variety of data collection methods, including both quantitative and qualitative measures. The study was designed to examine the experiences of students and family members who participated in the Multi-Agency Team process and the extent to which they made progress in school and at home.

Fourteen schools were participating in the KCWMC project during the 2014–2015 school year and 16 schools were participating during the 2015–2016 school year (see Appendix B), including 10 elementary schools, 4 middle schools, and the 2 cluster high schools. During those 2 school years, all 16 schools referred students to the Multi-Agency Team process. A total of 325 students and their families had records of Multi-Agency Team participation during those school years and thus comprised the study sample.

Family and student outcomes were assessed with locally developed measures (a parent survey at referral and a follow-up survey conducted by telephone approximately six months after the Multi-Agency Team meeting), a rating scale of family stability was administered by the care coordinator, and MCPS student attendance and report card data. A total of 125 parents (representing 38% of

the participants) completed the pre-participation survey, and 66 parents (20%) completed the follow up survey.

Summary of Findings

Implementation of the Multi-Agency Team process. The study findings indicated that project staff members successfully implemented the Multi-Agency Team model. Families responding to the follow-up survey reported having positive interactions with the cluster project staff and team members; all agreed that they were treated with respect during the meeting. Self-reports from participating families suggest that the services provided succeeded in making parents aware of resources in the community that can help their family when needed, and knowing how to obtain services in the community when they need help.

Outcomes associated with the Multi-Agency Team process. Ratings of family stability at the time of program entry and about six months later showed significant levels of improvement on all areas assessed—physical safety, family conflict, income, work effectiveness, mental health, physical health, and housing stability. Though income continued to be the dimension with the highest percentage of families rated at moderate or severe risk in the follow-up assessment, the percentage of families rated at no risk tripled between program entry and the six-month follow-up, and the percentage of families rated at no risk more than doubled for mental health and work effectiveness.

Evidence of improvement in student outcomes was more difficult to detect. Among students who entered the program with low attendance, some improvement, although not statistically significant, was seen over the two marking periods that followed, especially among high school participants. Examination of student report card grade averages revealed that middle and high school students who entered the program with low grade averages showed some improvement in the two marking periods that followed; for middle school students the change was not statistically significant but for high school students the change was statistically significant, with an effect size of medium magnitude, indicating that the change would be considered meaningful in an educational setting.

Recommendations

1. Explore ways to increase collaboration between KCWMC Project care coordinators, parents, and school staff in order to support students' school engagement and involvement in school activities.

2. Similarly, explore ways to support parents' involvement in their child's school, since relatively low percentages of parents reported that they regularly attend activities designed to support students' academic progress, such as parent-teacher conferences.

   In the previous KCWMC Project report (Wade and Zhao, 2015), the need for parent workshops was highlighted.

3. Continue administration of KCWMC Project parent surveys; explore ways to increase the number of parents completing surveys, both at referral and at follow-up.

Evaluation of the Kennedy Cluster Watkins Mill Cluster Project in Montgomery County Public Schools: Follow-up of Participants in the Multi-Agency Team Process

Julie Wade, Cara Jackson, Huafang Zhao, and Rachel Hickson

The Office of Shared Accountability (OSA) is conducting a multiyear evaluation of the Kennedy Cluster Watkins Mill Cluster (KCWMC) Project in Montgomery County Public Schools (MCPS). The project is a collaboration among MCPS, the Montgomery County Government, the Montgomery County Collaboration Council, the Montgomery County Department of Health and Human Services (DHHS), the Montgomery County Department of Recreation, the Montgomery County Police Department, the Montgomery County State's Attorney's Office, and the Maryland Department of Juvenile Services. The overarching goal of the KCWMC Project is to remove the barriers to student success. To work toward that goal, the project is guided by three objectives:

- support the well-being of students and families through the Multi-Agency Team process
- provide a rich out-of-school-time environment that promotes positive youth development
- create a network of community partners that builds capacity at the school and community level to serve students and their families

The purpose of the evaluation is to understand how the KCWMC Project is operating and to determine the extent to which the project is meeting its objectives. A previous report (Wade and Zhao, 2016) examined the implementation of the project, as well as the extent to which the project met two of its goals: providing a rich out-of-school-time environment, and developing partnerships and collaborations among school and county agency staff. This second report will examine the process and outcomes associated with the work of the Multi-Agency Team. The report focuses on the students and families who participated in the Multi-Agency Team process during the last two school years, 2014–2015 and 2015–2016.

Background

The KCWMC Project, through the joint efforts of MCPS and Montgomery County Government agencies, has created a service delivery model to address the challenges underlying the racial/ethnic achievement gaps in MCPS (MCPS, 2013). The project aims to remove obstacles to student success, such as poverty, poor healthcare, lack of English language skills, and social and emotional issues, so that children can come to school ready to learn. The theory of action guiding the KCWMC Project states:

> "If key state and county agencies implement an interagency, public-private collaborative to align and deliver resources in high-need areas of the county, so safety and/or social, emotional, and physical well-being of families are positively addressed, then barriers to school engagement will be reduced and school achievement will improve." (Kennedy Cluster Project Steering Committee, 2007)

Program History

When the project was initiated in 2007, with a focus on addressing the racial/ethnic achievement gap, schools in the Kennedy High School Cluster enrolled one of the largest percentages of Black or African American students in MCPS. Since then, the Hispanic/Latino student population in the Kennedy Cluster has grown, so that enrollees in the Kennedy Cluster schools are more likely to be Black or African American or Hispanic/Latino, compared with MCPS students overall. Many of the students are from low-income households and a larger percentage of students in the Kennedy Cluster receive English for Speakers of Other Languages (ESOL) services compared with MCPS students overall. Today the project also serves the Watkins Mill Cluster, where a large percentage of students are Black or African American or Hispanic/Latino, and impacted by English language learning needs and poverty as well. The demographic characteristics of the Kennedy and Watkins Mill cluster schools are shown in Appendix A, Table A-1.

In seven years, from the 2008–2009 school year to the 2015–2016 school year, the project has grown from 5 schools in the Kennedy Cluster to 16 schools in the Kennedy and Watkins Mill clusters. Currently, the project includes 11 elementary schools, 4 middle schools, and 2 high schools; the participating schools are listed in Appendix B, Table B-1. A more detailed account of the program's history and development can be found in the first report (Wade and Zhao, 2015).

Project Operation

The KCWMC Project is administered by an operations group and a project leadership team. The operations group comprises heads of the partner government departments, principals at the participating schools, and other staff from county departments and MCPS. The operations group meets semiannually to discuss trends, issues, and progress in the clusters, and to develop policy recommendations for the project, as well as for MCPS and Montgomery County. Project updates and recommendations are brought to the project leadership team, made up of the county executive, two councilmembers, the superintendent of schools, a member of the Board of education, the chief of police, state's attorneys, and department chairs from DHHS and the Department of Recreation. Both the operations group and the leadership team are co-chaired by Ms. Fran Brenneman, DHHS, representing the County Government, and Mr. Donald Kress, representing MCPS.

The project also includes two care coordinators and one interpreter who are employed by DHHS. The care coordinators play a key role in the Multi-Agency Team process, as described later in this report.

Program Components

The KCWMC Project model is based on the assumption that schools, families, and communities play important roles in helping students succeed in school. The objectives of the project may be described as a three-tier approach, providing services at three levels:

1. *The Multi-Agency Team process* aims to support the well-being of individual students and families by linking them with needed services and programs in Montgomery

County. This component of the project is the most intensive, serving students and families who are referred to the team with myriad needs.

2. *Out-of-school-time activities* are intended to provide a rich environment that supports positive youth development, including physical, social/emotional, and academic/intellectual growth. This component of the project is intended to support all students in the school by providing opportunities for positive engagement.
3. *Community partnerships* aims to build capacity at the school and community level to serve students and their families more effectively and efficiently and provide greater access to needed services.

The Multi-Agency Team Process

The Multi-Agency Team is a group of community professionals representing a range of county agencies and departments. The team comprises representatives from MCPS Kennedy and Watkins Mill cluster schools (may include counselor, principal, assistant principal, and/or pupil personnel worker); the MCPS Office of Student and Family Support and Engagement; DHHS (including Behavioral Health and Crisis Services; Children, Youth, and Family Services; Income Supports; and Special Needs Housing); the Montgomery County Police Department; the Montgomery County Recreation Department; the Montgomery County Collaboration Council; and the Montgomery County State's Attorney's Office. In addition, the team includes a project care coordinator, an interpreter, and the referring source—often a school counselor or pupil personnel worker. Team meetings are facilitated by one of the co-chairs of the KCWMC project, Ms. Fran Brenneman (DHHS) or Mr. Donald Kress (MCPS). Multi-Agency Team meetings are held every week during the school year, alternating weeks at the two cluster high schools. On average, between four and eight cases are discussed at each team meeting. Each referred case is scheduled for a 40-minute discussion.

Referrals. Students are referred to the team by a school staff member or by a service provider outside of school, and the school counselor reviews the referral for suitability for the Multi-Agency Team. Referrals are made for a range of concerns, including student attendance issues, student need for psychological services, family need for counseling, family legal issues, family financial needs, family or student need for medical referral, and many others. The school counselor contacts the parents to arrange a meeting to explain the Multi-Agency Team process, request consent, and administer the needs questionnaire. After the parent has signed the consent form, the counselor contacts the Multi-Agency Team project care coordinator, who calls the family and schedules the team meeting. A description of the Multi-Agency Team referral process, the parent consent form, and the needs questionnaire and pre-participation survey are included in Appendix C.

Multi-Agency Team meeting. At the Multi-Agency Team meeting, the counselor explains the reasons for referral and provides relevant background, and the parents and student[1] are asked for input. During the discussion, team members talk with the family about ways to address the needs, which may include actions at school, and/or recommendations and referrals to services in the community. The team provides information to connect students and their families with resources

[1] Students age 18 or older can attend with or without a parent; students younger than 18 can attend with parental consent.

for accessing health care, housing, financial assistance, legal aid, and many other social services in the community. An action plan with recommendations by the Multi-Agency Team are recorded on the Client Action Form (Attachment C-2) by the project care coordinator, who also follows up with the family after the team meeting to facilitate contact with the referred services and support follow-through with recommended plans.

Logic Model

The KCWMC Project Evaluation Committee developed a logic model for the project in fall 2014. The full logic model includes the three program components, and shows the implementation sequence for each and the links between them and the expected program benefits (see Wade & Zhao, 2015). Figure 1 depicts the logic model for the Multi-Agency Team component of the project.

