SENECA

FAMILY OF AGENCIES | UNCONDITIONAL CARE

Proposal in Response to

# Applications for New Awards; Education Innovation and Research (EIR) – Early-Phase Grants

To Work in Partnership with
Valor Collegiate Academies,
Highline Public Schools,
Alliance College-Ready Public Schools,
WestEd, and
University of California, Berkeley, Hope Scholars Program

---

Submitted July 31, 2023
U.S. Department of Education
Office of Elementary and Secondary Education
Education Innovation and Research


## TABLE OF CONTENTS

## A. Significance

Attendance in school has long been an indicator of how well a child will do academically, as well as their overall health and well-being. With an estimated 16 million U.S. students chronically absent[i]—one out of three students nationwide[1]—this widespread problem has a tremendous impact on students, families, communities, and society. Chronic absenteeism and disengagement from school are strongly correlated with lower academic performance and achievement, including lower reading and math scores, grade retention, and dropout.[2] [3] [4] The impact extends beyond school: chronic absenteeism is also associated with mental health challenges, substance abuse, violent behavior, and juvenile justice system involvement.[2] The effects also follow students into adulthood, with a link to an increased risk of mental health, physical health, occupational, and social-emotional problems.[2] [5] [6]

Students from marginalized groups, including students of color, low-income students, and students with disabilities (SWD), are at a greater risk of chronic absenteeism.[7] [8] [9] The U.S. Department of Education (DOE) found that American Indian and Pacific Islander students are over 50% more likely than their white peers to miss three or more weeks of school, Black students 40% more likely, and Latinx students 17% more likely.[7] Research has shown that low-income students eligible for free-and-reduced-price lunch (FRPL) are two to three times more likely to be chronically absent than those who are not FRPL-eligible.[7] SWD are also 50% more likely to be chronically absent than students without disabilities.[7]

The COVID-19 pandemic disproportionately affected students and families from marginalized groups, emphasizing the effects of absenteeism and disengagement in schools.[10]

[i] Defined as missing 10% or more of school days, the most commonly used threshold across U.S. educational research and policies.[2] [4] [9] [12] [16]

Layers of additional stress, trauma, and related challenges from the pandemic have compounded the ongoing adversity these students face, including racism, poverty, mental health challenges, and difficulties meeting basic needs. The pandemic widened pre-existing learning disparities, causing many students from historically marginalized groups to fall further behind once they returned to in-person learning.[10] Eighty-seven percent of school leaders nationwide reported seeing a negative impact on students' socio-emotional development due to the pandemic.[11] These impacts persist; schools saw high chronic absenteeism rates surge during the pandemic—with the latest figures at double the pre-pandemic rate (from 8 million to 16 million chronically absent students), they have yet to return to pre-pandemic levels.[1] [12] Many schools remain unequipped or under-equipped to reach these students and provide the support they need.

**Chronic Absenteeism: Causes**

The factors that impact a student's attendance and engagement in school are numerous and complex, ranging from the individual child level (e.g., behavioral health issues) to the systemic level (e.g., institutional racism). Family factors, including poverty, homelessness, disruptions at home and within families (e.g., incarcerated parents, domestic violence, problems related to substance use), and unmet non-academic needs (e.g., food insecurity, transportation issues, language barriers) are particularly significant.[13] [14] [15]

**Chronic Absenteeism: Current Practices and Service Gaps**

The severity and potential adverse outcomes of chronic absenteeism have led to extensive research on how to best address this challenge; however, this research has often been siloed into school-based, mental-health-based, or ecologically-based approaches, with few studies examining multidisciplinary solutions.[3] [16] [17] Unsurprisingly, this has led to disparate intervention recommendations that often lack a comprehensive approach to addressing the multifaceted

factors that can impact student attendance.[3] Overall, there is a lack of relevant evidence-based practices (EBPs) directly targeting chronic absenteeism. Furthermore, the COVID-19 pandemic has led to increasingly stressed schools with fewer teachers and more students with unmet needs.[18] [19] [20] Now, more than ever, schools need a comprehensive, targeted approach to supporting students struggling with attendance that does not burden already overloaded systems.

While not specifically targeting chronic absenteeism, Check and Connect (C&C)—which is the only dropout prevention intervention listed on What Works Clearinghouse (WWC) found to have positive effects on staying in school[21] [22]—has elements, including mentor relationships, family engagement, and data-driven practices, that we consider relevant. However, the long-term commitment of C&C for families (a minimum of two years) and the model's reliance on school staff to provide mentorship on top of their existing responsibilities are two significant barriers—especially considering the prevalence of multi-stressed families, as well as nationwide workforce shortages in schools, that have emerged following the pandemic.

**Compass Care: A Promising New Strategy**

Seneca Family of Agencies' ("Seneca's") Compass Care model is a promising new strategy for chronic absenteeism that addresses the continuing impacts of the pandemic and the ongoing stressors faced by marginalized students and their families. In the Compass Care model, a dedicated Family Partner (FP) provides flexible, individualized services to chronically absent students and their families. Over an intensive 10-week intervention cycle, the FP acts as a liaison, advocate, and coach, leading a team of service providers and natural supports[23] [24] [25] [26] to provide engagement, comprehensive case management, and care coordination services. Submitted under **EIR Early Phase Absolute Priorities (APs) 1 and 4** and **Competitive Preference Priority (CPP) 1,** Seneca is proposing to implement and expand its Compass Care

program in seven schools serving underrepresented students in California, Tennessee, and Washington. Compass Care addresses existing service gaps in the following ways:

- ***Utilizes dedicated staff*** whose sole responsibility is to provide interventions that combat chronic absenteeism, supporting schools to address absenteeism without burdening already stressed systems. Compass Care staff receive robust and continuous training and supervision to ensure that they are providing effective, high-quality care.
- ***Emphasizes flexibility and intensive interventions*** using a 10-week concentrated intervention cycle that allows for immediate, direct support targeting chronic absenteeism. Focusing on short-term, intensive interventions (1) enables the program to serve more students at a time and annually and (2) may facilitate participation from families who are hesitant to engage in a longer-term commitment.
- ***Utilizes a peer provider model*** with Family Partners who have relevant lived experience (e.g., parenting a child who has struggled with chronic absenteeism) to provide culturally relevant, responsive, and aligned relational interventions. As peer supports, FPs are uniquely positioned to establish rapport, empathize, and provide information and support in a manner that families find relevant, which is particularly important for engaging and supporting families from historically underserved groups.[27] [28]
- ***Incorporates evidence-based teaming practices*** to provide a comprehensive, holistic approach that leverages and expands families' natural support system to sustain progress.

The Compass Care program ***integrates additional evidence-based/promising practices, including the use of peer partners*** to lead service provision. Research shows that caregivers receiving peer support services reported higher satisfaction with care, higher participation in services, and better social connectedness than those receiving care from non-peer professionals.[29]

In many cases, the use of well-trained and supervised peer partners has been shown to be more effective than services provided by a licensed professional.[30] [31] [32] [33] [34]

***The model also draws on Multisystemic Therapy (MST),*** an EBP that demonstrates positive impacts on school outcomes,[35] including improvements related to school attendance, such as family and peer relations and academic performance.[36] [37] Elements of MST that inform the Compass Care program are (1) highly flexible, individualized, strengths-focused, and accessible services and (2) a team-based approach, including structured tools and processes, to explicitly target the connection between school and family.[35] [36]

Compass Care also builds on Seneca's Unconditional Education (UE) model, a comprehensive multi-tiered system of supports currently implemented in 87 schools across California and Washington that pairs trauma-informed academic, behavioral, and social-emotional interventions with an intentional focus on schoolwide culture and climate. The framework for the model, articulated through Seneca's publication of the book *Unconditional Education: Supporting Schools to Serve All Students*,[38] is grounded in our successful implementation of a DOE Investing in Innovations (i3) grant from 2014-2017.

While UE has been effective as a prevention and early intervention model for disrupting the cycle of poor achievement and exclusion through culture and climate improvement efforts,[ii] we have recognized a gap in its ability to offer more intensive, family-focused supports when a student and family are *already disengaged*. Compass Care is a critical intervention that addresses this service gap for youth experiencing chronic absenteeism. The initial implementation of the Compass Care program, launched in 2021 at Valor Collegiate Academies in Nashville,

[ii] Seneca's i3 study showed marked improvements on school culture and climate, reductions in the numbers of students referred for disciplinary action, and academic growth for Latinx students, English-language learners, and SWD.

Tennessee, has already demonstrated notable and promising results. Among the 65 students who participated in the program's first three cohorts, the median percentage of days absent was reduced by 44% (from 14.5% to 8.1%) from pre-intervention to eight weeks after discharge.

**Project Potential, Scalability, Sustainability, and Impact**

Compass Care has immense potential to be scaled and adapted in schools across the U.S. as a short-term, flexible intervention focused on addressing chronic absenteeism, a common critical barrier to academic success. By expanding the program across three distinct regions, we can assess how different school resources can be integrated with the model, enabling us to codify the intervention further and hone the model to be easily adapted to any school's culture and needs. **In alignment with EIR CPP 1,** Seneca will formally partner with the Hope Scholars program at UC Berkeley (UCB), a Minority-Serving Institute (*App. C)*, and Valor Collegiate Academies to facilitate a Youth Advisory Board (YAB). This Participatory Action Research component will help ensure the program's relativity and responsiveness to the target population (see *Sections D*, *E*, and *App. J.1*).

In partnership with WestEd, a nationally recognized research organization, Seneca will evaluate the intervention with the goal of qualifying the program as a WWC EBP. The Compass Care Program Manual[iii] and Fidelity Index developed through this project will support the replication and scaling of the model in schools nationwide, providing interested schools with the necessary tools to implement the program with high fidelity. Additional training and technical assistance (TTA) can be provided through Seneca's Institute for Advanced Practice (SIAP), our robust TTA department, which provides over 13,000 training hours on youth and family services

[iii] The Compass Care Program Manual will be a revised version of Seneca and Valor Collegiate Academies' existing Compass Care Team Manual, which is included for reference in *App. J.2*.

annually. With EBP designation, schools interested in adopting the model will also be better equipped to access county, state, federal (e.g., Community Schools, Medicaid, and Every Student Succeeds Act-related funding), and philanthropic funding streams that prioritize evidence-based interventions, ensuring the long-term financial sustainability of the program.

Seneca has a demonstrated track record of engaging with relevant stakeholders to disseminate information about its 150 programs, including our previous i3 grant. We will use our well-established infrastructure and network to build interest in Compass Care and disseminate best practices and research findings to targeted audiences locally, statewide, and nationally. Examples of prior dissemination strategies include the use of Seneca-authored publications (e.g., books, white papers, academic journals, Seneca's education blog), external press (e.g., news articles, podcasts/radio interviews), targeted public relations and social media campaigns, and presentations (e.g., education and mental health conferences; community events; to public officials, school leaders, and philanthropic organizations).