	Services, Activities (examples) ⇨	Outputs ⇨	Short-term Outcome indicators ⇨	Long-term Outcome indicators
Multi-Agency Team	**For Students:** Needs assessment, social/emotional/behavioral support; medical care referral; academic support; recreation	Number of referrals; types and number of services provided; follow-up provided by Care Coordinator	Prevent dropout; increase likelihood of retention/promotion; improve attendance	Meeting grade-level proficiency level in reading/math; pass courses; earn credit; GPA improvement; graduation, college/career-ready
	For Family: Needs assessment; referral to social services; referral to mental health services; medical care referral; food; housing assistance; employment assistance; legal assistance; transportation	Number of referrals; types and number of services provided; follow-up provided by Care Coordinator	Families meeting basic needs; families support student in school	Improved family stability and self-sufficiency; families gain trust with school and community agencies

Figure 1. Logic model for Multi-Agency Team component of the Kennedy Cluster Watkins Mill Cluster project (Office of Shared Accountability and KCWMC Project Evaluation Steering Committee, model developed in 2014)

Figure 1 depicts each step in the series of actions that are intended to lead to the changes specified in the column of long-term outcomes. Outputs are the immediate results of the implementation of the services and activities, such as student referrals and the number of legal, housing, and financial services provided for families. The outputs are vehicles to produce expected short-term and long-term outcomes. Short-term outcomes are primarily reflected by changes in behaviors or attitudes that are directly targeted by the services, such as increased school attendance, increased ability of families to provide for basic needs, and families' engagement in students' education. The long-term outcome indicators may include academic improvement and graduation, as well as changed relationships between school and families.

Review of Select Literature

Socially and economically disadvantaged children are less likely to succeed in school (Anderson-Butcher & Ashton, 2004; Barton & Coley, 2009), in part due to challenges these children face, such as frequent school changes, exposure to lead, and food insecurity, which may influence intellectual, physical, and emotional development (Sandstrom & Huerta, 2013), which may depress student achievement (Morsy & Rothstein, 2015). This review focuses on studies related to efforts to unite school, families, and community service agencies to address root causes of racial/ethnic achievement gaps.

School-Linked Services

In an effort to remove barriers to achievement, educators and policymakers have turned to methods of addressing the physical, emotional, and material needs of students. Such efforts include: Integrated Student Supports (Child Trends, 2014); Whole School, Whole Community, Whole Child (ASCD, 2014; Lewallen et. al, 2015); Collective Impact (Grossman & Lombard, 2015); and Community Schools (Coalition for Community Schools, 2009a). These approaches bring together various resources in the community, including school, local government, and community-based organizations, to support students and their families. The collaborative effort may provide services to address the physical and mental health of the student and family, provide social services, stabilize living arrangements, and enhance community engagement. The models may differ somewhat in focus, but all recognize that children have a range of needs and that failing to meet these needs may impact students' ability to succeed in school.

Though evaluating complex networks of services aimed at improving a variety of outcomes is challenging, a number of reports have presented findings about programs that provide school-linked services. A recent report from Child Trends (2014) reviewed the evaluation research conducted to date of integrated student support programs. The authors conclude that the models can improve academic outcomes, but the evidence for the effectiveness of this approach is only beginning to emerge, and many questions remain unanswered.

Based on a systematic review of studies of school-connected behavioral and emotional health interventions, Price, Biehl, Solomon, and Weir (2014) concluded that behavioral health interventions were associated with improved academic outcomes. School-based behavioral health interventions were shown to be associated both with improved academic achievement and with improvements in related behaviors known to influence academic success, such as learning skills and attendance.

An evaluation of Communities in Schools (CIS)—a national organization with about 200 affiliates serving students in 3,400 schools—was published in a five-year report (ICF International, 2010). The evaluation examined the impact of CIS at the organizational level, the school level, and the student level. The study found substantively (effect size greater than .25) positive effects for CIS schools on dropout and graduation rates, attendance in elementary schools, middle school math

and reading performance, and student perception of personal responsibility. The strongest effects were seen in schools that implemented the model with the highest fidelity.

In a study of Baltimore's Community Schools, Durham and Connolly (2016) found that students in the longer-operating Community Schools had higher attendance. However, the authors note that students did not have higher attendance in all Community Schools; specifically, attendance in high schools remains a serious challenge, and it appears there is a relationship between the amount of time a school has implemented the model and student attendance. The authors note the need for more research to better understand the barriers to higher attendance.

Previous Studies of Kennedy Cluster Watkins Mill Cluster Project in MCPS

To date, there have been two studies conducted of the Cluster Project. Keller (2013) conducted a case study of the Kennedy Cluster Project and found evidence that the project has contributed to positive academic outcomes for at-risk students, such as increased graduation rate, reduced dropouts, and reduced mobility. Keller pointed out that an additional benefit of the project was the partnerships formed among schools and agencies, noting that "Better communications among members of the Multi-Agency Team yielded more efficient delivery of educational and community resources to students both inside and outside school" (p. ii).

Wade and Zhao's (2015) initial report on the KCWMC Project indicated that the opportunities provided by the project benefit the cluster communities in a range of ways. School-based staff respondents reported that the Multi-Agency Team is an important support for students and their families and that professional development opportunities help school staff learn about community resources and how to link students and families with needed services. Over two thirds of school-based staff survey respondents reported that they had attended a professional development opportunity given by the KCWMC Project. Access to services was named the most valuable aspect of the project by school-based staff, and the collaborative nature of the project was viewed by school staff and project representatives as a major strength.

Purpose and Scope of the Study

The multi-year evaluation focused on the three objectives of the KCWMC Project—supporting students and families with the Multi-Agency Team, providing a rich out-of-school-time environment, and creating partnerships among agencies and schools. This document, the second of two evaluation reports, examines the Multi-Agency Team process and student and family outcomes related to it. The following evaluation questions guided this section of the study.

1. How was the Multi-Agency Team in Kennedy Cluster and Watkins Mill Cluster Project implemented?
   - What referrals were made (how many, for students in what grades)?
   - What services were provided or recommended for participating students and families?
   - What did families report about their experience with the project?

2. To what extent did participating students and families show improvement on outcome measures?
    - Did family stability improve, and did the family's ability to meet its needs improve?
    - Did student school attendance change following program entry?
    - Did student grade averages change following program entry?

Methodology

Evaluation Design

This evaluation used a non-experimental design with a variety of data collection methods, including both quantitative and qualitative measures.

Study Schools

Fourteen schools were participating in the KCWMC project during the 2014–2015 school year and 16 schools were participating during 2015–2016 including 10 elementary schools, 4 middle schools, and the 2 cluster high schools (see Appendix B). During those two school years, all 16 schools referred students to the Multi-Agency Team process.

Study Sample

This evaluation focused on students and families who participated in the Multi-Agency Team process during the 2014–2015 and 2015–2016 school years. To ensure that students and families whose progress was examined in this study had sufficient time in the project, analyses of student outcomes included only participants who were referred before the start of the third semester of the 2015–2016 school year (January 19, 2016). The sample included 325 students and their families who had records of Multi-Agency Team participation during those school years.

To provide a more in-depth description of the program, evaluators asked a number of parents who had participated in the Multi-Agency Team process to take part in an interview to talk about their experience with the program. The participants' accounts of their circumstances and experiences offer the opportunity for further understanding and clarity regarding the issues and needs of families in the project. Their stories help to illustrate the work of the project and the outcomes that may follow, as well as the challenges that are faced.

The selection of families to interview was not random; the care coordinators sent evaluators a list of 10 families who had agreed to discuss their experiences. Although the initial list included families of students in elementary, middle, and high school, the three families that were successfully contacted and interviewed were parents of one middle school student and two elementary students.

Measures

Student and family outcomes were assessed with locally developed measures, a published rating scale, and with MCPS student data. Outcome measures are described below.

The pre-participation parent survey assessed parents' perceptions toward school, their engagement in students' education, and their awareness of community resources. The survey was developed by OSA evaluators in collaboration with the KCWMC Project Evaluation Advisory Committee. The pre-participation survey was administered to parents at referral to the Multi-Agency Team process, usually while meeting with the school counselor. A total of 125 parents (38%) completed the pre-participation survey.

The parent follow-up survey was conducted by an OSA staff member approximately six months after the multi-agency team meeting. The survey was developed by OSA evaluators in collaboration with the KCWMC Evaluation Advisory Committee. Before administration of the follow-up survey, the KCWMC care coordinator explained the purpose of the follow-up survey to parents and secured permission for OSA staff to contact them with the survey. The survey, conducted by telephone, included questions about the multi-agency team process, services they received, and satisfaction with the services provided. Questions from the initial pre-participation parent survey also were asked in the follow-up survey to allow examination of change in perceptions toward school, engagement in students' education, and awareness of community resources. A total of 66 parents (20%) completed the follow-up survey.

Parent in-depth interviews for case descriptions were conducted by OSA bilingual staff to obtain more detailed and nuanced perspectives on the family's participation in the project, challenges faced, satisfaction with the services they received, and areas for improvement. The KCWMC care coordinators explained the purpose of the interviews to parents who had participated in the Multi-Agency Team process and invited them to participate. The care coordinators secured permission from six parents for OSA staff to contact them for an interview. Three parents were successfully contacted and interviewed. The interview protocol was developed by OSA evaluators in collaboration with program administrators. Interviews were conducted during spring 2016.

A *rating scale of family stability* was administered to families referred to the Multi-Agency team during school year 2015-2016. Ratings were obtained at the time of the team meeting and about six months later. The instrument used was adapted from The Family Assessment and Support Tool (FAST), which was developed by the Praed Foundation (Praed Foundation, 2017). The FAST is an open domain tool. Ratings for 113 of the 194 families were available for analysis.

DHHS staff rated each participating family on a four-point scale along seven dimensions: 1) family members are safe from being physically injured in the home; 2) conflict (may be physical, emotional, or verbal) occurs between family members; 3) income and other sources of money available to family members (particularly caregivers) that can be used to address family needs; 4) the adult's work effectiveness including, but not limited to, attendance, productivity, and relationships with co-workers; 5) mental health needs, problems with alcohol, illegal drugs and/or

prescription drugs; 6) the current physical health of family members; and 7) the stability of the family's housing. Ratings ranged from no risk or difficulties to severe risks or difficulties.

Student school attendance was examined for students who participated in the Multi-Agency Team process, specifically, the percentage of days attended and the number of unexcused absences in the school year of the referral and in the school year after KCWMC participation. To examine attendance rates across time, student attendance data for each marking period in the 2014–2015 and 2015–2016 school years were recoded to reflect their attendance at four points in time: program entry, and at three marking periods that followed (regardless of the school year or school marking period). In other words, a student whose family participated in the Multi-Agency Team process during marking period 1 of 2014–2015 would have attendance data for that marking period as the "program entry" data point, and attendance data for marking period 2 of the 2014–2015 school year would serve as the "1st marking period following program entry" data point, and so on. Students whose families entered the program during later marking periods would have their attendance data for the marking period they began the program as "program entry", and data for subsequent marking periods recoded as described.

Student academic progress was examined for students who participated in the Multi-Agency Team process. For middle school students, marking period averages at the time of referral were compared with those later in the school year; for high school students GPA at the time of referral was compared with GPA in the following school year. In the same way that attendance data were used to follow students over time in the program, their grade averages for each marking period were recoded to reflect their data at four points during their program participation: program entry, and at three marking periods that followed (regardless of the school year or school marking period).

Data Sources

KCWMC project records provided records of services received by students and families who participated in the Multi-Agency Team process during the 2014–2015 and 2015–2016 school years. Staff from the KCWMC project provided secure files containing Multi-Agency Team service records for analysis by OSA.

KCWMC assessment data were used for analysis of family stability and parent perceptions and experiences before and after participation in the Multi-Agency Team process; data from the rating scale of family stability and the pre-participation parent survey were provided by project staff to OSA for analysis. The family stability rating scale was adapted from The Family Assessment and Support Tool (FAST) which was developed by the Praed Foundation (Praed Foundation, 2017). The FAST is an open domain tool.

MCPS student records provided demographic data for the students and were used to examine student attendance, numbers of unexcused absences, and marking period averages and GPA on secondary report cards for secondary students.

Analysis of Data

Evaluation Question 1: How was the Multi-Agency Team in Kennedy Cluster and Watkins Mill Cluster Project implemented?

- To obtain sufficient cell counts to conduct statistical tests when both referral and follow-up surveys were available, categories were collapsed (Agree compared to Not Sure or Disagree). McNemar's test of proportionality was used to assess the significance of the difference between the two correlated proportions to account for the pre-post survey design.

Evaluation Question 2: To what extent did participating students and families show improvement on outcome measures?

- Family stability ratings were collected at two points in time: at the time of the Multi-Agency Team meeting, and approximately six months later. Descriptive statistics were used to report the ratings at each time point. For families with ratings at both referral and follow-up, chi-square analyses were conducted and McNemar's test of proportionality was examined to determine whether responses changed over time. Effect sizes (i.e., Phi) from chi-square analyses were used to compare the changes in risk level and assess whether changes were meaningful. Phi was interpreted as follows: .10 for a small effect, .30 for a medium effect, .50 for a large effect (Nandy, 2012).
- Attendance rates (percentage of days attended) were analyzed using repeated measures ANOVA to examine change in attendance over time for participating students. Only students with at least two marking periods after program entry were included in the analyses.
  Program participants' attendance data over multiple marking periods were analyzed using repeated measures ANOVA. To focus on students whose attendance was low when they entered the program, analyses also were conducted with subsets of students whose prior attendance was below the median at each school level.
- Report card grades (marking period averages) for middle and high school students were analyzed using repeated measures ANOVA with participating students. Too few elementary students had report card grades over two years for analysis. Only students with at least two marking periods after program entry were included in the analyses. To focus on students whose academic performance was low when they entered the program, analyses also were conducted with subsets of students whose prior marking period average was below the median at each school level.

To examine the magnitude of change in attendance and marking period averages, effect sizes were calculated in addition to tests of statistical significance. Cohen's *d* was computed to measure the magnitude of program effect and determine if the program effect is practically significant (American Psychological Association, 2010). The standard interpretation of Cohen's *d* (Cohen, 1988) is: an effect size of 0.8 is considered large; 0.5 moderate and 0.2 small.

Strengths and Limitations of the Methodology

Strengths. To ensure that the evaluation addressed the issues of most importance and interest to the administrators and stakeholders of the project, the evaluation plan was developed in collaboration with the KCWMC Project Evaluation Advisory Committee, comprising

administrators from DHHS, MCPS, and partner agencies. In addition, both the parent surveys and parent interview protocol used with the Multi-Agency Team participants were developed with input from committee members, strengthening the construct validity of the instruments. The evaluation used a rating scale to measure family stability that was adapted from a widely used published measure.

In a program like the KCWMC project, with a wide array of services and activities, participation is tailored to the needs of the student and family. Students and their families may be engaged in different services and combinations of services for different amounts of time. To ensure that students and families whose progress was examined in this study had sufficient time in the project, analyses of student outcomes included only participants who were referred before the start of the third semester of the 2015–2016 school year (January 19, 2016).

Limitations. Conducting an evaluation of a multi-faceted program that seeks to address different needs depending on the participant is challenging. Some issues that have arisen in evaluations conducted by other researchers include the complexity of data collection and sharing among multiple stakeholders, study attrition as a result of family mobility, varied levels of implementation, and identification of appropriate control groups (Castrechini and London, 2012). In this evaluation, our ability to quantitatively examine subgroups with specific needs or receiving specific services is limited, given the relatively small sample. Other limitations of this study include lack of access to human service records and the relatively brief time period of the study relative to the time it might take for the interventions to impact student outcomes.

In addition, there are three main methodological limitations of the measures and analytic approaches used. First, we rely on parents' self-ratings regarding their familiarity and comfort with school and community supports and services. Self-reports may be subject to some inaccuracies due to social desirability bias. In addition, response rates were somewhat low, so it is not clear whether these results are reflective of the experiences of all participating families. Second, though not based on self-report, the family stability ratings are done by staff who are aware of and possibly involved in providing services. Staff generating these ratings may be unconsciously biased toward rating family stability more favorably at the follow-up. Third, no appropriate comparison groups were available for the analyses in this report. Since the group in interest in this study comprised students and family members who were referred for and received KCWMC Project services, the "defining characteristic"—the need for services—is not a characteristic that can be matched in a comparison group in this study. Therefore, the pre-post evaluation design was used, but it must be understood that observing changes in the study (KCWMC) group without an examination of change in an untreated group leaves open the possibility that the change may have been due to other factors (e.g., maturation, time of year) and that it could have occurred without KCWMC Project participation.

Because the KCWMC Project is intended to address a range of concerns that vary by student, the outcomes impacted by the project are also expected to vary by student. For example, if a student was referred for attendance issues, then one expected outcome is improved attendance. On the other hand, if a student with good attendance was referred because they were struggling academically, we might expect GPA but not attendance to change. In an effort to attend to the multifaceted nature of the KCWMC Project, we also examined outcomes for specific subsets of

participating students who entered the program with either low attendance or low academic performance. Although it was important to examine the progress of students who entered the program with the need for improvement in those areas, selecting low-attending or low-performing students for analysis can increase the likelihood that an observed change may reflect a statistical phenomenon called regression to the mean. In this study, the problem was reduced by identifying the low-attending and low-performing groups using scores that occurred *prior* to scores that were used in the analysis (Linden, 2013).

Results

Evaluation Question 1: **How was the Multi-Agency Team in Kennedy Cluster and Watkins Mill Cluster Project implemented?**

What were the characteristics of participants?

The demographic characteristics of students who participated in the Multi-Agency Team during the 2014–2015 and 2015–2016 school years are shown in Table 1. Middle school and high school students and their families made up the largest proportion of the Multi-Agency Team participants during both years of the study, but the proportion of preschool or elementary students was higher in 2015–2016 than in 2014–2015. More than 90% of the students who participated in the Multi-Agency Team were receiving or previously received FARMS (Free and Reduced-price Meal System services), and more than half of the participating students were enrolled in or had previously been enrolled in ESOL classes. During both years of the study more than half the participants were Hispanic/Latino and about one third were Black or African American. More boys than girls participated in the Multi-Agency Team in both years of the study.

Table 1
Grade Level and Demographic Characteristics of Students
Referred to KCWMC Multi-Agency Team, 2014–2015 and 2015–2016

Characteristics	2014-2015 $N = 131$		2015–2016 $N = 194$	
Grade Level	*n*	%	*n*	%
Pre-K, Kg, 1, 2	16	12.3	41	21.2
3, 4 , 5	13	9.9	27	13.9
6, 7, 8	63	48.1	63	32.5
9, 10, 11, 12	39	29.8	63	32.5
Race/Ethnicity				
Black or African American	39	29.8	65	33.5
Asian	1	0.8	2	1.0
Hispanic/Latino	79	60.3	110	56.7
White	6	4.6	10	5.2
Two or more races	6	4.6	7	3.6
Gender				
Female	60	45.8	84	43.3
Male	71	54.2	110	56.7
Service Provided				
ESOL (current)	42	32.1	74	38.1
Special education (current)	29	22.1	51	26.3
FARMS (current or prior)	124	94.7	187	96.4
Cluster				
Kennedy	69		95	
Watkins Mill	62		99	

Compared to the school populations of the two clusters, a larger percentage of students whose families were referred to the Multi-Agency Team process were Hispanic/Latino, and larger percentages of students receiving ESOL, special education, and FARMS also were represented among the students and families who were referred to the Multi-Agency Team process compared to the school populations. The demographic composition of the Kennedy and Watkins Mill Cluster schools is shown in Appendix A, Table A-1.

What services were provided or recommended for participating students and families?

Families received or were referred to a wide range of services through their participation in the Multi-Agency Team process (see Table 2). More than three quarters of the families (79% - 88% over the two years of the study) received assistance with family services, such as childcare help, family counseling, or legal assistance. Other types of services and referrals provided for families in the Multi-Agency Team process were financial service referrals (70% - 82%), health referrals (69% - 76%), mental health referrals (47% - 55%), and links to recreation activities or programs (55% - 44%).

Table 2
Number and Percentage of Families Who Received Different Types of Services and Referrals Through Participation in the Multi-Agency Team Process During the 2014–2015 and 2015–2016 School Years

		2014–2015 $N = 131$		2015–2016 $N = 194$	
Service/Referral Type	Examples of Services/Referrals	Number of Families	% of Families	Number of Families	% of Families
Family Services	childcare help, child support, family counseling, legal assistance, domestic violence, employment assistance, victim assistance, early childhood service referral, transportation assistance	104	79.4	171	88.1
Financial Services	cash assistance, food assistance, food stamps, housing/rental assistance, clothing, furniture, medical coverage, budgeting assistance, utilities	92	70.2	159	82.0
Health Services	Alcohol/drug treatment referral, medical care referral, dental care referral, immunizations assistance, vision/hearing referral	90	68.7	147	75.8
Mental Health Services	mental health referral for child, mental health referral for adult	61	46.6	107	55.2
Recreation	Excel Beyond the Bell registration, camp registration, swim lessons, pool passes, therapeutic camp referral	46[a] ($N = 84$)	54.8	86	44.3

[a] Referrals for Recreation were not included in all records during 2014-2015

Most families who participated in the Multi-Agency Team process received or were linked to more than one type of service. Table 3 shows the percent of families who received one or more types

of services. During the 2014–2015 school year, most families in the program received two or three types of services; during 2015–2016, most families received three or four types of services. The most frequent combination of services and referrals were Family Services and Financial Services (69% of families over the two years) and Family Services and Health Services (60%).

Table 3
Number and Percent of Families Who Received One or More Types of Services During Participation in the Multi-Agency Team Process During the 2014–2015 and 2015–2016 School Years

Number of Service Types Received	2014-2015 *N* = 131		2015–2016 *N* = 194	
	n	%	*n*	%
1	14	10.7	9	4.6
2	35	26.7	32	16.5
3	40	30.5	55	28.4
4	21	16.0	58	29.9
5	21	16.0	40	20.6

What did families report about their experience with the project?