## B. Project Design

The project will implement Compass Care for approximately 672[iv] high-needs[v], 5th to 12th-grade[vi] students in seven middle and high schools within Valor Collegiate Academies in Tennessee, Highline Public Schools in Washington, and Alliance College-Ready Public Schools in California. The proposed multi-state approach allows for more expansive implementation and increased participant diversity across varied regional areas to inform broader scaling and replication efforts. Seneca has well-established partnerships with these three Local Educational

[iv] Please refer to *Section E. Evaluation* for information on our estimated number of participants.
[v] In this project, we are defining high-needs students as students who are chronically absent.
[vi] Middle and high schools were selected due to the increase of chronic absenteeism in these grades.[3]

Agencies (LEAs) built on a mutual commitment to supporting historically marginalized communities with responsive, innovative programs. These LEAs serve primarily low-income, racially diverse communities, as indicated by FRPL eligibility and ethnicity demographics (*Exhibit 1).* As described in *Section A*, these student populations are at a greater risk of chronic absenteeism and have also been disproportionately affected by the pandemic.

***Exhibit 1. LEA Demographics***

| | Avg. FRPL % | Students of Color % | SWD % | Chron. Abs. % |
|---|---|---|---|---|
| Valor Collegiate Academies (TN) | 66% | 72% | 11% | 19% |
| Highline Public Schools (WA) | 61% | 83% | 15% | 39% |
| Alliance College-Ready Public | 93% | 98% | 13% | 20% |
| *National average* | *52%*[39] | *55%*[40] | *15%*[41] | *20%*[1] |

The grant and matching funds will support three years of Compass Care implementation with a dedicated, full-time FP at each school who will use strengths-based practices to support families of chronically absent students to understand and address barriers to their child's success in school. The project will include oversight by an Advisory Council comprised of education and mental health leaders, input from a YAB consisting of youth who have participated in the Compass Care program and youth from UCB's Hope Scholars program, and an independent evaluation conducted by WestEd. These project components are described in detail in *Section D.*

**Goals, Objectives, and Outcomes**

During the initial planning period (January to June 2024), Seneca leaders will formalize school partnerships, hire FPs, and obtain input on programmatic elements through YAB meetings, as well as listening sessions conducted by WestEd with students, families, and school staff. Following the six-month planning period, Seneca will implement Compass Care at each school during the subsequent academic years (July 2024 to June 2027). The remainder of the project duration (July 2027 to December 2028) will consist of post-implementation evaluation

activities, including a longitudinal study and supporting schools with identifying sustainable funding for ongoing implementation.

The Logic Model for this project (*App. G*) details the **conceptual framework** behind the strategies to achieve the two following project goals, which will be assessed through WestEd's formal evaluation of the project, as described in *Section E*:

| | |
|---|---|
| **GOAL 1:** | **Students improve their attendance, self-management, school connectedness, and academic engagement.** |
| **GOAL 2:** | **Families are empowered to connect with resources and supports to sustain student engagement and achievement.** |

The recurring Compass Care Ten-Week Intervention Cycle (*App. J.3*) and the associated objectives and outcomes described below will be the mechanism for achieving these two overarching goals.

### *1. Outreach and Onboarding Stage*

| | |
|---|---|
| ***Objective 1:*** | ***Collaborate with school leadership to analyze student attendance data and create a Compass Care Outreach List that includes all students who have been absent 10% or more of school days. (AP 4.1)*** |
| **Outcome 1.1:** | At least 10 (Year One) to 15 (Years Two and Three) families per school accept enrollment in the program and complete the Commitment Letter. |
| **Outcome 1.2:** | At least 80% of families that accept enrollment into the program will complete the entire Compass Care 10-week program cycle. |

Even before families are enrolled in the program, the FP, who is responsible for implementing the Compass Care program at each school, establishes strong connections within the school and the surrounding community. The FP creates a Community Resources Asset Map, a robust gathering of local community organizations and other resources that the FP can use to link families to additional services as needed. Once the 10-week intervention cycle begins, the FP uses school attendance data to identify students who are chronically absent (students with absenteeism rates of 10% or greater), resulting in the Outreach List. Prioritizing students with the most absences, the FP reaches out to identified students and families, explaining the program and

determining whether the family will accept enrollment. If so, the FP schedules an Engagement Meeting and asks the family to sign a Commitment Letter. FPs begin with a caseload capacity of 10 families in the first cycle, ramping up to 15 families in the subsequent cycles. The process of identifying chronically absent students, outreaching, and enrolling families will be repeated each cycle. If a family initially declines participation, but their student remains chronically absent, the FP will continue to offer them support each cycle unless the family requests to be removed from the Outreach List. Recognizing the connection between a family's high level of need and their reduced capacity for engaging in the program, FPs creatively tailor their outreach strategies to each family's individual situation. (*App. J.2*, pg. 9-12.)

### *2. Engagement Stage*

| ***Objective 2:*** | ***The FP supports each family in establishing a committed Family Team (FT) that supports students and families participating in the intervention. (AP 4.1, 4.2, 4.3, 4.5, 4.8)*** |
|---|---|
| **Outcome 2.1:** | 100% of participating students and families will complete the Tree of Life activity to outline their values, hopes and visions, strengths, and life stories. |
| **Outcome 2.2:** | 100% of participating students and families will complete the Eco-Map tool to outline their support network. |
| **Outcome 2.3:** | 100% of participating students and families will complete the Why Wheel tool to identify the drivers of school absenteeism. |
| **Outcome 2.4:** | 100% of participating students and families will complete the Collaborative Helping Map to prioritize focus areas and identify action steps for the FT. |

The ultimate purpose of the Engagement Stage is to establish an FT, a group of formal and informal supports responsible for creating an action plan called a Collaborative Helping Map (CHM) that leverages the family's strengths and resources to address barriers and challenges and achieve their goals. The primary activities in the Engagement Stage are an Engagement Meeting and a Kickoff Meeting.