Survey responses. Parents were asked to respond to survey questions both prior to and after receiving services. Table 4 reports the characteristics of each of these groups of survey respondents. Comparisons are between families with completed surveys and the demographic proportions in the full sample, using a nonparametric binomial test.

Students whose families completed the pre-participation surveys did not vary significantly from all KCWMC participants with regard to demographic characteristics or services received. Among families who completed the follow-up survey, families of students in Grades 3 through 5 were slightly underrepresented among the follow-up survey respondents, but not significantly so. Though the proportion receiving services were evenly divided between clusters, three-quarters of the families who completed both surveys were from the Watkins Mill Cluster. While 96% of all KCWMC participants were eligible for FARMS services, among students whose families completed both surveys, the proportion eligible for FARMS services was slightly higher (100%).

Table 4
Grade Level and Demographic Characteristics of Students Referred to KCWMC Multi-Agency Team, With Completed Pre-Participation Survey and With Completed Follow-Up Survey

Characteristics	All KCWMC Participants *N* = 325		Completed Pre-Participation Survey *N* = 125		Completed Follow-Up Survey *N* = 66		Completed Both Surveys *N* = 31	
Grade Level	*n*	%	*n*	%	*n*	%	*n*	%
Pre-K, Kg, 1, 2	57	17.5	25	20.0	12	18.2	4	12.9
3, 4, 5	40	12.3	19	15.2	5	7.6	3	9.7
6, 7, 8	126	38.8	42	33.6	26	39.4	11	35.5
9, 10, 11, 12	102	31.4	39	31.2	23	34.8	13	41.9
Race/Ethnicity								
Black or African American	104	32.0	40	32.0	22	33.0	12	39.0
Hispanic/Latino	189	58.2	72	57.6	40	60.6	16	51.6
Gender								
Female	144	44.3	55	44.0	26	39.4	10	32.3
Male	181	55.7	70	56.0	40	60.6	21	67.7
Services								
ESOL (current)	107	32.9	41	32.8	24	36.4	8	25.8
Special Educ. (current)	80	24.6	33	26.4	14	21.2	8	25.8
FARMS (current or prior)	311	95.7	122	97.6	63	95.5	31	100.0***
Cluster								
Kennedy	164	50.5	57	45.6*	33	50.0	8	25.8***
Watkins Mill	161	49.5	68	54.4*	33	50.0	23	74.2***

Note: Comparisons between Asian, White, and Two or More Race students omitted due to small sample size. *p<.05, **p<.01, ***p<.001.

Pre-participation surveys. Of the 325 families who participated in the Multi-Agency Team process, 125 (38.5%) completed a pre-participation survey; Table 5 shows their responses. Most responding parents reported knowing who to talk to at school if they had concerns about their child (91%) and felt comfortable seeking assistance or resources from their school or community (84%), but under half of responding parents reported being aware of resources in the community that can help their family when needed (46%) or knowing how to obtain services in the community when they need help (42%) (Table 5).

Table 5
Percentage of Parents Responding "Agree" to Ten Items on Kennedy Cluster/Watkins Mill Cluster Project Pre-Participation Survey (*N*=125)

Survey Item	***n***	***%***
I know who to talk with at school if I have concerns about my child	114	91.2
I know ways to help my child succeed in school	83	66.4
I am aware of supports and services available through my child's school	88	70.4
I am aware of resources in the community that can help my family when needed	57	45.6
I know how to obtain services in the community when I need help	51	41.5
I feel comfortable seeking assistance or resources from my school or community	104	83.9
I feel confident that I will receive assistance from my school or community	94	75.2
I attend a parent-teacher conference for my child *(always/every year)*	57	46.7
I attend activities at my child's school (e.g., back-to-school night, book fair, market day, special events, parent workshop *(often)*	28	23.1
I ask my child about school and homework *(often)*	108	89.3

Follow-up surveys. Of the 325 families who participated in the Multi-Agency Team process, 66 (20.3%) completed a follow-up survey; Table 6 shows their responses. Compared to the pre-participation survey, parents responding to the follow-up survey more often reported being aware of resources in the community that can help their family when needed (85% compared to 46%) and knowing how to obtain services in the community when they need help (82% compared to 42%).

Table 6
Percentage of Parents Responding "Agree" to Ten Items on Kennedy Cluster/Watkins Mill Cluster Project Parent Follow-Up Surveys (*N*=66)

Survey Item	***N***	***%***
I know who to talk with at school if I have concerns about my child	58	87.9
I know ways to help my child succeed in school	59	89.4
I am aware of supports and services available through my child's school	55	83.3
I am aware of resources in the community that can help my family when needed	56	84.8
I know how to obtain services in the community when I need help	54	81.8
I feel comfortable seeking assistance or resources from my school or community	58	87.9
I feel confident that I will receive assistance from my school or community	55	83.3
I attend a parent-teacher conference for my child *(always/every year)*	27	40.9
I attend activities at my child's school (e.g., back-to-school night, book fair, market day, special events, parent workshop *(often)*	14	21.2
I ask my child about school and homework *(often)*	60	90.9

Changes from pre-participation to follow-up survey. To examine changes in the responses of parents who completed surveys before and after participating in the Multi-Agency Team process (*N* = 31), responses to the pre-participation survey and the follow-up survey are shown for those respondents in Table 7. Responses to 2 of the 10 items were significantly more positive in the follow-up responses compared to pre-participation responses: awareness of resources in the community that can help my family when needed (87% compared to 45%), and knowing how to obtain services in the community when they need help (87% compared to 37%). Among families that completed both the pre-participation and follow-up surveys, a disproportionate number were from the Watkins Mill Cluster rather than the Kennedy Cluster (see Table 4); as such, these results may reflect the experiences of participating families from the Watkins Mill Cluster more so than participating families from the Kennedy Cluster.

Table 7
Percentage of Parents Responding "Agree" to Ten Items on Kennedy Cluster/Watkins Mill Cluster Project Pre-Participation and Follow-Up Surveys (*N*= 31)

	Pre-Participation	**Follow-Up**	**Change**	**Signif.**
	%	%		
I know who to talk with at school if I have concerns about my child	93.5	87.1	-6.4	NS
I know ways to help my child succeed in school	74.2	90.3	16.1	NS
I am aware of supports and services available through my child's school	74.2	87.1	12.9	NS
I am aware of resources in the community that can help my family when needed	45.2	87.1	41.9	***
I know how to obtain services in the community when I need help	36.7	87.1	50.4	***
I feel comfortable seeking assistance or resources from my school or community	74.2	90.3	16.1	NS
I feel confident that I will receive assistance from my school or community	71.0	90.3	19.3	NS
I attend a parent-teacher conference for my child *(always/every year)*	53.3	32.3	-21.0	NS
I attend activities at my child's school (e.g., back-to-school night, book fair, market day, special events, parent workshop *(often)*	21.4	19.4	-2.0	NS
I ask my child about school and homework *(often)*	86.2	100.0	13.8	[a]

*** $p < .001$

[a] No statistic computed because follow-up survey responses were constant (all responded "agree").

Additional information elicited in follow-up surveys. In addition to the 10 items described in Tables 5 through 7, parents were also asked in the follow-up survey about their experiences with the KCWMC Project services provided. Responses are provided in Table 8. The item with the highest agreement was "were you treated with respect during the meeting," with all parents agreeing. Only one item received below 90% agreement: 89% of parents reported knowing who to contact for help with the recommendations. Overall, responses to the follow-up survey indicated that parents had positive experiences during meetings and with services received.

Table 8
Mean Percentage of Parents Responding "Yes" to Follow-Up Survey Items Regarding Interactions with Kennedy/Watkins Mill Cluster Project Staff and Team Members (*N*=66)

Survey Item	***N***	***%***
Were your needs understood?	63	95.5
Were you comfortable talking about your situation at the meeting?	64	97.0
Were you satisfied with the recommendations and plans made at the meeting?	63	95.5
After the meeting was it clear to you what your next steps would be?	60	90.9
Did you know who to contact for help with the recommendations?	59	89.4
Were you treated with respect during the meeting?	66	100.0
Have you been satisfied with the services you have received?	62	93.9

Note. Response options were "Yes," "Not sure/maybe," and "No."

Another set of follow-up (post-service) survey items asked parents whether the cluster program helped with various challenges. A summary of their responses is provided in Table 9. The highest percentage of parents reported that the program helped them "know who to talk with at school when I have concerns" (83%) and "learn about resources and services that may help my family" (80%). The lowest percentage of agreement was for the program "helped my child get more involved in school activities" (49%).

Table 9
Mean Percentage of Parents Responding "Agree" to Follow-up Survey Regarding Whether the Cluster Program Helped with the Following Issues (*N*=66)

Survey Item	***N***	***%***
The program helped with challenges and difficulties experienced by my child at school	46	69.7
The program helped with challenges and difficulties experienced by our family	50	75.8
The program helped me know who to talk with at school when I have concerns	55	83.3
The program helped me learn ways that I can help my child succeed in school	45	68.2
The program helped my child get more involved in school activities	32	48.5
The program helped me learn about resources and services that may help my family	53	80.3

Regarding which services have been most helpful, parents were asked to respond to two open-ended questions: "What services have been most helpful for you and your family, including other children in the family?" and "What services have been most helpful for your child (the child who was referred through the Cluster Project)?" In Table 10, responses are grouped by type of service

with the percentage of parents who indicated that the service was among the most helpful, with representative responses from parents by type of service. The most frequently mentioned type of services were financial services, such as help paying rent, obtaining food stamps, or receiving clothing or food. Various family, health, mental health, and recreation services were mentioned in approximately equal measure among the open-ended responses. While family services encompasses a variety of supports, the most frequently mentioned most helpful family service was counseling; transportation was also mentioned by some parents.

Table 10
Number of Open-Ended Responses Regarding Which Services are Most Helpful, from Parent Follow-Up Survey, by Service Type

Service Type	**Most Helpful to Family (*N*=59)**		**Most Helpful to Child (*N*=47)**		***Representative comments (paraphrased)***
	n	%	*n*	%	
Family Services	12	20.3	7	14.9	The most helpful is a counselor for my child and also for me.
Financial Services	43	72.9	14	29.8	The most helpful was money for the rent. They gave us clothing, food and furniture.
Health Services	5	8.5	12	25.5	My son received medical insurance and medical care.
Mental Health Services	6	10.2	11	23.4	The most helpful have been counseling services with a psychologist. My daughter is receiving help with a therapist.
Recreation	8	13.6	11	23.4	One of the most helpful services that I received is summer camp for my kids.

Note. Upper-case Ns (*N*) represent the number of parents responding to the open-ended questions. Lower-case ns (*n*) represent the number of comments coded to that category. A single comment may have been coded in more than one category, and parents may have responded with more than one comment, so percentages add to more than 100%.

Case descriptions from the Kennedy Cluster Watkins Mill Cluster Project

"R" was a Grade 1 student at an MCPS elementary school when his Multi-Agency Team meeting took place in December of 2014. Attendance records from his kindergarten year showed that R had missed 46 days of school, including 30 days unexcused. He was also late to school on five days that he did attend. "I used the Multi-Agency Team Services because my son was doing badly in the school," said his mother in a 2016 follow-up interview. "He was very sad because I was sick and he didn't want to participate with his peers."

Through the KCWMC Project process, the family obtained adult and child mental health services. His mother reported that the project's care coordinator was able to help get counseling for R and it was a significant help. "Now he is on the honor roll and my daughter too…Now my son is receiving therapy. He is doing great at school and also my daughter has been helped." The family also received help applying for cash assistance, food stamps, insurance coverage, and Social

Security payments. In Grade 1, R's mother indicated in a parent survey that she knew whom to talk to at school and in the community when she needed help for her family. She said she always attended the annual parent-teacher conference and often asked her child about school and homework. Attendance in Grade 1 improved markedly when compared with kindergarten; R had 9 absences including 3 that were unexcused, and no additional tardy days.

"K" was a Grade 1 student and an English language learner at an MCPS elementary school when his meeting took place with the Multi-Agency Team. His parents were getting a divorce, and his family had severe material hardships. When she was interviewed after the first year in the program, K's mother agreed that she now knew who to talk with at school about her child, and was starting to become aware of community resources to help her family. She appreciated assistance with paying bills during the first year. "I did not have money to pay the rent," said K's mother, who has four other children, in a 2016 follow-up interview. "We did not have any clothes, furniture, and food for my kids." In addition to providing a referral for legal services for the divorce process, the Multi-Agency Team and care coordinator helped the family obtain food stamps, apply for support for rent and utilities, and receive furniture through a community resource. K was also signed up for a recreation program. The mother was appreciative of the services and said they are "better now." However, she was not yet convinced that the program helped with her child's school challenges or with family difficulties. The project did not result in improvement regarding K's school attendance. He had 16 absences in Grade 1, most of them unexcused. His attendance was very similar in Grade 2. In Grade 3 K is attending a different MCPS elementary school. His absences are on a slower pace in Grade 3, with just two absences during the first marking period.

"B" was challenged both before and after joining the Multi-Agency Team process. He came to the team at the very end of Grade 5; he and his family were involved in the program during his first year in middle school. He was having emotional difficulties and being bullied at school. He ended up in the hospital for two weeks according to comments from his mother. The hospital program sent the family to the Multi-Agency Team. Although they eventually found a helpful therapist, his mother reported that she was given many referrals and initially had to make many calls that did not lead to help for her son. The family received assistance or referrals for numerous services, including food stamps, eviction/foreclosure assistance, homeless services, clothing, and recreational opportunities for B.

B's school experience signaled he still had challenges ahead. He had 20 absences in Grade 5, and the same number in Grade 6 (by which time he was at an MCPS middle school). His grades fell during the school year, and were mostly Cs and Ds but with some failures too. His only "A" subject was physical education. Notes in his school file indicated concerns about behavior as well as incomplete homework and school assignments. In Grade 7 he experienced a family move, and was enrolled in another MCPS middle school. Absenteeism continued at a high rate, with five absences during the first marking period. Notes at school said he indicated he did not have homework when in fact he did, and his mother was asked for permission to get him academic support. But she also said she is having him apply to a private school, so another school move could be in his future.

Evaluation Question 2. **To what extent did participating families and students show improvement on outcome measures?**

Did family stability and the family's ability to meet its needs improve?

The demographic characteristics of students whose families completed the ratings of family stability are shown in Table 11. Only families who entered the program during 2015–2016 are included because the rating instrument was not used in the study until the start of the 2015–2016 school year.

Students whose families had pre-participation ratings on family stability did not significantly differ from all participants with regard to demographics or services. Families of students receiving ESOL services were somewhat overrepresented among those with follow-up ratings of family stability and among those with both pre-participation and follow-up ratings. In addition, though the proportion of families receiving services were evenly divided between the two clusters, families from the Kennedy cluster were somewhat overrepresented in the samples with pre-participation and follow-up ratings of family stability.

Table 11
Grade Level and Demographic Characteristics of Students Referred to KCWMC Multi-Agency Team, With Completed Pre-Participation and Follow-Up Family Stability Ratings

	SY 15-16 KCWMC Participants *N* = 194		Pre-Participation Ratings of Family Stability *n* =113		Follow-Up Ratings of Family Stability *n* = 101		Both Pre-Participation and Follow-Up Ratings of Family Stability *n* = 93	
Grade Level	n	%	n	%	n	%	n	%
Pre-K, K, 1, 2	41	21.1	29	25.7	22	21.8	20	21.5
3, 4, 5	27	13.9	13	11.5	14	13.9	12	12.9
6, 7, 8	63	32.5	32	28.3	27	26.7	25	26.9
9, 10,11, 12	63	32.5	39	34.5	38	37.6	36	38.7
Race/Ethnicity								
Black or African American	65	33.5	34	30.1	29	28.7	27	29.0
Hispanic/Latino	110	56.7	68	60.2	63	62.4	59	63.4
Gender								
Female	84	43.3	47	41.6	41	40.6	38	40.9
Male	110	56.7	66	58.4	60	59.4	55	59.1
Services								
ESOL (current)	68	35.1	47	41.6	45	44.6 *	43	46.2 *
Special Educ. (current)	51	26.3	28	24.8	25	24.8	22	23.7
FARMS (current or prior)	187	96.4	109	96.5	97	96.0	89	95.7
Cluster								
Kennedy	95	49.0	65	58.0 *	61	60.0 *	56	60.0 *
Watkins Mill	99	51.0	48	42.0 *	40	40.0 *	37	40.0 *

Note. Comparisons are between families with completed surveys and the demographic proportions in the full sample, using a nonparametric binomial test. Comparisons between Asian, White, and More than one race students omitted due to small sample size. *p<.05, **p<.01, ***p<.001.

Of the 194 families receiving services during the 2015–2016 school year, pre-service family stability ratings were available for 113 (58%) families. Table 12 summarizes these ratings. The dimensions with the highest proportion of families rated at severe risk were related to income (38% severe risk) and mental health needs (36%). Less than 10 percent of families were rated at severe risk of safety issues (being physically injured in the home) or experiencing family conflict.

Table 12
Number and Percent of Pre-Participation Ratings of No Risk, Some Risk, Moderate Risk, and Severe Risk on Seven Items of Family Stability (*N*=113)

	No Risk		***Some Risk***		***Moderate Risk***		***Severe Risk***	
Survey Item	*n*	*%*	*n*	*%*	*n*	*%*	*n*	*%*
Family members are safe from being physically injured in the home	64	56.6	28	24.8	11	9.7	10	8.8
Conflict occurs between family members	49	43.8	27	24.1	26	23.2	10	8.9
Income and other sources of money that can be used to address family needs	18	15.9	15	13.3	37	32.7	43	38.1
Adult's work effectiveness	26	23.0	30	26.5	35	31.0	22	19.5
Mental health needs	17	15.0	22	19.5	33	29.2	41	36.3
Physical health of family members	45	39.8	28	24.8	28	24.8	12	10.6
Stability of the family's housing	41	36.3	37	32.7	15	13.3	20	17.7

Note. Analyses are limited to participants referred during 2015-2016.

Of the 194 families receiving services during the 2015–2016 school year, follow-up ratings (conducted by the KCWMC Project care coordinator six months after the Multi-Agency Team meeting) were available for 101 (52%) families. Table 13 illustrates that income and mental health needs were still the dimensions with the highest proportions of families rated at severe risk, along with stability of housing; however, the proportions are much lower than the pre-participation proportions at severe risk. That is, while over a third of families were at severe risk on these dimensions in the pre-participation ratings, just over 10 percent of the families who had follow-up assessments were rated at severe risk. Two-thirds or more of families assessed at follow-up were rated at no risk on the dimensions of physical injury in the home, conflict between family members, and physical health.

Table 13
Number and Percent of Follow-Up Ratings of No Risk, Some Risk, Moderate Risk, and Severe Risk on Seven Items of Family Stability (*N*=101)

	No Risk		***Some Risk***		***Moderate Risk***		***Severe Risk***	
Survey Item	*N*	*%*	*n*	*%*	*n*	*%*	*n*	*%*
Family members are safe from being physically injured in the home	78	77.2	14	13.9	7	6.9	2	2.0
Conflict occurs between family members	69	68.3	23	22.8	6	5.9	3	3.0
Income and other sources of money that can be used to address family needs	34	33.7	28	27.7	28	27.7	11	10.9
Adult's work effectiveness	56	55.4	22	21.8	20	19.8	3	3.0
Mental health needs	55	54.5	21	20.8	11	10.9	14	13.9
Physical health of family members	68	67.3	16	15.8	9	8.9	8	7.9
Stability of the family's housing	66	65.3	11	10.9	13	12.9	11	10.9

Note. Analyses are limited to participants referred during 2015–2016 who had follow-up assessments.

Finally, among the 194 families receiving services during the 2015–2016 school year, 93 (48%) were assessed on the family stability rating scale by the KCWMC Project care coordinator both before and after receiving services. Table 14 shows, among the families who had both sets of ratings, the change in the percentage of families rated at no risk from the initial rating to the six-month follow-up. The table shows the percentage of families rated at no risk prior to services, after services, the percentage point difference, whether the change is significant, and the effect size associated with the change in the percentage of families at "no risk."

Conducting chi-square analyses on the raw data was problematic because many cells were zero. To facilitate statistical analysis of the results, categories were collapsed into 0 (no risks or difficulty) and 1 (any rating above 0). Chi-square analyses were conducted on the collapsed ratings and the McNemar test of proportionality was examined. The effect sizes (i.e., Phi) from the chi-square analyses were used to compare the changes in risk level ratings across the seven dimensions and assess whether changes were meaningful.

Statistically significant increases in the percentage of families rated at no risk were revealed for all seven dimensions on the rating scale. The percent change was particularly large (about 36 percentage points) for adult's work effectiveness and family mental health, and the percentage of families rated at no risk improved by more than 25 percentage points for family health and housing stability. The change in the percentage of families facing risks due to limited income had the largest effect size (Phi = .37, considered a moderate effect size). Other effect sizes were considered small but meaningful in educational settings.

Table 14
Mean Percentage of Families Rated at No Risk on Seven Items on Kennedy Cluster/Watkins Mill Cluster Project Pre-Participation and Follow-Up Family Stability Survey (N= 93)

Survey item	Pre-Participation	Follow-up	Change	Sig	Phi
Family members are safe from being physically injured in the home	59.1	76.3	17.2	*	.052
Conflict occurs between family members	46.7	66.7	20.0	**	.115
Income and other sources of money that can be used to address family needs	11.8	35.5	23.7	***	.355
Adult's work effectiveness	20.4	55.9	35.5	***	.181
Mental health needs	18.3	53.8	35.5	***	.160
Physical health of family members	40.9	66.7	25.8	***	.077
Stability of the family's housing	35.5	65.6	30.1	***	.111

Note. *p<.05, **p<.01, ***p<.001. Analyses are limited to participants referred during 2015-2016.