In the Engagement Meeting, the FP seeks to learn about the student and family's histories, strengths, values, and hopes for the future. This strengths-based conversation sets the

foundation for a relationship built on trust and gives the FP valuable insight into the family's situation and what strategies might best support them. Specific tools used during the Engagement Meeting include the Tree of Life (*App. J.4)* and the Eco-Map (*App. J.5*). The Tree of Life is a strengths-based engagement tool that structures a conversation about the family's values, hopes, strengths, and life stories. The Eco-Map identifies current and potential members of the family's support network on whom they can call for support with current and future challenges.

The Kickoff Meeting uses the Why Wheel *(App. J.6)* and the CHM (*App. J.7*) to identify barriers and challenges and create action steps to achieve the family's goals. The Why Wheel identifies the core "drivers" of school absenteeism and disengagement, meaning the most impactful barriers preventing the student from regularly attending school. The CHM prioritizes focus areas and identifies concrete action steps for the FT to meet the family's identified needs. Families are also asked to complete a Pre-Intervention Survey using a Likert Scale to understand their perceptions across key domains: community, support of basic needs, program implementation, problem-solving, and school success. (*App. J.8*)

### *3. Action Stage*

| | |
|---|---|
| ***Objective 3:*** | ***The FP will support each FT in co-designing and implementing a CHM, focusing on utilizing the students' and families' unique strengths to overcome their challenges. (AP 4.1, 4.2, 4.3, 4.5, 4.8)*** |
| **Outcome 3.1:** | 100% of participating families will complete three "Plan-Do-Evaluate" cycles, collaborating on the plans at ongoing FT Meetings. |
| **Outcome 3.2:** | 80% of action steps regarding referrals to support services are completed, resulting in families being connected with basic needs supports/resources (e.g., access to food, legal assistance, mental health support, housing). |

At the end of the Engagement Stage, the FT meets to complete the CHM, which serves as the foundation for ongoing Action Cycles. Action Cycles consist of three phases: Plan, Do, and Evaluate. In the Plan Phase, the FT (1) identifies drivers contributing to areas of concern and success (e.g., unmet mental health needs, financial concerns, and/or lack of resources for meeting

basic needs such as housing, food, transportation, and clothing) and (2) plans action steps to address them. In the Do Phase, the FT completes their action steps with monitoring by the FP. Examples of action steps include supporting families in accessing basic resources such as food and housing, support with morning routines and school transportation, and connecting students and/or caregivers with mental health services. Next, in the Evaluate Phase, the FT evaluates the outcome of their efforts, answering the questions: (1) Did the action step take place? and (2) Did it help? If an action step was not completed, the FT explores what support is needed to move that action step forward. During FT meetings every two weeks, the team repeats this cycle until they are ready to transition from services. Between FT Meetings, the FP uses student and family check-ins to continue building relationships; maintain a pulse on how students and families are doing; offer logistical and emotional support; share up-to-date academic, behavioral, or attendance data, and/or serve as an accountability partner to ensure action steps are completed.

### *4. Transition and Sustainability Stage*

| ***Objective 4:*** | ***Students who are successful will graduate from the program. Students still struggling with attendance and/or grades are re-enrolled for another cycle.*** |
|---|---|
| **Outcome 4.1:** | 75% of participants identify or strengthen relationships with members of their support network. |
| **Outcome 4.2:** | 75% of participants feel supported and experience radical respect from the FT. |
| **Outcome 4.3:** | 75% of families agree that they have been able to get the community support and services they need. |
| **Outcome 4.4:** | 75% of participants feel they have the skills to sustain the student's engagement and achievement. |
| **Outcome 4.5:** | Families continue to feel supported by FPs via regular monthly check-ins that are completed with 80% fidelity. |
| **Outcome 4.6:** | 100% of students falling behind (10%+ school absences or failing more than one class) are provided the opportunity to re-engage with the intervention. |

Families move into the Transition Stage after completing at least three Plan-Do-Evaluate Cycles and all identified action steps, as well as making appropriate progress on their goals. In this stage, the FT closes out their work together through activities designed to reflect on

learnings, celebrate wins, and plan for continued growth (*App. J.9*). Families are asked to complete a Post-Intervention Survey (*App. J.8*). Pre- and Post-Intervention Survey data is used to assess families' experiences with the program and to inform modifications to the model's design or implementation. Outcomes 4.1-4.5 are assessed through the Post-Intervention Survey.

The program defines success as students having fewer than 10% of school absences and failing no more than one class (Outcome 4.6). When students achieve those milestones within the intervention cycle, they transition from the program to the Sustainability Stage. In this three-month-long stage, FPs contact students and families monthly after their intervention cycle, assessing their progress using attendance and academic data and offering support as needed. This ensures that students and families who made improvements have what they need to sustain their progress beyond the 10-week-long program. If, after completing a Compass Care cycle, students are failing more than one class or missing more than 10% of school, the FP invites the student and their family to join the next intervention cycle. The FT will review lessons learned from the initial cycle to inform a renewed strategy for the second cycle.

### C. Key Personnel

EIR Project Director (PD) [redacted], MA, Chief Program Officer, Education Services (CPO), will oversee the Compass Care project. [redacted] has 20 years of experience in education, focused on transforming school systems and supporting students with significant behavioral and social-emotional needs. She is a primary architect of the UE model, a co-author of Seneca's UE book,[38] and a key figure in designing and implementing Compass Care. She has experience leading large, multi-year, federally-funded projects, including Seneca's i3 grant. As PD, [redacted] will hold ultimate responsibility for the project, including maintaining relationships with key stakeholders, providing fiscal oversight, and supervising

Regional Directors (RDs) [redacted], LMFT, [redacted], LCSW, and [redacted], MA, and Senior Director of Education Innovation (SDEI), [redacted], MSW.[vii]

The RDs will lead LEA partnerships and supervise the Directors of School Partnerships (DSP), who provide oversight and leadership-level collaboration for participating school partners, including the supervision of FPs. [redacted] has been working in school-based mental health for 15 years. He co-designed the Compass Care model and has provided coaching and professional development to the Valor FPs since 2021. [redacted] has 14 years of experience working at the intersection of education, mental health, and non-profit management. [redacted] has 16 years of experience implementing school-based behavioral health programs across a diverse range of schools. [redacted] will be responsible for hiring the FPs, who will have relevant lived experience to enhance their ability to connect with students and families (*App. B).* [redacted], SDEI, will ensure fidelity to the Compass Care model and coordinate with WestEd on project evaluation activities. [redacted] has 16 years of experience in education and behavioral health, with expertise in program development, management, and evaluation, and co-authored Seneca's UE book.[38] Key personnel's detailed qualifications, including relevant training and experience, can be found in *App. B.*

SIAP provides a two-week New Employee Orientation for all agency staff. FPs complete an additional week of pre-service training on the Compass Care model alongside individualized training plans focusing on cultural proficiency, one hour of weekly supervision, and four hours of monthly professional development that includes opportunities for group case consultation.

[vii] *App. J.10: Organizational Chart* details the lines of supervision and oversight between staff.

**Diversity, Equity, and Inclusion**

Seneca prioritizes hiring staff from traditionally underrepresented groups who reflect the youth and families served and who share Seneca's values of equity and justice. This commitment is demonstrated by the diversity of Seneca's current workforce: 68% of staff identify as Black, Indigenous, or a Person of Color; over 30% speak more than one language; and staff reflect many additional diverse identities and lived experiences. Please refer to *App. J.11* for Seneca's full Diversity, Equity, and Inclusion Agency Commitments.

## D. Management Plan

Seneca's management plan builds upon the agency's 37 years of experience managing government contracts, including large-scale projects like the proposed program. Seneca has the management infrastructure and controls currently in place to support fiscal, contractual, and overall programmatic success. Strategic partnerships with the following entities will further enhance the proposed project:

**WestEd:** WestEd, a nationally recognized research organization with 57 years of experience partnering with government agencies, foundations, non-profits, and school districts to address complex education and human services issues (*App. B, App. C*), will conduct the external evaluation for this project. WestEd will meet with the PD and the SDEI for one hour biweekly during the project planning period and for one hour monthly through the remainder of the project, increasing frequency as needed.

**Advisory Council:** The Council consists of leading experts in the areas of MST, school-based social work, the integration of behavioral and mental health supports within the education system, and education research. They include [redacted] Professor, School of Social Welfare, UC Berkeley; [redacted], Ph.D., Research Director, WestEd; [redacted]

LMFT, Chief Culture Officer, Valor Collegiate Academies; and [redacted] Ph.D., Behavioral Health Consultant. The Council will meet each summer to review progress and advise on future efforts (*App. B, App. C*).

**Youth Advisory Board:** As YAB members, former Compass Care participants from Valor Collegiate Academies will share their experiences as direct participants and offer their input on the program's design. As part of our strategy under CPP 1, we will work closely with the UCB's Hope Scholars program to recruit UCB students who have experienced challenges that are common risk factors for school disengagement and chronic absenteeism. Hope Scholars, UCB's Center for Educational Equity and Excellence's academic retention program for all students who are current or former foster youth, probation youth, or were orphaned before the age of 18 (*App. J.12*), will partner with Seneca to ensure UCB student participation in the YAB, as detailed in *App. C*. Board members will advise on the model during the planning phase and inform ongoing improvements throughout the project's implementation phase (*App. J.1*). The YAB is intended to be mutually beneficial, offering participants financial compensation and meaningful leadership experience supporting their future academic and professional pursuits.

**Project Management Team (PMT):** The PMT will include the EIR PD, the SDEI, the RDs, WestEd's Principal Investigator, and superintendents/designees from the participating LEAs. The PMT will meet for 2 hours quarterly to review progress indicators, share input and feedback, ensure fiscal accountability, and discuss ongoing, responsive programmatic adjustments. Each stakeholder's specific role in the management plan is outlined in *Exhibit 2* and *Exhibit 3* below.

***Exhibit 2: Project Planning Activities and Milestones: January 2024 through August 2024***

| Activity | Milestone | Leads | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug |
|---|---|---|---|---|---|---|---|---|---|---|
| Identify 7 schools. Begin FP recruitment. | 7 partner schools identified. FP roles posted. | PMT, RD, P | ■ | ■ | | | | | | |
| Participatory Action Research (PAR) listening sessions take place. | PAR listening sessions completed; input obtained. | WE, SDEI, RD | | ■ | ■ | | | | | |
| Convene YAB for collaborative design process. | Initial YAB meeting held. | PD, WE, YAB | | | | ■ | | | | |
| Fidelity tool developed with input from YAB. | Implementation Fidelity Tool ready for launch. | PD, WE | | | | ■ | ■ | ■ | | |
| Identify/develop tool to assess student SEL. | Confirmation of SEL assessment survey/tool. | PD, WE | | | | ■ | ■ | ■ | | |
| Recruit, hire, and train 7 qualified FPs. | Staffing complete, supervisory procedures in place. | PD, RD, P | | | ■ | ■ | ■ | ■ | | |
| Establish alignment with LEA leaders and school staff re: program purpose and goals. | Meetings occur with LEA leadership. Meetings/trainings occur with school staff. | PD, DSP, P, RD, FP | | | | | ■ | ■ | ■ | ■ |
| FP establishes strong connections with school community and completes Community Resources Asset Map. | FP has support structures in place at school. Community Resources Asset Map completed. | FP | | | | | | ■ | ■ | ■ |

***Exhibit 3: Activities and Milestones to Accomplish Program Goals 1 and 2: July 2024-December 2028***

| Activity | Milestone | Leads | Timeline |
|---|---|---|---|
| **Outreach and Onboarding Stage** | | | |
| Analyze attendance data, create Outreach List of all students with 10%+ absenteeism. | Outreach List created. | P, FP, WE | Weeks 1-2 of each cycle, annually. |
| Outreach to families on the list, offer services. | FP caseload is full. Families committed to the 10-week process. | FP | |
| Pre-intervention survey given to students and families. | 85%+ of families complete the survey. | FP, WE | |
| **Engagement Stage** | | | |
| FP supports each family to establish an FT. | FT created for each family. | FP | |

| | | | |
|---|---|---|---|
| FTs complete the Tree of Life. | Completed Tree of Life for each family. | FP, FT | Weeks 3-4 of each cycle, annually. |
| FTs complete the Eco-Map. | Completed Eco-Map for each family. | FP, FT | |
| FTs complete the Why Wheel. | Completed Why Wheel for each family. | FP, FT | |
| **Action Stage** | | | |
| Prioritize focus areas, identify concrete action steps to improve student attendance. | Completed CHM for each family. | FP, FT | Weeks 5-8 of each cycle, annually. |
| **Transition and Sustainability Stage** | | | |
| Celebrations held to honor student and family's efforts, successes, and lessons learned. | Completed Planning for Continued Growth documents and Celebrations for all families. | FP, FT | Weeks 8-10 of each cycle, annually. |
| Post-intervention survey given to students and families. | 85%+ of families complete the survey. | FP, WE | |
| Students not meeting threshold of success are offered to re-enroll. | Students and families re-enrolled. | FP, FT | |
| **Ongoing Program Improvement** | | | |
| Formative Analysis and Reporting | Formative reports are created to support YAB, PMT, and AC in making suggestions for improvements. | WE | Summer, annually. |
| YAB convened to review outcomes and survey responses and provide insight on adjustments. | Meeting held and suggestions for improvement documented and integrated. | WE, SDEI, YAB | Summer 2025, 2026, and 2027. |
| PMT Quarterly Meetings. | Meeting held and suggestions for improvement documented and integrated. | PMT, WE; AC (summer only) | Fall, Winter, Spring, and Summer, annually. |
| Annual AC Meeting. | Meeting held and suggestions for improvement documented and integrated. | PMT, WE, AC | Summer, annually. |

Project Management Team (PMT), Project Director (PD), Senior Director of Education Innovation (SDEI), Regional Director (RD), Director of School Partnership (DSP), Family Partner (FP), Principal (P), External Evaluator (WE), Participating Family Teams (FT), Youth Advisory Board (YAB), Advisory Council (AC)

## E. Project Evaluation

WestEd will conduct an independent evaluation of Compass Care, which will meet WWC standards (Version 5.0) with reservations. The evaluation timeline is shown in *Exhibit 4*. Using a rigorous quasi-experimental design (QED) in Implementation Years Two to Three, WestEd will examine the impact of Compass Care on absenteeism, GPA, credit accumulation, self-management, and school connectedness. In addition to assessing impact, the evaluation will produce feedback that permits periodic progress assessments of program outcomes and will examine implementation fidelity. The evaluation's formative and summative research questions are outlined in *Exhibit 5*.

***Exbibit 4. Evaluation Timeline***

| Task/Activity | Planning Period | Implementation | | | Analysis/ Reporting |
|---|---|---|---|---|---|
| | Jan.-Aug. 2024 | Year 1 2024-25 | Year 2 2025-26 | Year 3 2026-27 | 2027-28 |
| Kickoff meeting with Seneca | ■ | | | | |
| Attend AC meetings | ■ | ■ | ■ | ■ | ■ |
| Interact with the YAB | ■ | ■ | ■ | ■ | |
| Survey, interview protocol, and site visit protocol development | ■ | ■ | | | |
| Institutional Review Board submissions | ■ | ■ | | | |
| Implementation of Compass Care | | ■ | ■ | ■ | |
| Site visits | | ■ | ■ | ■ | |
| Interviews with FPs, students, and families | | ■ | ■ | ■ | |
| Feedback survey for students and families | | ■ | ■ | ■ | |
| Collection of extant data | | ■ | ■ | ■ | ■ |
| Pre-test/post-test student survey for QED | | | ■ | ■ | |
| Formative analysis and reporting | ■ | ■ | ■ | ■ | |
| Summative analysis and reporting (i.e., technical reports, peer-reviewed publications, and conference presentations) | | | | | ■ |

***Exhibit 5. Formative and Summative (Impact) Research Questions for the Evaluation***

| | |
|---|---|
| **Formative Eval. Question 1 (FEQ1)** | **To what extent have the FPs and the project implemented the critical components of the Compass Care model when compared to the thresholds for acceptable implementation?** |

| | |
|---|---|
| **Formative Eval. Question 2 (FEQ2)** | What are the factors (e.g., FP experience, school factors) that facilitate and hinder implementation of the Compass Care model? |
| **Impact Question 1 (IQ1)** | What is the impact of Compass Care on students' absenteeism, GPA, credit accumulation, self-management, and school connectedness after program completion? |
| **Impact Question 2 (IQ2)** | What is the impact of Compass Care on students' absenteeism, GPA, and credit accumulation one year after program completion? |
| **Exploratory Impact Question 1 (EIQ1)** | Does the impact of Compass Care on the student outcomes vary across students/families with high and low levels of engagement with the model? |
| **Exploratory Impact Question 2 (EIQ2)** | Does the impact of Compass Care on student outcomes vary based on the types of support (e.g., basic needs) they were connected with? |
| **Exploratory Impact Question 3 (EIQ3)** | Does the impact of Compass Care on student outcomes vary based on student demographics (e.g., grade level, race/ethnicity)? |

**(1) Producing Evidence that Meets the WWC Standards**

WestEd will implement a blocked QED where each of the seven schools represents a block,[42] and within schools, the students who participated in Compass Care will be matched with comparison students from the pool of students identified as chronically absent. At the start of each cycle, FPs will obtain a list of all students who were chronically absent in the prior month. FPs will recruit from that list until they secure commitments from 10 (in Year One) to 15 (in Years Two to Three) students/families to create the treatment groups. Given Compass Care's prior recruitment rate from the pools of eligible students (i.e., approximately 30%), there will be a sufficient pool of chronically absent students within each school to form a comparison group that meets the WWC baseline equivalence standard.

At the start of Years Two and Three, WestEd and FPs will administer a pre-test survey to all students in the seven schools. The survey will include valid and reliable scales assessing self-management[43] and school connectedness,[44] as well as items that address the students' selection mechanisms[45] for a program like Compass Care. These selection mechanisms and items will be identified during Year One and will address the potential unmeasured differences between the groups.[46] At the end of Years Two and Three, only treatment students and identified comparison

students will be surveyed (with incentives) to reduce the data collection burden on the schools. Additionally, absenteeism (in the 30 days after the cycle and at the end of the year after participation), GPA (in the quarter after the cycle and at the end of the year after participation), credit accumulation (measured at the end of the years), and student demographic data will be collected from the schools/LEAs starting in Year One.

WestEd will conduct the matching process individually by school and cycle and will use Mahalanobis distance matching[47] to identify one comparison student for each treatment student. Consistent with WWC (2022) recommendations, WestEd will calculate effect sizes based on the standardized mean differences between treatment and comparison groups (i.e., Hedges' g) for the pre-test measures of the outcomes. We will use inverse propensity score weighting to adjust for baseline differences between the groups in our analyses if the differences between the groups on the pre-test measures exceed 0.25 standard deviations.[48]

WestEd used Optimal Design[49] to conduct a power analysis for IQ1. The power analysis included the following estimates: seven schools (i.e., blocks), 72 treatment and 72 comparison students per school across Years Two to Three (i.e., 3 cycles × 15 students × 2 years accounting for 20% missing data/attrition), 15% of the variance in the outcome explained by the blocking variable, and 25% of the variance in the outcome explained by student-level covariates.[50] A random effects model, which assumes treatment effect variability across sites, was used, and the effect size variability was estimated to be small (i.e., 0.01). With alpha set to .05 and power at .80, the minimum detectable effect size (MDES) produced by this power analysis was 0.21. This effect size is far below the estimated impact from Seneca's prior research using a pre-post design, which was equivalent to an effect size of 0.76 and showed a 6.4 percentage point decrease in the absenteeism rate. WestEd's power analysis for IQ2 included 54 treatment and 54

comparison students (per school), which accounted for 40% missing data/attrition. With the exception of the reduced student-level sample size, the same parameter estimates were used for the second power analysis, which revealed an MDES of 0.23. Although larger than the MDES for IQ1, an effect size of this magnitude is still very feasible, given Seneca's prior research.

WestEd will use ordinary least squares regression to conduct the impact analyses. To increase the precision of the impact estimates and meet the WWC baseline equivalence standard, the models will include the pre-test measures of the outcomes and student demographics as covariates. WestEd will use complete case analysis and will calculate effect sizes (i.e., Hedges' g). Sensitivity analyses that control for the selection mechanisms will also be conducted.

The proposed regression model used to address IQ1 is outlined by the equation below:

$$Y_i = \beta_0 + \beta_1(\text{Treatment Status}) + \beta_2(\text{School 1}) + \ldots + \beta_7(\text{School 6}) + \beta_8(\text{Year}) + \beta_9(\text{Pre-test Measure}) + \beta_{10}(\text{Demographic Measure 1}) + \ldots + \beta_Q(\text{Demographic Measure Q}) + \varepsilon$$

$Y_i$ is the value for the outcome measure (e.g., attendance rate), and $\beta_0$ is the intercept in the model. Additionally, $\beta_1$ is the coefficient describing the strength and direction of the association between the intervention status (i.e., Compass Care students = 1 and comparison students = 0) and the outcome. Values greater than zero for $\beta_1$ will indicate the Compass Care students have higher attendance rates, while values below zero will indicate the comparison students have higher attendance rates. $\beta_2$ to $\beta_7$ are fixed effects that control for school with dummy codes representing six schools contrasted against a reference school. $\beta_8$ is a fixed effect contrasting Years Two and Three. $\beta_9$ is the coefficient that describes the strength and direction of the association between the pre-test measure of the outcome and the outcome. $\beta_{10}$ to $\beta_Q$ are coefficients that describe the strength and direction of the associations between dummy codes representing the demographic variables and the outcome. Finally, $\varepsilon$ is the residual or error term.

To address EIQ1, WestEd will disaggregate the impact findings for students/families who participated in Compass Care activities to a greater and lesser extent by including a variable representing participation level and an interaction term (i.e., participation level × treatment status) in the analyses. The participation level measure will be a composite variable based on all Compass Care activities, and WestEd will use the implementation thresholds discussed later to create the high and medium/low participation groups. For EIQ2, WestEd will include dummy coded variables representing the types of services received (e.g., basic needs) and interaction terms (e.g., basic needs × treatment status) in the regression analyses. For EIQ3, WestEd will include demographic × treatment status interaction terms in the regression analyses.

**(2) Providing Performance Feedback and Permitting Periodic Assessment of Progress**

WestEd is committed to providing Seneca with performance feedback that will allow for ongoing assessment of the project's progress. In Years One to Three, WestEd will annually provide Seneca with formative evaluation reports. This will put Seneca in a position to adapt implementation strategies in response to emerging findings regarding implementation successes, implementation shortcomings, and the factors that appear to facilitate or hinder success. WestEd will present formative findings and recommendations based on analyses of FP interviews, school site visits, YAB listening sessions, and student and family surveys and interviews. WestEd will work with Seneca to monitor and report on their measurable objectives.

WestEd's qualitative data collection and analysis strategies will provide Seneca with implementation and performance feedback. In Years One to Three, WestEd will conduct site visits with all schools in one of the three regions so that all schools are visited once by the end of Year Three. During the visits, WestEd will interview the FPs, a sample of students and families, and relevant school staff, as well as observe the FPs' meetings as appropriate. Interactions with

the YAB will be done in person during the site visits and via videoconference and will occur in the Planning Year and Years One to Three. To ensure data is collected from all sites each year, WestEd will also conduct videoconference interviews with the FPs not included in the site visits.

Interview participants will be asked about implementation experiences, successes, and challenges; perceptions of the overall quality of implementation; strengths and weaknesses of Compass Care and types of supports provided; and the use of strengths-based practices. The use of thematic qualitative analysis[51] will permit the study team to describe the implementation of Compass Care and the experience of the FPs, students, and families.

Feedback surveys for participating students and family members will be administered at the end of each cycle and will assess Compass Care's implementation, the types of supports received, their perceptions of the support they received from the FP and community, the quality of their relationships, and their self-efficacy to sustain or help their student sustain engagement. Survey items will be adapted from existing protocols with documented validity and reliability, where appropriate, such as The General Self-Efficacy Scale.[52]

For the formative reporting, WestEd will calculate descriptive statistics based on the survey data to synthesize information within and across participant groups and schools. WestEd will follow recommendations on approaching descriptive analysis (i.e., "telling the story" of the data[53]). WestEd will present the survey data to Seneca staff and the YAB using interactive data dashboards to allow Seneca staff to modify and improve implementation. Additionally, WestEd will incorporate data from the surveys and interviews into a formative feedback report each year. Finally, WestEd will summarize the QED findings to provide Seneca with preliminary impact findings.

**(3) Key Project Components, Mediators, and Outcomes and a Measurable Threshold for Implementation**

WestEd will calibrate and streamline implementation fidelity with Seneca's input during the planning year. WestEd already identified data sources and measures to assess implementation at each step of the Logic Model (*App. G*). The data sources will include project records, feedback surveys administered to all students and families at the end of their intervention cycle, a pre/post SEL/school climate student survey administered to students at the beginning and end of Years Two and Three, and extant student-level data collected from schools/LEAs.

***Exhibit 6. Data Sources for the Key Project Components, Mediators, and Outcomes***

| Project Components | Data Sources |
|---|---|
| • FP training and supervision<br>• Onboarding activities<br>• Engagement activities<br>• Action activities<br>• Transition and sustainability activities | • Seneca project records (e.g., completion of activities, # of meetings with each family)<br>• Interviews with FPs, the YAB, students, and families<br>• Feedback surveys for students and families |
| **Mediators** | **Data Sources** |
| • Students and families' perceptions of support they received from the FPs and their communities<br>• The quality of the students and families' relationships<br>• Students and families' self-efficacy to sustain their or their students' engagement and achievement | • Interviews with FPs, the YAB, students, and families<br>• Feedback surveys for students and families |
| **Outcome** | **Data Sources** |
| • Absenteeism rate, GPA, and credit accumulation<br>• Self-management and perceptions of school connectedness | • School/LEA records<br>• Pre/post student surveys with existing SEL[43] and school climate[44] items |

WestEd's implementation study will identify the critical components or implementation factors of the Compass Care program that can be assessed with survey data, interview data, and project records.[54] WestEd will work collaboratively with Seneca staff to identify thresholds for low, medium, and high levels of implementation and to develop the scoring rubrics. In addition to calculating implementation levels at the level of the critical components, WestEd will create aggregate measures of implementation at the school and project levels that will provide comprehensive descriptions of Compass Care implementation.