Figure 2 displays the ratings for families with both pre-participation and follow-up assessments of family stability. For each of the dimensions, the percentage of families rated at no risk increases between the pre-participation and the six-month follow-up assessment. Though income is the dimension with the highest percentage of families rated at moderate or severe in the follow-up assessment, the number of families rated no risk tripled between pre-participation and the six-month follow-up. The percentage of families rated at no risk more than doubled for mental health and work effectiveness, and the percentage of families rated at moderate or severe risk along these dimensions was reduced by half.

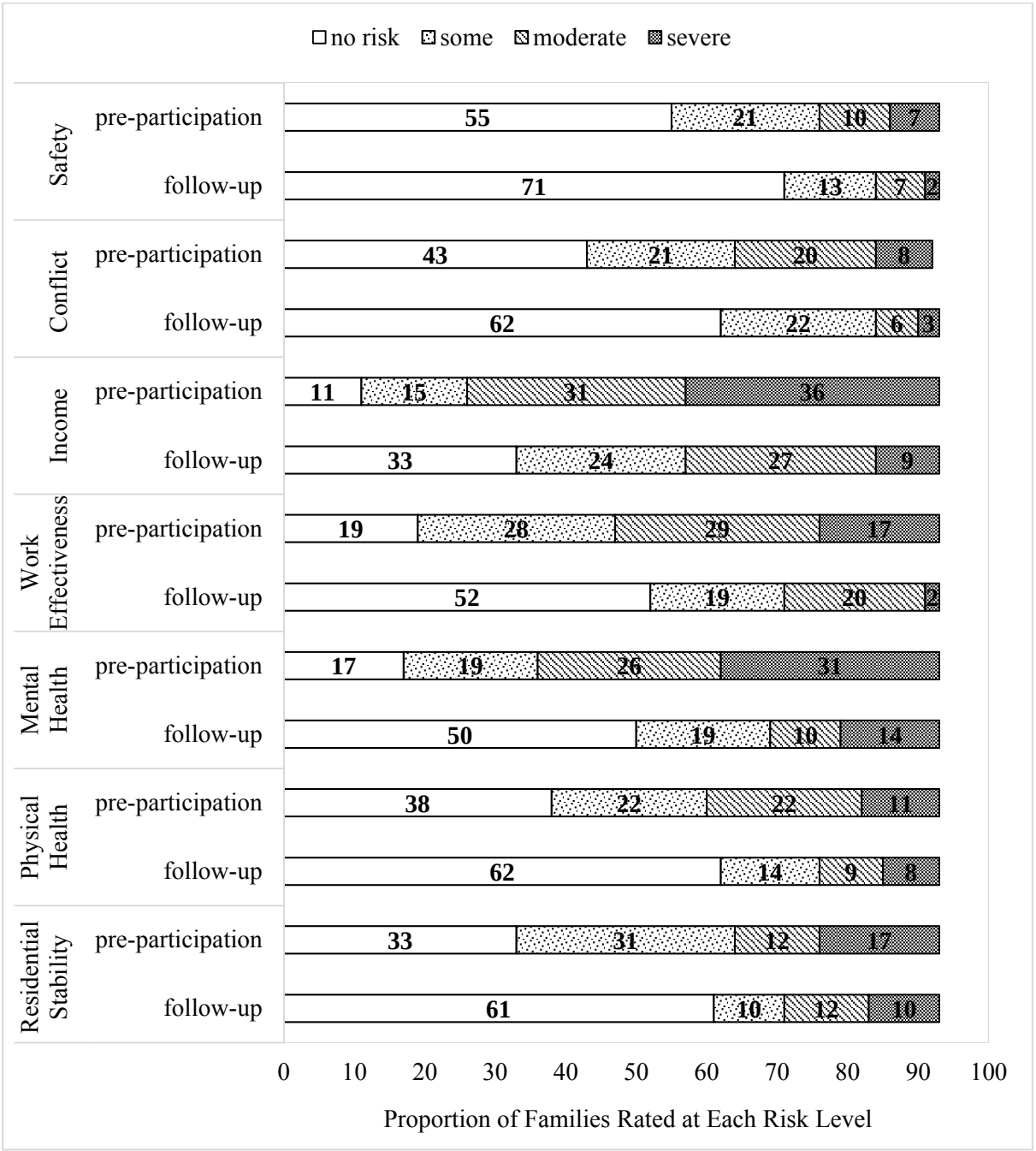

Figure 2. Pre-Participation and Follow-up Ratings of Family Stability.

Did students' school attendance change after entering the program?

Attendance rates of students who participated in the KCWMC Project. Attendance rates for students at elementary, middle, and high school levels whose families participated in the Multi-Agency Team process are shown in Table 15. The mean attendance rate for the marking period at entry to the program (when Multi-Agency Team meeting was held) and for the three marking periods that followed are shown for all students at each school level. At each school level, the mean attendance rate did not differ significantly across the three marking periods. As expected, students referred while in elementary school had the highest attendance rates and high school students had the lowest rates.

Table 15
Percent Days Attended During Three Marking Periods Following Program Entry

School Level	*N*	Program entry		1 MP after program entry		2 MP after program entry		3 MP after program entry	
		Mean	SD	Mean	SD	Mean	SD	Mean	SD
Elementary	29	.91	.06	.89	.09	.89	.09	.89	.08
Middle School	53	.84	.14	.84	.17	.85	.12	.81	.20
High School	32	.76	.22	.77	.21	.75	.21	.73	.20

Note. Standard deviation abbreviated as SD. Only students with attendance data in three marking periods after the Multi-Agency Team meeting are included; this limits the sample to those students who began the program during the 2014–2015 school year or in marking period 1 of the 2015–2016 school year.

Students entering the KCWMC Project with low attendance. Not all students whose families participated in the Multi-Agency Team process had poor attendance when starting the program. To examine attendance patterns of students whose attendance rate was low when they entered the program, each school level group (elementary, middle, and high) was divided into high and low attendance groups, above and below the median attendance rate value for the marking period prior to program entry. The mean attendance rate over time for the low attendance group at each school level was examined; descriptive statistics and results from repeated measures analysis of variance are shown in Table 16 and Figure 3. Analysis was limited to two marking periods following program entry in order to maximize the sample sizes and more reliably reflect the attendance rates of these groups of low attendance students.

Table 16
Percent Days Attended During Two Marking Periods Following Program Entry for Students Starting the Program with Low Attendance

		Program entry		1 marking period after program entry		2 marking periods after program entry			
School Level	*N*	Mean	SD	Mean	SD	Mean	SD	*p*	*d*
Elementary	22	.88	.11	.89	.09	.89	.10	.84	.13
Middle School	33	.79	.15	.79	.18	.81	.14	.59	.24
High School	23	.57	.30	.60	.30	.67	.24	.19	.56

Note. Standard deviation abbreviated as SD. Means were tested with repeated measures ANOVA; *d* refers to Cohen's *d*. Only students with attendance data in two marking periods after the Multi-Agency Team meeting and whose previous marking period attendance was in the lower half are included in analysis; this limits the analytic sample to those students who began the program during the 2014–2015 school year or in marking periods 1 or 2 of the 2015–2016 school year, and had data for one marking period prior to program entry.

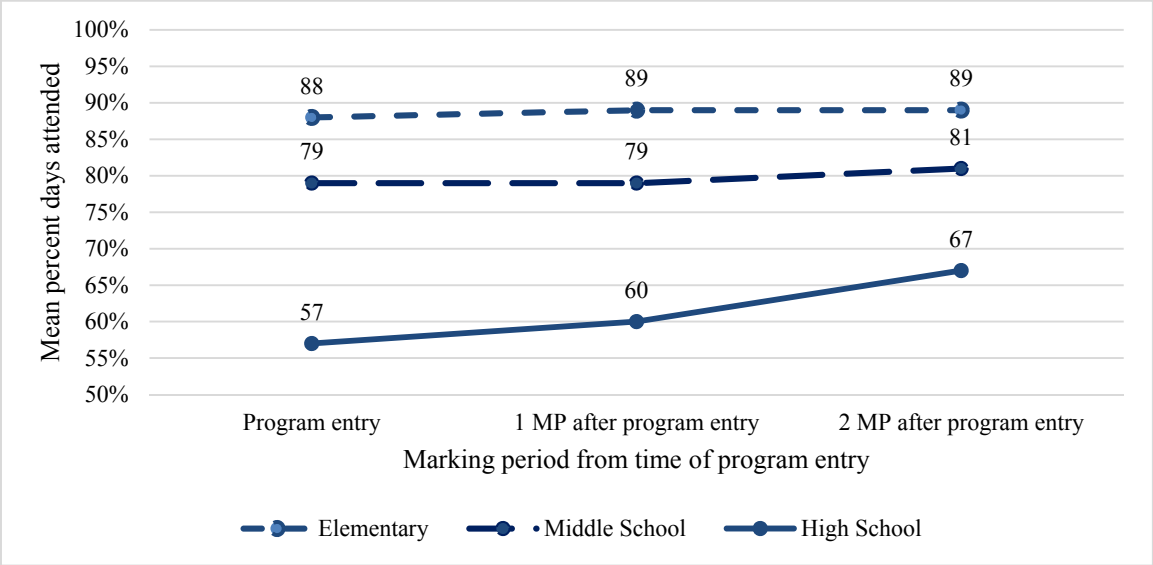

Figure 3. Mean percent days attended during two marking periods following program entry for elementary, middle, and high school students starting program with low attendance.

Mean percent days attended for the low attendance students in elementary, middle, and high school increased or held steady in the two marking periods following program entry. At each school level the change in attendance rate for the low attendance students was not statistically significant. However, effect sizes for changes in attendance for middle school (*d*=.24, considered small) and high school (*d*=.56, considered medium) indicated that the gains were practically significant. Please note that the Cohen's *d* index has been shown to be upwardly biased when the sample size is small (Institute of Education Sciences, 2016), so caution should be exercised in interpretation of effect sizes when study samples are small.

Did students' grade averages change after entering the program?

Grade averages for middle and high school students whose families participated in the Multi-Agency Team process are shown in Table 17. The mean grade average for the marking period (MPA) at entry to the program (when Multi-Agency Team meeting was held) and for the three marking periods which followed are shown for all students at each school level. At each school level, the mean grade average across the three marking periods did not differ significantly.

Table 17
Grade Averages During Three Marking Periods Following Program Entry

		Program entry		1 MP after program entry		2 MP after program entry		3 MP after program entry	
School Level	***N***	Mean MPA	SD	Mean MPA	SD	Mean MPA	SD	Mean MPA	SD
Middle School	71	2.33	.85	2.30	.94	2.27	.97	2.31	.99
High School	35	1.57	1.14	1.70	1.10	1.53	1.23	1.56	1.20

Note. Standard deviation abbreviated as SD. Only students with grade averages in three marking periods after the Multi-Agency Team meeting are included; this limits the sample to those students who began the program during the 2014–2015 school year or in marking period 1 of the 2015–2016 school year.

Students entering the KCWMC Project with low grades. Not all students whose families participated in the Multi-Agency Team process started the program with low grades, so the grade averages for all students may not reflect progress of those students who were struggling academically. To examine changes in grade averages of students whose marking period grade average was low when they entered the program, each school level group (middle and high) was divided into high and low grade average groups, using the median grade average for the marking period prior to program entry. The mean grade average over time for the students at each school level who started with a low grade average was examined; descriptive statistics and results from repeated measures analysis of variance are shown in Table 18 and Figure 4. Analysis was limited to two marking periods following program entry in order to maximize the sample sizes and more reliably reflect the grade averages of these groups of students starting the program with low grade averages.

Table 18
Grade Averages at Two Marking Periods Following Program Entry for Students Starting the Program with Low Marking Period Grade Average

		Program entry		1 marking period after program entry		2 marking periods after program entry			
School Level	*N*	Mean	(SD)	Mean	(SD)	Mean	(SD)	*p*	*d*
Middle School	33	1.76	(.65)	1.89	(.72)	1.90	(.77)	*.51*	*.29*
High School	24	0.68	(.52)	1.11	(.87)	.84	(.98)	.04	.77

Note. Standard deviation abbreviated as SD. Means were tested with repeated measures ANOVA; *d* refers to Cohen's *d*. Only students with grade averages in two marking periods after the Multi-Agency Team meeting and whose previous marking period grade average was in the lower half are included in analysis.

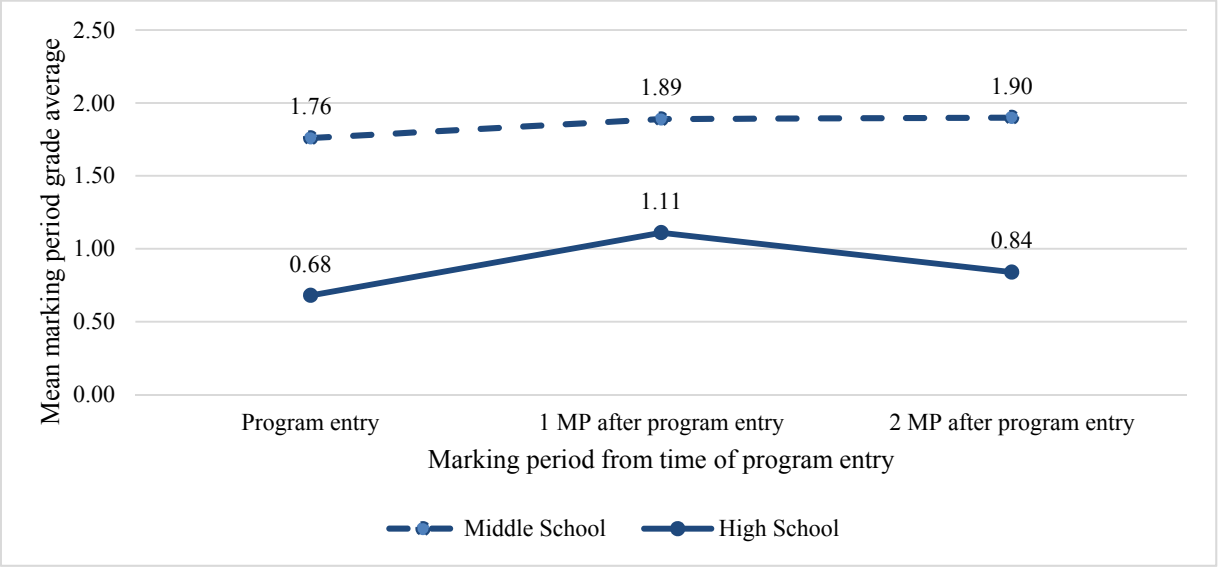

Figure 4. Mean grade average during two marking periods following program entry for middle and high school students starting program with low grade averages.

Mean grade averages for the students who started the program with low grade averages in middle and high school increased slightly or held steady in the two marking periods following program entry. Among the high school students, the change in grade average was statistically significant for these students who started the program with low grade averages ($F=3.42$, $df = 2, 46$, $p = .04$; Cohen's $d = 77$, indicating a meaningful effect of medium size). The change in grade averages was not statistically significant for middle school students, but the effect size indicated a difference of practical significance ($d = 29$).

What was the graduation rate for Grade 12 KCWMC Project participants?

Among the participating students who were in Grade 12 during the 2014–2015 or 2015–2016 school year, status at the end of Grade 12 was examined. Table 19 shows the number and percent of Grade 12 students who graduated, as well as the number and percent whose records indicated they were still enrolled, had dropped out of school, or had transferred to another school outside of MCPS.

Table 19
Status at the End of Grade 12 for Students who Participated in KCWMC Project During 2014–2015 or 2015–2016

Status at end of Grade 12	2014-2015 *N* = 12		2015–2016 *N* = 11		Total, both years *N* = 23	
	n	%	*n*	%	*n*	%
Graduated	8	66.7	8	72.7	16	69.6
Continued enrollment	1	8.3	3	27.3	4	17.4
Dropped out	3	25.0	0	0.0	3	13.0

Note. Two Grade 12 students transferred to schools outside of MCPS so their status was unknown.

Across both years, the percentage of KCWMC Project Grade 12 students who graduated was 70%. An additional 17% were still enrolled in MCPS, and the remaining three students (13%) dropped out of school.

No comparison group could be identified for students who participated in the KCWMC Project because all students identified as needing the support of the project were offered support. However, to provide some context, the graduation rates for Kennedy High School and Watkins Mill High School Class of 2016 (4-year adjusted cohort) were 76% and 89%, respectively.

Discussion

The theory of action guiding the KCWMC Project suggests that students are impacted by the social, emotional, and physical well-being of their families, and that supporting the well-being of families may improve school engagement, attendance, and/or performance. Our findings indicate that the Multi-Agency Team model was successfully implemented. Families responding to the follow-up survey reported having positive interactions with the cluster project staff and team members; all agreed that they were treated with respect during the meeting. Self-reports from participating families suggest that the services provided (outputs) have succeeded in making parents aware of resources in the community that can help their family when needed and knowing how to obtain services in the community when they need help.

Ratings of family stability at the time of program entry and about six months later showed significant levels of improvement on all areas assessed—physical safety, family conflict, income, work effectiveness, mental health, physical health, and housing stability. Though income continued to be the dimension with the highest percentage of families rated at moderate or severe risk in the follow-up assessment, the percentage of families rated at no risk tripled between program entry and the six-month follow-up, and the percentage of families rated at no risk more than doubled for mental health and work effectiveness.

Among students who entered the program with low attendance, some improvement, although not statistically significant, was seen over the two marking periods that followed, especially among high school participants. Examination of student marking period grade averages revealed that middle and high school students who entered the program with low grade averages showed some improvement in the two marking periods that followed. For middle school students the change was not statistically significant, but the effect size indicated practical significance. For high school students, the change was both statistically and practically significant. The effect size in the analysis of high school students' grade averages was of medium magnitude, indicating that the change would be considered meaningful in an educational setting.

As posited in the literature (e.g., Castrechini and London, 2012), analysis of student outcome data for a multi-faceted program like the KCWMC Project poses numerous challenges. In this evaluation, several issues must be considered as the findings are interpreted. First, students enter the program with a wide range of needs, and an array of services were provided in various combinations and amounts to address the unique needs of each student and family. Thus, the logic model suggests that the impacts of the program will vary depending on the needs.

The lack of an appropriate comparison group is the second major challenge in this study. The most rigorous approach to identifying whether changes in outcomes are attributable to the program would involve an experimental design with random assignment to the program or a non-program group. Such a design is not possible within this study, since it would conflict with the goals of the KCWMC Project, to support the well-being of students and families in the two clusters by addressing barriers to student success. Further, the "defining characteristic" of the students who participated in the KCWMC Project was their need for the services of the project—social services, mental health services, financial services, and others—and many were in need of multiple services. No school records exist to identify a comparison group with similar needs. It is possible that student outcomes would have worsened in the absence of the supports provided, but because we do not randomly assign any students to not receive support, we cannot determine whether the services provided prevented absenteeism or grades from declining.

Overall, our findings indicate that while participation in the Multi-Agency Team process was related to positive family outcomes, the program's relationship with student outcomes is less clear. It is possible that student outcomes such as attendance and academic performance may improve over time, but were difficult to detect in the relatively short timeframe in which this evaluation was conducted. Additionally, our sample sizes may have been too small to detect subtle improvements in attendance or grade averages. Future efforts to evaluate the success of the KCWMC Project in meeting student outcomes could examine longer-term outcomes and increase sample size by combining multiple years of data, improving the ability to detect subtle improvements and conduct analyses by subgroup and services provided.

Recommendations

1. Explore ways to increase collaboration between KCWMC Project care coordinators, parents, and school staff in order to support students' school engagement and involvement in school activities.

2. Similarly, explore ways to support parents' involvement in their child's school, since relatively low percentages of parents reported that they regularly attend activities designed to support students' academic progress, such as parent-teacher conferences.

   In the previous KCWMC Project report (Wade and Zhao, 2015), the need for parent workshops was highlighted.

3. Continue administration of KCWMC Project parent surveys; explore ways to increase the number of parents completing surveys, both at referral and at follow-up.

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Appendix A

Table A-1
Demographic Characteristics of Students
in Kennedy Cluster and Watkins Mill Cluster Schools and MCPS, 2014–2015

	High Schools		Middle Schools		Elementary Schools	
Characteristics	KCWMC (2 schools)	MCPS (25 schools)	KCWMC (4 schools)	MCPS (38 schools)	KCWMC (10 schools)	MCPS (133 schools)
Race/Ethnicity						
Black or African American	34.6	22.3	31.1	20.7	32.9	21.2
Asian	9.2	14.3	9.2	14.9	7.6	13.9
Hispanic/Latino	45.2	26.5	48.1	26.8	42.3	30.3
White	8.1	32.6	8.1	32.6	12.6	29.3
Two or more races	2.8	≤ 5.0	3.5	≤ 5.0	4.2	≤ 5.0
Service Provided						
ESOL (current)	13.5	7.3	16.2	8.7	31.7	23.2
Special Education (current)	13.0	10.4	12.0	10.5	13.4	10.6
FARMS (current)	54.3	28.4	63.3	33.1	62.7	40.4

Appendix B

Table B-1
Schools in the Kennedy Cluster and
Watkins Mill Cluster Project 2015–2016

Elementary Schools
Bel Pre
Brookhaven
Daly[a]
Georgian Forest
Glenallan
Glen Haven
South Lake
Stedwick
Strathmore
Watkins Mill
Whetstone
Middle Schools
Argyle
Lee
Neelsville
Montgomery Village
High Schools
Kennedy
Watkins Mill

[a] Students at Daly ES who had siblings at Neelsville MS were included in the KCWMC Project in 2015–2016.

Appendix C

Process for Referral to Multi-Agency Team

The process of referring a student to the Multi-Agency Team involves the following steps:

- A school staff member completes a referral form for the student (see Attachment B-1). In some cases, a provider outside of school may initiate a referral by contacting the student's counselor and completing a referral form.
- The student's counselor reviews the referral for suitability for the Multi-Agency Team.
- The principal reviews and signs the referral form.
- The counselor contacts the parents and explains the program, requests parent consent.
- The counselor gives the needs questionnaire to the parent to complete.
- When the parental consent form is signed and the needs questionnaire is completed, the care coordinator calls the family and schedules the referral for a team meeting.

During the meeting, action plans and recommendations by the Multi-Agency Team are recorded on the Client Action Form (Attachment B-2). The care coordinator follows up with the family after the team meeting to facilitate contact with referral services and to support follow-through with recommended plans.

C-1
Student Referral Form
(Separate referral forms are used for Kennedy Cluster and Watkins Mill Cluster; except for cluster name and case coordinator, the forms are identical)

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THE WATKINS MILL CLUSTER PROJECT
STUDENT REFERRAL FORM

Zulma.Medrano-Lopez@montgomerycountymd.gov
Main Number: (240) 777-1416 **Fax: (240) 777-3093 or (240) 777-1111**

INSTRUCTIONS: TO BE COMPLETED BY SCHOOL PERSONNEL.
(When a parent makes a written request for referral, the principal/designee should complete the form.) Complete Part I and submit this referral to the student's counselor.

Case Type (check one): ☐Multi-Agency ☐Individual ☐One (1) time **ONLY** serve/or need request
**Please note that one time cases will not be seen more than once unless a Multi-A or Individual case referral is made.*

PART I—REFERRAL INFORMATION

Student's Name: _____ _____ _____
Last *First* *M.I.*

Student's DOB: _____ **Gender:** ☐ Male ☐ Female **Race:** _____

School: _____ **Grade:** _____ **Student ID #:** _____

ESOL: ☐ Yes ☐ No **IEP:** ☐ Yes ☐ No **504 Plan:** ☐ Yes ☐ No

Request for Interpreter: ☐ Yes ☐ No **Language:** _____

Type of Insurance: ☐ Medical Assistance ☐ Private ☐ Care for Kids ☐ None

Social Security No.: _____ **MA/Member ID:** _____ **Group #:** _____

Reason(s) for Referral:

☐ The student is at least one year behind academically in a given subject area.
☐ The student is exhibiting poor academic performance or a significant decline in academic performance.
☐ The student is exhibiting on-going disciplinary problems.
☐ The student is chronically absent/truant.
☐ The student is exhibiting somatic or mental health problems.
☐ The student may be abusing alcohol/drugs.
☐ Staff is aware of a family situation that is of concern. (Please elaborate in the comments section below.)

REQUIRED - Explain Reason for Referral: (Please use the reverse side if additional space is necessary.)

Name of Person Making Referral _____ **Position** _____

Signature _____ **Date** _____

PART II—TO BE COMPLETED BY THE STUDENT'S COUNSELOR

Signature of Counselor _____ **Date** _____

Please submit the original completed form to the school principal. Keep one copy for your records.

PART III —TO BE COMPLETED BY THE PRINCIPAL

I agree with the appropriateness of this referral.

Principal's Signature _____ **Date** _____

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WATKINS MILL HIGH SCHOOL CLUSTER PROJECT
FAMILY INTAKE INFORMATION
PART IV

Student's Info: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #* *City* *State* *ZIP Code*

	Last Name	First Name	MI	DOB	Social Security #	Sex *(Circle)*	Ethnicity *(Circle)*	Race *(Circle)*	Grade	SID #	School
Parent/ Guardian #1						M F	Hisp/Lat Non H/L	AI As B NH/PI W	N/A	N/A	N/A
Parent/ Guardian #2						M F	Hisp/Lat Non H/L	AI As B NH/PI W	N/A	N/A	N/A
Sibling 1						M F	Hisp/Lat Non H/L	AI As B NH/PI W			
Sibling 2						M F	Hisp/Lat Non H/L	AI As B NH/PI W			
Sibling 3						M F	Hisp/Lat Non H/L	AI As B NH/PI W			
Sibling 4						M F	Hisp/Lat Non H/L	AI As B NH/PI W			

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WATKINS MILL HIGH SCHOOL CLUSTER PROJECT
CONSENT FOR PARTICIPATION AND DISCLOSURE OF INFORMATION
PART V

My signature below represents my consent to participate in the Watkins Mill Project and gives permission to the Project Service Providers to use and share confidential information about the above-named children and me associated with the provision of benefits and services. It has been explained to me, in a language I understand, that I am consenting for my child and my family to participate in a project that will provide coordinated services to us that may involve Montgomery County Public Schools (MCPS), Montgomery County (MC) departments, Maryland State (MD) agencies, and local non-profit organizations. This means my family will work with officials from government agencies that will coordinate resources to complement the educational services my child receives. I am aware that I can obtain more detailed information about the individual participants by reading the Memorandum of Understanding (MOU) for the Watkins Mill Project that will be made available to me upon request. It has been explained that the intended purpose of this project is to jointly provide services in my child's school, home and community that will help my child and my family and improve my child's education.

This consent to participate will be kept by the Project managers in a confidential file that is separate from my child's school records.

By signing this consent form I agree to allow the participating agencies to accept a copy of this form as a valid consent to share information. I will not be told each time my information is shared unless I specifically ask to be told. This consent is valid for a period of twelve months. This consent may be revoked by me in writing at any time, and such revocation will prevent future disclosure to the extent that information has not already been released. Revocation will stop Service Providers from sharing information after they know that me consent has been withdrawn. It will not, however, prevent the use of information that was shared before I withdrew my consent.

The Agencies participating in the Project that will be authorized to obtain access to your information on a need-to-know basis for the purpose of providing services to your family are:

Montgomery County Office of the County Executive
Montgomery County Council Office
Montgomery County Department of Health and Human Services
Montgomery County Department of Recreation
Montgomery County Department of Housing and Community Affairs
Montgomery County Office of the State's Attorney Montgomery
County Department of Police
Montgomery County Public Schools
Montgomery County Board of Education Montgomery County
Regional Services Centers Montgomery County Collaboration Council
Montgomery County Department of Libraries Montgomery County
Interagency Coordinating Board Department of Juvenile Services

I allow MCPS to contact me in the future regarding my participation with the project: ☐ Yes ☐ No

Parent/Legal Guardian's Signature _____ **Date** _____

Parent/Legal Guardian's Printed Name _____

Parent/Legal Guardian's Email Address _____

Home Phone _____ **Cell /Other Phone** _____

Witness' Signature _____ **Agency** _____

Witness' Printed Name _____ **Date** _____

DHHS 06/08

Needs Questionnaire

Please check services that you or someone in your family needs. **Date:**_____

	STAFF USE ONLY	
	Needs	Referred To:
Financial Services		
☐ Burial Assistance		
☐ Cash Assistance (TCA -TDAP)		
☐ Food Assistance		
☐ Food Stamps		
☐ Emergency Prescription Assistance		
☐ Housing – Eviction or Foreclosure Assistance		
☐ Housing – Homeless Services		
☐ Housing – Moving Help or Security Deposit		
☐ Housing – Rental Assistance		
☐ Medical Assistance – Coverage for Adults		
☐ Medical Assistance – Coverage for Children and Families		
☐ Personal Finances and Budgeting Assistance		
☐ Utilities Assistance		
Health Services		
☐ Alcohol/Drug Treatment		
☐ Cancer Screening and Treatment		
☐ Birth Control/		
☐ Medical Care for Adults		
☐ Medical Care for Child		
☐ Dental Services		
☐ HIV/STD Testing		
☐ Mental Health Services – Adult		
☐ Mental Health Services – Child		
☐ Immunizations (vaccinations)		
☐ Pregnancy/Prenatal Services		
☐ Vision/Hearing Services		

	STAFF USE ONLY	
	Needs	Referred To
Family Services		
☐ Child Care – Help Finding Child Care		
☐ Child Care – Help Paying for Care		
☐ Child Support Payments		
☐ Counseling (need someone to talk with)		
☐ Day Care - Adult		
☐ Disability Support Services		
☐ Domestic Violence		
☐ Gang Prevention		
☐ Physical Abuse or Neglect – Adult		
☐ Physical Abuse or Neglect – Child		
☐ Services for Children ages 0-5 years – Early Childhood		
☐ Senior Services		
☐ Transportation Information		
☐ Victim of Crime and Sexual Assault		
Other Services		
☐ Clothing		
☐ Furniture		
☐ Employment – non TCA		
☐ Immigration		
☐ Legal		
☐ Social Security		
☐ Other :		
☐ Other:		
☐ Other:		

For Office Use Only: _____

HHS Worker/Phone _____

If you would like more information before applying for services, please call the DHHS information and Referral line, 240-777-1245.

Intake Summary/Referral Notes:

I understand this information may be shared for referral or management purposes. DHHS staff may call me for follow-up Purpose(s) at

(phone #) _____ **and leave a message: on voice mail ☐Y ☐N or with a person ☐Y ☐N**

Customer Name (please print) _____ **Customer Signature**_____

C-2
Project Client Action Form

CLIENT ACTION FORM

Mayra Rondon-Tineo, Care Coordinator
Kennedy Cluster Project
Direct No.: (240) 777-1449
Cell No.: (240) 277-7964
Mayra.Rondon@montgomerycountymd.gov

Zulma Medrano-Lopez, Care Coordinator
Watkins Mill Cluster Project
Direct No.: (240) 777-1661
Cell No.: (240) 328-7526
Zulma.Medrano-Lopez@montgomerycountymd.gov

SERVICE AREA INFORMATION

Student's First & Last Name:	Multi-A Meeting Date:
Student's Home Address:	School Year:
Medical Assistance No.:	Student ID No.:
Parent's Name:	Parent's Contact Info.:
School Name:	School Counselor's Name:

ACTION ITEMS **DUE DATE**

LIST OF COMMITMENTS	PERSON RESPONSIBLE	AGENCY	STATUS

FOLLOW-UP # 1 Project Date: Contact Date: ☐Phone ☐Meeting

LIST OF ITEMS from Multi-A- -PROGRESS	Followed through?	NOTES
	☐Yes ☐Partly ☐No	
	☐Yes ☐Partly ☐No	
	☐Yes ☐Partly ☐No	
	☐Yes ☐Partly ☐No	
	☐Yes ☐Partly ☐No	
	☐Yes ☐Partly ☐No	

Ask permission for call from MCPS research office: ☐Yes ☐No Best Contact Number:

CASE EVALUATION UPDATE ☐3 month review and/or ☐6 month review

Completed by:	Case Status: