

County of Santa Clara

Office of the County Executive

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August 6, 2021

To: Honorable Board of Supervisors
Jeffrey V. Smith, County Executive

From: Rocio Luna, Deputy County Executive

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Subject: Survey Results from Santa Clara County Office of Education and Behavioral Health Services Department Relating to Preventing Chronic School Absenteeism

At the June 24, 2021 meeting of the Children, Seniors and Families Committee (Item No. 26), Supervisor Ellenberg requested an off-agenda report with the results from all districts surveyed by both the Santa Clara County Office of Education (COE) and the Behavioral Health Services Department (BHSD). Surveys were administered to assess priority needs and service gaps as children return to in-person instruction with the goal of preventing chronic school absenteeism countywide.

The following summary of findings from each survey should be considered preliminary. COE will submit a final report in mid-August and BHSD was unable to reach two school districts directly, Loma Prieta, and Los Gatos-Saratoga. Data for these two school districts were taken from the survey administered by COE.

COE Survey Results:

- As of July 31, 2021, 31 school districts, in addition to MetroEd and COE, completed a closed and open ended survey with 24 questions. Data was collected from July 8-July 30, 2021 (Attachment 1).
- Most school districts have coordinators for School Attendance Review Boards (SARB; n=30, 91%), socio-emotional services (n=30, 91%), and slightly fewer for mental health and wellness services (n=28, 85%). Overall, districts are prepared to provide a wide array of supports to engage students and address chronic absenteeism.
- School districts employ a wide range of strategies to address school engagement and chronic absenteeism. Examples include: Phone calls on day 1 of an absence (n=29, 88%), home visits (n=27, 82%), support for foster youth (n=28, 82%), improving school supports for students that are English learners (n=26, 79%), unhoused (n=26, 79%), or with disabilities (n=26, 79%); providing transportation assistance (n=22, 67%), implementation of school based health initiatives (n=16, 48%).

- Few districts provide supports in the following areas: mentors for parents (n=5, 15%), addressing diabetes and/or asthma (n=8, 24%), mentors for youth (n=9, 27%), and youth engagement programs (n=11, 33%).
- 82% (n=28) of districts have formal plans to address chronic absenteeism through their Local Control Accountability Plans (LCAP), and districts may also have plans through their School Plan for Student Achievement (n=13, 39%) and/or AB 86 COVID-19 (n=11) plans.
- When asked to identify issues/factors that contribute to chronic school absenteeism that school districts could not effectively address on their own, school districts (n=29, 88%) identified the following top 5 issues:
 - Housing instability (n=15, 52%)
 - Poor transportation (n=12, 40%)
 - Lack of mental health care services (n=11, 37%)
 - Issues with mental health and well-being (n=8, 27%)
 - Trauma (n= 7, 25%)
- Additional areas of concern for school districts include lack of physical health care services (n=6, 20%), food insecurity (n= 6, 20%), unsafe path(s) to school (n= 5, 17%), significant crisis or urgent family/youth issue (n=5, 16%), and teacher absences or long-term substitutes (n= 4, 13%).
- 30 school districts responded that on average 22% of their students were chronically absent based on the due to the leading causes outlined above. When asked about students that were harder to engage in good attendance, 30% stated that students with disabilities, and 27% said students with issues related to gender identify and/or sexual orientation.
- At least 27 school districts described the need for faculty training on trauma-informed practices, restorative practices, mental health first aide, suicide prevention, administering referrals for public housing/food, and onsite physical and mental health screening, and expansion of school-based mental health services in the immediate first months of school.
- School districts also indicated they could use support with community canvassing, media campaign, and phone banking to parents to support school attendance at the beginning of the school year.
- Qualitative information from school personnel are included in the appendices.

BHSD Survey Results:

- As of August 3, 2021, 29 school districts responded to the Departments request for information to update information collected during the Summer of 2020 by the Resource Development Associates (RDA) on behavioral health resources and supports to school districts and presented to the Board of Supervisors in December of 2020. Data was updated in June and July 2021 (Attachment 2).
- In July of 2021, the BHSD also conducted a survey of contracted providers, and reviewed data provided about services at each school district. Additional information about services on various campus was gathered through contracted provider meetings that took place in July 2021.
- Loma Preita and Los Gatos-Saratoga School Districts did not respond to a phone calls or emails. Information about the needs from these school districts were taken from the survey administered by COE.

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- The purpose of the update was to understand both immediate and long-term needs for behavioral health supports upon the re-opening of schools.
 - The following seven school districts indicated they had immediate needs for behavioral health services: Cambrian, Cupertino, Evergreen, Los Altos, Los Gatos Union, Moreland, and Sunnyvale.
 - The seven school districts report have immediate needs for the following: psychoeducation on mental health first aid, professional development learning, trauma, or all four of the Department's four fundamental trainings (mental health 101/mental health first aide, trauma informed 101, substance use prevention- a guide for parents, and suicide prevention).

Recommendations to address the most salient findings from these surveys will be presented to the Board for consideration on August 17, 2021.

cc: Chief Board Aides
Miguel Marquez, Chief Operating Officer
James R. Williams, County Counsel
Tiffany Lennear, Assistant Clerk of the Board of Supervisors
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enclosures

District Supports for Reducing Chronic Absenteeism

Summary of Survey Findings

Background

The Santa Clara County Office of Education, in partnership with the County of Santa Clara, is developing plans to address the needs of youth experiencing chronic absenteeism and continuing planning efforts to increase access to school-based mental health and wellness services. To inform decisions on resource allocations in support of these efforts, the Santa Clara County Office of Education partnered with the County of Santa Clara on the development and administration of a survey to Superintendents with each of Santa Clara County's 33 school districts, inclusive of MetroED and the Santa Clara County Office of Education.

The survey included 24 items designed to expand the understanding of county government and service providers regarding the current strategies, resources, and needs among school districts for engaging youth, preventing/reducing chronic absenteeism, improving school climate, and advancing school-based health and wellness programs. This report summarizes findings from data collected from school districts as of July 30, 2021. All findings will be finalized and summarized in a full report to be submitted to the County Board of Supervisors by mid-August of 2021. The full report will include a description of findings from other data collection efforts, including stakeholder interviews and a review of School Attendance Review Board (SARB) processes, and recommendations based on the full scope of information gathered.

Method

Included in this section is a description of the survey design, collection procedures, and analyses.

Design

The School District Supports for Reducing Chronic Absenteeism Survey included 24 closed- and open-ended items spread across five distinct domains:

Respondent Information (2 items)

Items asked respondents to list their name, title, and school district.

Support Personnel (6 items)

Items asked respondents to indicate if their district had a lead or point-of-contact for three district functions including the coordination for School Attendance Review Board (SARB), social-emotional programs, and mental health and wellness services. Affirmative selections were followed with an item that asked each respondent to provide the name and contact information for the staff responsible for those functions.

Current and New Strategies (6 items)

Items asked respondents to identify: (a) the strategies currently utilized to prevent, reduce, or address chronic absenteeism, (b) current partnerships with Behavioral Health Services and/or community-based organizations for the provision of student mental health services, (c) the district staff responsible for providing those services, (d) whether

strategies for reducing chronic absenteeism are specifically addressed in formal plans including the Local Control Accountability Plan (LCAP), School Plan for Student Achievement, and/or AB-86 COVID-19 Plan, and (e) new strategies to be implemented in the 2021-22 academic year to prevent chronic absenteeism.

Causal Factors and Internal Capacity to Support (6 items)

Items asked respondents to: (a) identify the leading causes of chronic absenteeism within their district and whether they had the internal resources/capacity to effectively address those leading causes, (b) provide an estimate for the percentage of students within their district who are chronically absent due to leading causes that they do not have the capacity to address effectively, (c) identify the student groups that could be better engaged/supported with additional resources, (d) list any ideas for strategies to meet the needs of harder-to-reach students or those with leading causes that are difficult to address, and (e) list strategies for supporting students who may have a difficult time returning back to school and maintaining high attendance due to emerging or existing trauma.

Need for Pre-Identified Supports and Additional Feedback (4 items)

Items asked respondents to (a) indicate, from a pre-identified listing of supports for reducing chronic absenteeism, where assistance is needed, both in terms of magnitude and duration, (b) if they could benefit from select student re-engagement strategies including phone banking, community canvassing, and a media campaign, and (c) if there was any other, related feedback they wished to provide.

Collection

Data collection began on July 8, 2021. District Superintendents received the original survey request and two planned follow-ups (occurring between July 8 and July 20, 2021) directly from the County Superintendent of Schools via email correspondence. All emails included a brief description of the survey's purpose, a PDF copy of the survey for prior review purposes, and an embedded link to the online survey. The survey closeout date was set for July 19, 2021. District Superintendents were asked to complete the survey themselves or ask that a member of their staff with knowledge and expertise in the topic area complete it on their behalf. The survey window was extended to accommodate districts that were on break during the survey window. Additional follow-up efforts including emails and phone calls to district office staff were conducted after the closeout date with the goal of collecting feedback from each of Santa Clara County's 33 school districts.

Analyses

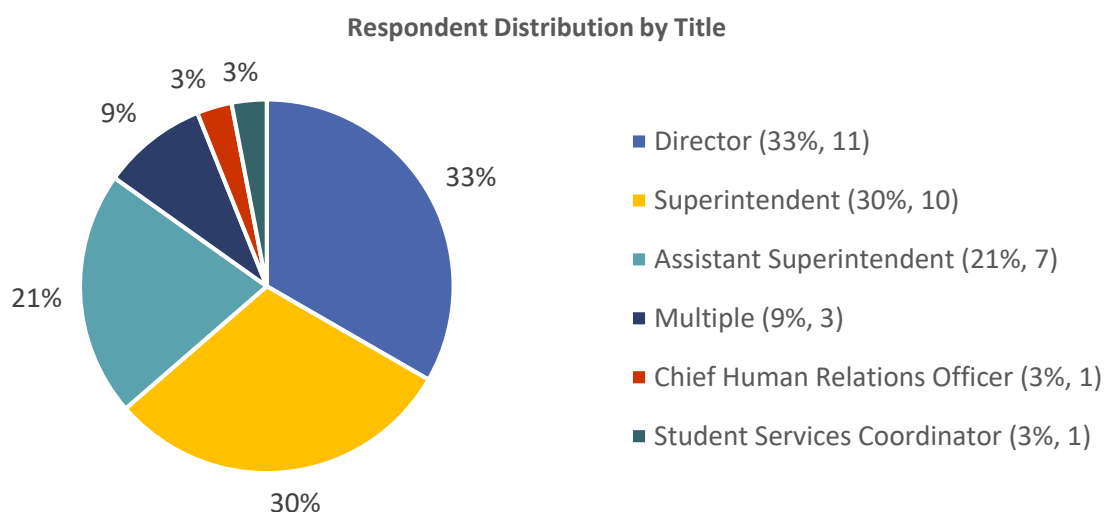
All survey data were subject to descriptive analyses. Frequencies and averages were calculated for closed-ended items (e.g., checkbox and scale items). Qualitative methods, including sorts and classification, were utilized to summarize participant responses to open-ended items. Data collected through items that asked for the names and contact information of select personnel will be kept in an internal database to be used for future outreach and partnership efforts.

Findings

Findings from descriptive analyses are presented in the following section. Findings are organized within survey sections beginning with **Respondents** and ending with **Need for Pre-Identified Supports and Additional Feedback**.

Respondents

As of July 30, 2021, survey responses were collected from each of Santa Clara County’s 33 school districts. Multiple responses were received from two (2) of the 33 districts. These data were consolidated into a single district response (labelled “Multiple”) for analysis purposes. A combined 84% of survey responses were provided by Directors, Superintendents, and Assistant Superintendents.



Support Personnel

When asked about the presence of a district lead or point-of-contact responsible for the coordination of SARB, social-emotional, and mental health and wellness services, respondents were provided with three options to choose from: (a) Yes, (b) No, but there are plans to acquire one, or (c) No, and there are no plans to acquire one. Ninety-one percent of respondents indicated that they have personnel responsible for the coordination of SARB and social-emotional supports for students. Less common, but still in the majority at 85%, were support personnel for coordinating mental health and wellness services. Two (2) respondents indicated that they have no plans to acquire a coordinator for mental health and wellness services.

Response Distribution for District Support Personnel

	SARB Coordinator	SE Coordinator	MHW Coordinator
Yes	30 (91%)	30 (91%)	28 (85%)
No, but there are plans to acquire one	0 (0%)	3 (9%)	3 (9%)
No, and there are no plans to acquire one	3 (9%)	0 (0%)	2 (6%)
Total		33	

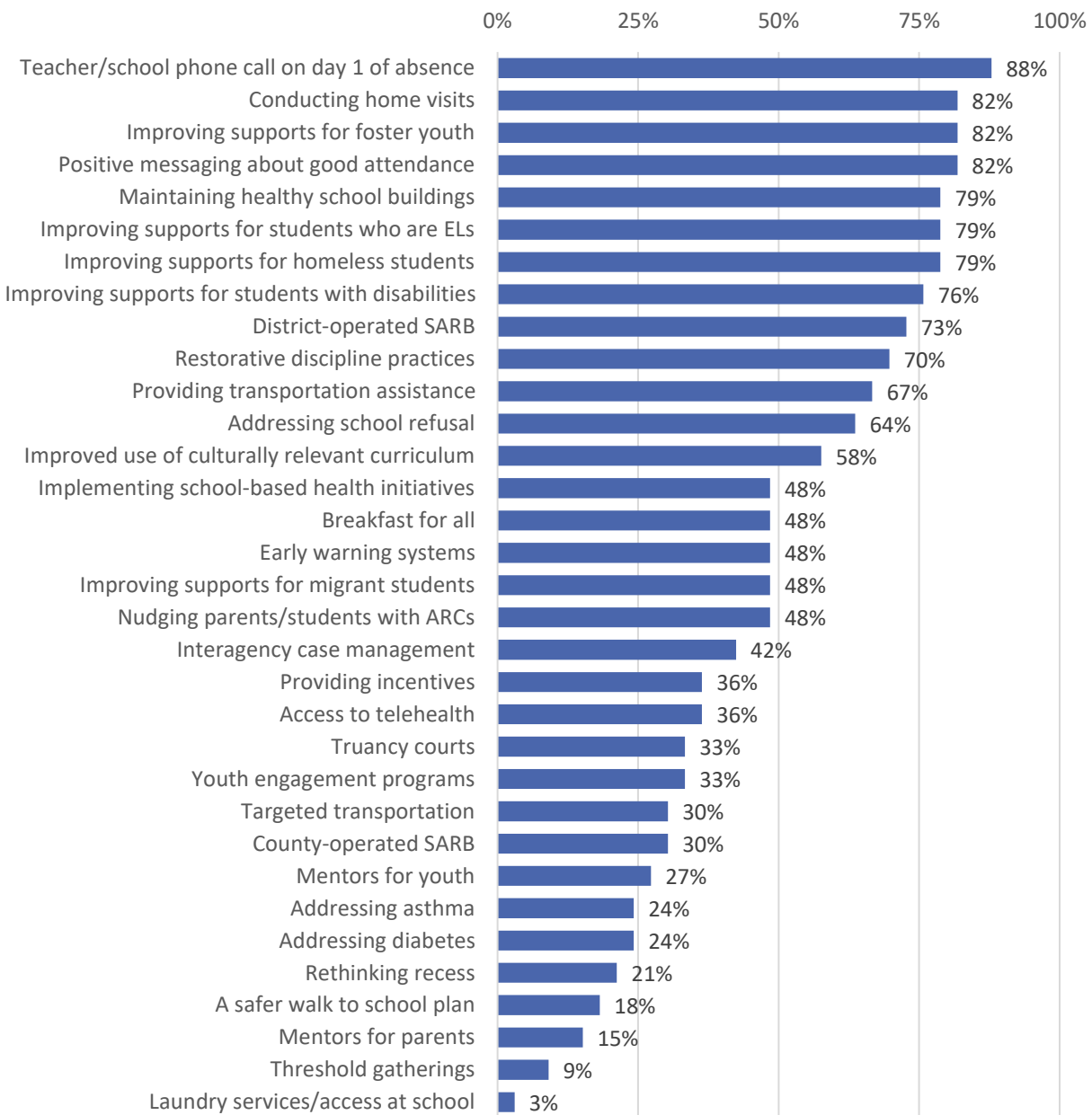
Abbreviations: SARB = School Attendance Review Board, SEL = Social-Emotional, MHW = Mental Health and Wellness

Current and New Strategies

Current Strategies

Districts currently provide a variety of supports aimed at engaging students and addressing chronic absenteeism. Eighty-eight percent of respondents reported telephoning student households on the first day of an absence, 82% report conducting home visits, and over 75% have improved their level of support for students with disabilities, homeless youth, English learners, and foster youth as an engagement strategy.

**Frequency Distribution for Current Supports Provided by Districts
for Reducing Chronic Absenteeism**



Abbreviations: SARB = School Attendance Review Board, ELs = English Learners, ARCs = Attendance Report Cards

Less common (reported by 25% or fewer of respondents) are supports that include mentorship for parents, addressing health issues such as asthma and diabetes, and facilitating a safer way for students to walk to and from school. Of the 33 districts that responded to the survey, only one (1) reported the provision of laundry services.

Eight (8) respondents offered additional feedback regarding current strategies in the form of qualitative data. Open responses expanded on partnerships, with several indicating that social workers and community liaisons have played a key role in supporting students in this area. One respondent wrote:

“We have a CARE team and Community Liaisons are instrumental in our attendance strategies as well as the new development of our 4 Wellness Centers that will open in August.”

Another offered a district-wide strategy for engaging school sites in prevention strategies:

“We employ monthly meetings with sites to monitor attendance and share best practices. We also do quarterly site visits to check in with administrators on chronic absenteeism.”

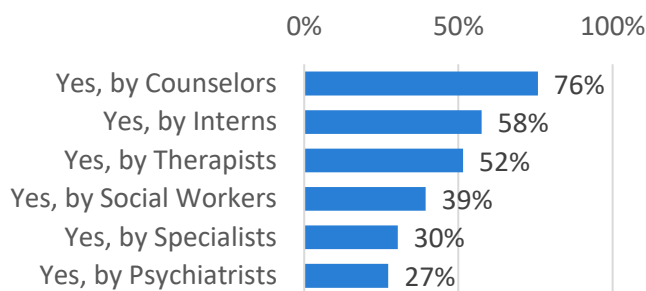
Providing School-Based Mental Health Services

The provision of mental health services on school campuses, whether by district personnel such as School Counselors or by outside staff through partnerships with Behavioral Health Services or community-based organizations, are becoming more common. Survey data visualized in the previous subsection indicated that 48% of respondents currently implement school-based health initiatives.

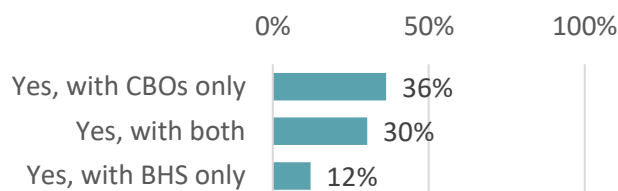
As a follow up to current strategies, District Superintendents were asked to indicate if they have personnel currently on-staff who provide mental health services to students. All respondents identified at least one personnel with the most common selection being “Yes, by Counselors.” Thirty percent or fewer indicated that they employ Specialists or Psychiatrists.

When asked, 78% of respondents indicated that they provide mental health services to students through partnerships with outside agencies. Thirty-six percent partner with community-based organizations (CBOs) to provide those services, 30% reported that they partner with both CBOs and the County’s Behavioral Health Services (BHS) Department, and 12% only partner with BHS.

Frequency Distribution for District Personnel that Provide Mental Health Services



Percent of Respondents that Partner with Outside Agencies to Provide Mental Health Services

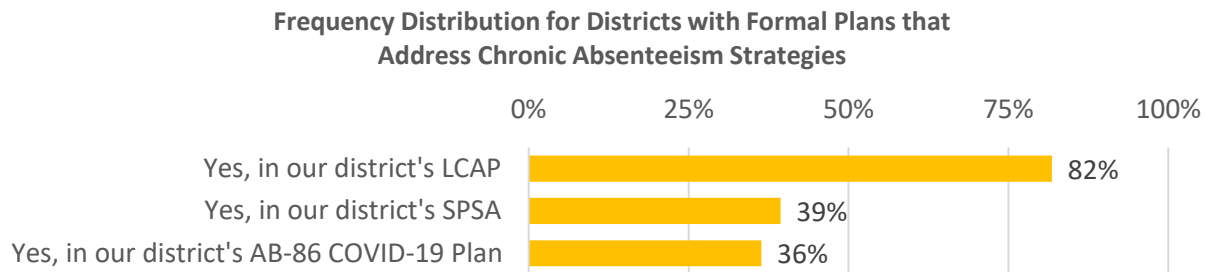


The Bill Wilson Center, Counseling and Support Services for Youth (CASSY), Community Health Awareness Council (CHAC), and Rebekah Children’s Services were among the most common CBOs listed by respondents who partner with outside agencies to provide mental health services to students.

Addressing Chronic Absenteeism Strategies in Formal Plans

District leaders have the opportunity to include strategies and goals for addressing chronic absenteeism in formal plans, including the Local Control Accountability Plan (LCAP), School Plan for Student Achievement (SPSA), and AB-86 COVID-19 Plan. The LCAP is a tool for local educational agencies (LEAs) to set goals, plan actions, and leverage resources to meet those goals to improve student outcomes in ten (10) priority areas. The SPSA is a comprehensive document providing details about an LEA's planned actions and expenditures to support student outcomes and overall performance, and how those actions connect to the LCAP. The AB-86 COVID-19 Plan is a plan developed by each district in response to new state legislation requiring that LEA's have documented procedures in place for the safe reopening of schools to in-person instruction.

Eighty-two percent of respondents indicated that their LCAP included strategies that address chronic absenteeism. Less than 50% included said strategies in their SPSA or AB-86 COVID-19 Plans. Not depicted in the graph below, 64% of respondents that included strategies that address chronic absenteeism in their LCAP also reported addressing chronic absenteeism in either their SPSA or AB-86 COVID-19 plans. Five (5) respondents reported addressing chronic absenteeism in all three (3) plans.



New Strategies

This section of the survey concluded with an open-ended item that asked participants to list any new strategies for preventing chronic absenteeism that are planned for the upcoming 2021-22 academic year. Eleven (11) participants responded with a variety of solutions, from opening Wellness Centers and restructuring SARB processes, to conducting targeted outreach to students that have been chronically absent in the past and establishing connections with incoming high school students via a new Summer Connection Program. A complete listing of responses for this item is provided in **Appendix A**.

Causal Factors and Internal Capacity to Support

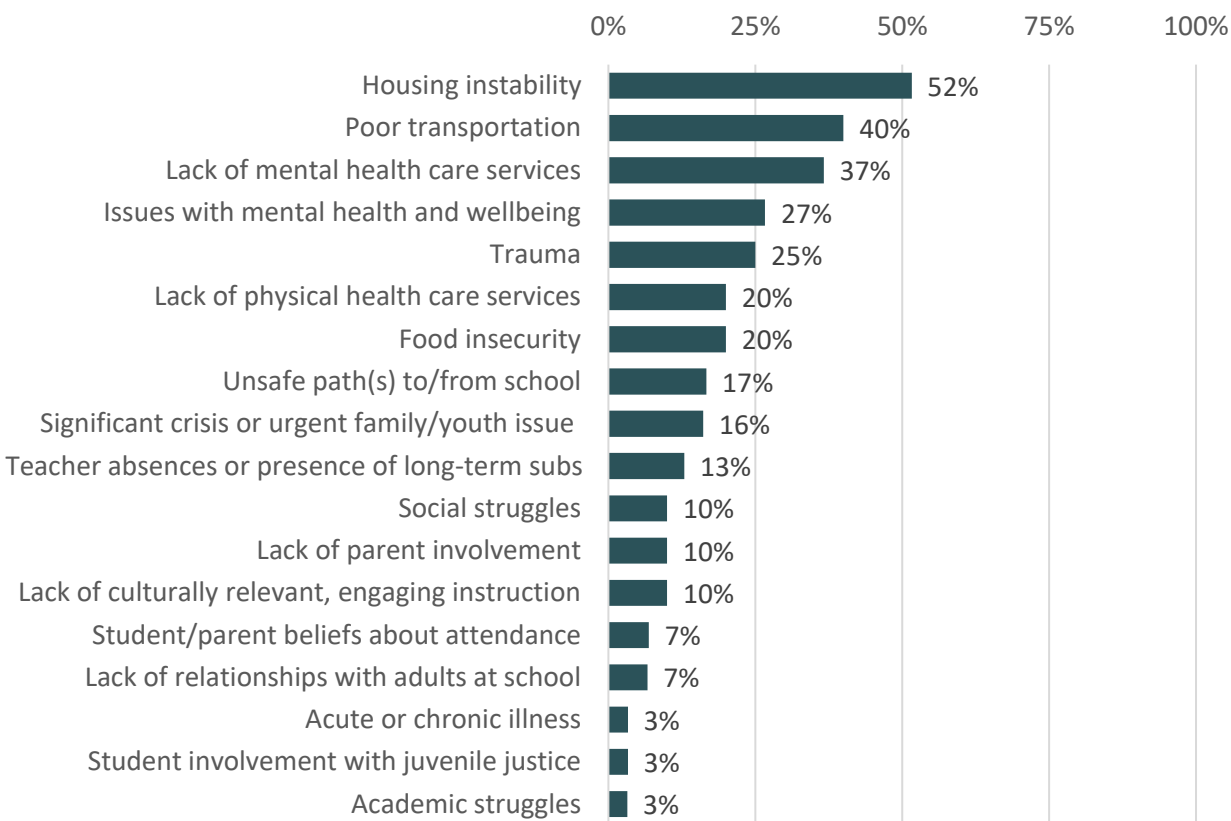
The previous subsection focused on strategies districts are already implementing, or plan to implement, to engage students and reduce or prevent chronic absenteeism. From this point forward, the focus shifts to supports districts need to do that work better.

Lack of Resources/Capacity to Address Leading Causes

Participants were provided with a listing of 23 factors known to contribute to chronic absenteeism and asked to sort each into one of three categories: (a) This is not a leading cause of chronic absenteeism in my district, (b) This is a leading cause that my district has the capacity/resources to effectively address, or (c) This is a leading cause that my district does not have the capacity/resources to effectively address. This activity was completed by 88% or more of respondents.

Findings indicate that districts have the capacity and/or resources to effectively address most of the leading causes to chronic absenteeism. None of the respondents reported student involvement with child welfare, suspensions and expulsions, undiagnosed disability, lack of appropriate accommodations for disability, and unwelcoming school climate as contributors they could not handle effectively. These causes are excluded from the figure below. Conversely, between 25-37% of respondents indicated that trauma, issues with mental health and wellbeing, and limited access to mental health care services are leading causes that they do not have the resources and/or capacity to effectively address. Housing instability and poor transportation are at the top of the list.

Percent of Respondents Who Selected "This is a Leading Cause that my District Does Not Have the Resources/Capacity to Effectively Address"



Hard-to-Reach Student Groups

In addition to identifying leading causes that are difficult to address, districts were queried on hard-to-reach student groups. Respondents were asked to estimate the percent of students within their districts who are chronically absent due to one or more of the leading causes listed above. Thirty districts responded with answers that ranged from 0% to 90%. On average, 22% of students were reported to meet this definition. Moreover, when asked about specific student groups that are harder to keep engaged and in good attendance, the groups selected most, by 30% and 27% of respondents respectively, were students with disabilities and students dealing with issues related to gender identity and/or sexual orientation. Response options for students who are socioeconomically disadvantaged, English learners, students in foster care, and migrant students were each selected by approximately one (1) in five (5) respondents.

Suggested Strategies

The final two items in this section of the survey asked respondents to specify strategies for: (a) reducing chronic absenteeism among hard-to-reach students and/or those who are chronically absent due to leading causes that are hard to address, and (b) leveraging, adjusting, or using existing resources and/or partnerships more flexibly to address the anticipated needs of youth who may experience difficulty returning to in-person instruction due to emerging or existing trauma. Fifteen (15) respondents provided an open-ended response to the first item and 12 responded to the second.

Responses to both items were highly consistent. The most common themes that emerged for supporting hard-to-reach students included offering easily accessible preventative and early intervention mental health and wellness services to students and families. Several respondents referred to “wrap-around” services while others stressed that more could be done to work with county and city agencies such as Social Services to work with parents and ensure that their needs are met. One respondent expressed an interest in increased professional learning opportunities that center on meeting student needs, including addressing factors that contribute to chronic absenteeism. Among the more novel of solutions presented were suggestions to offer auto repair vouchers and ensure that households with young children have their childcare needs met so that older siblings do not have to stay home to care for younger siblings. A complete listing of responses to this item is provided in **Appendix B**.

Specific to supporting students who have experienced trauma, while the goal of the item was to collect information from respondents along the lines of what could be done differently using existing resources and/or partnerships, most responses underscored need. For example, respondents seek continued funding and resources to maintain extended services throughout the 2021-22 academic year and across all school sites, not just those with certain classifications (e.g., Title 1). One respondent stated a need for a more diverse pool of mental health professionals that are fluent in common languages such as Spanish, Vietnamese, and Tagalog. Another expressed an interest in engaging parents in the delivery of social-emotional learning (SEL) supports for students in home settings. A complete listing of responses to this item is provided in **Appendix C**.

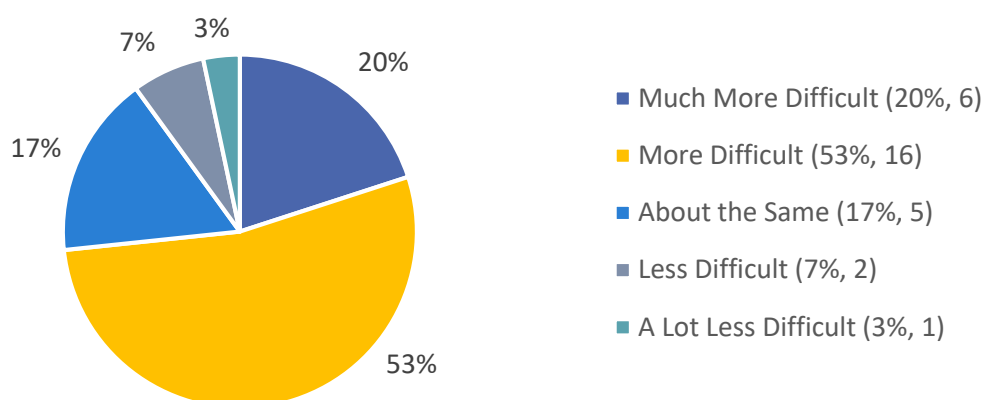
Need for Pre-Identified Supports and Additional Feedback

The final section of the survey asked respondents to rate how difficult they think it will be to re-engage students and families in 2021-22 compared to the prior academic year. Respondents were also provided with an opportunity to select services/assistance needed in the upcoming academic year for improving student engagement, social-emotional, and mental health and wellness outcomes.

Difficulty Rating for Re-engaging Students and Families at the Start of 2021-22

Respondents were asked to provide a rating for how difficult (relative to the prior year) they anticipate it will be to re-engage students in the first nine (9) to (12) weeks of upcoming school year. For the purposes of this question, re-engagement was defined as establishing a strong foundation for consistent student attendance. Ratings were collected on a five-point Likert scale ranging from (1) A lot less difficult to (5) Much more difficult. Ratings were received from 30 respondents. Seventy-three percent of respondents anticipate that re-engaging students and families at the start of the 2021-22 academic year will be more difficult.

Response Distribution for Re-engagement Difficulty Ratings



Need for Select Services

Respondents were provided with a listing of eight (8) services that could be offered in the 2021-22 academic year. Services included expanding/implementing school-based mental and behavioral health services, coordinating vaccination schedules for students and staff, and training teachers and other personnel in restorative practices. For each service, respondents were directed to indicate those where support is desired, the magnitude of the support needed, and the length of time for which those supports are needed. This activity was completed by 83% or more of respondents.

Of the eight (8) services, the most desired (i.e., those assigned to moderate or significant need categories by 50% or more of participants who responded to this item) were: (a) Training for teachers and other personnel in Trauma Informed Practices, (b) Conducting on-site physical and mental health screenings, and (c) Training for teachers and other personnel in Restorative Practices.

Summary of Responses to Select Services Needed – Magnitude and Duration

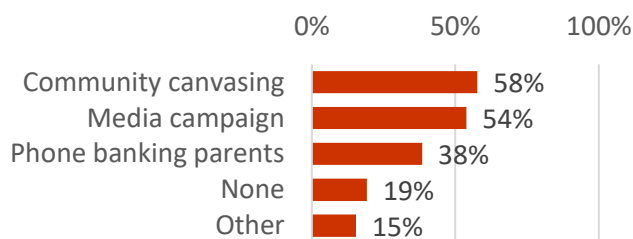
	Number of Responses	Percent of Mod. and Sig. Responses	Duration Selected Most by Respondents
Training for teachers and other personnel in Trauma Informed Practices	28	57%	Immediate, EY
Conducting on-site physical and mental health screenings	27	56%	Immediate, FFM/EY
Training for teachers and other personnel in Restorative Practices	28	50%	Immediate, FFM/EY
Expanding or implementing school-based mental and behavioral health services	27	44%	Immediate, EY
Training for teachers and other personnel in Mental Health First Aid	28	36%	Immediate, EY
Training for teachers and other personnel in Suicide Prevention	28	32%	Immediate, FFM
Administering referrals to public services for food/housing instability	28	21%	Immediate, EY
Coordinating vaccination schedules for students and staff	27	15%	Immediate, EY

Abbreviations: Mod. = Moderate Need, Sig. = Significant Need, FFM = First Few Months, EY = Entire Year

With the exception of training on trauma informed practices, conducting on-site physical and mental health screenings, and training on suicide prevention, most respondents indicated that support is needed both immediately and, if available, for the entire academic year. As a follow-up, respondents were asked if they could use immediate support with activities designed to bring students back to school, such as: (a) phone banking parents that did not enroll their child(ren) during the summer months, (b) community canvassing, and/or (c) facilitating a media campaign about the importance of school attendance. Respondents also had the option of selecting “Other” and specifying a unique support. Twenty-seven (27) respondents selected one (1) or more of the available options. Of the options, those selected by the most respondents included community canvassing and a media campaign. Thirty-eight percent wish to receive phone banking support.

Roughly 50% of respondents indicated that they could use support in each area. Those that selected the “Other” option expanded on their response with suggestions that included (a) providing staff with resources and information that stresses the importance of connecting with families, and (b) creating opportunities to connect with the community

Frequency Distribution for Immediate Support Services to Bring Students Back to School



Additional Feedback

At the end of the survey, respondents were provided with one final opportunity to share remaining feedback to inform the County’s efforts to reduce chronic absenteeism and increase access to school-based mental health and wellness programs. More immediately, this includes the development of a workplan with strategies based on findings from this survey and other data collection efforts currently underway by the Santa Clara County Office of Education. Seven (7) participants offered responses. Three (3) documented their experiences with “CARE Court,” one positive and the other two stating:

“Based on my experience with CARE Court, chronic absenteeism becomes the focal point when in fact there are other significant issues going on that are the root of the issue. We need to look at truly helping families so they are in the position to help their children.”

“I would appreciate guidance in the area of chronic absenteeism and SARB at the county/DA’s office/CARE Court level. During 2020-21 the process became very challenging at the district level and almost non-existent at the county/DA’s office level.”

Another respondent underscored the need for differentiated supports/strategies for students at different grade levels:

“Types of interventions and supports need to be different for different age groups and needs. It is very difficult to change the behavior of a student in middle school that has a pattern of chronic absenteeism.”

A complete listing of responses to this item is provided in **Appendix D**.

Appendix A. Responses to Item 13

Question

If there are new strategies your district plans to implement in the 2021-22 academic year for preventing chronic absenteeism, please briefly describe those in the space provided below. If none, leave blank.

Response(s)

"We will be asking our schools to reach out to all students from their sites that were chronically absent in the 2020-2021 school year. To do a check in with them before the beginning of the new school year. Possibly conduct a home visit if we are unable to reach the parent via phone. We want the Principals or School staff to discuss the chronic absenteeism from the prior year, discuss barriers, and offer support if support is needed. If not set a positive tone and set expectations for the new school year."

"School sites will host school site SARB instead of a district wide SARB. District office will host DA mediation for families who are unable to meet the expectations of the SARB contract. District will seek assistance of DA for school site SARB as a means to reduce the number of parents who are referred for DA mediation. Work with school sites to identify those families who need immediate intervention as soon as Truancy Letter 1 is issued."

"I am working on revamping our SARB process so that it is individualized, targeted, and is able to link students to services beyond what is available at the school site level. However, I have not made a ton of progress putting a team together yet or identifying community-based programs that could provide helpful support to parents/guardians and students."

"Opening of Wellness center."

"Restructure SARB process to address Tier 1, 2 and three before moving to SARB. This action will include implementing the MUSD Re-engagement Plan."

"We will provide positive messaging regarding the importance of school attendance. Site administrators and behavioral mental health staff will support efforts to address barriers to school attendance."

"We designed a 9th grade Summer Connection program for incoming 9th graders that will also extend throughout the school year. We hired two Freshmen Success Specialist for On-Track to graduation for our Freshmen Success focus this year and beyond. By building relationships early on with our young people, we plan to dramatically reduce the absenteeism rate. Our focus is on connection. We are also building 4 wellness centers that will open in mid-August in our 2 comprehensive middle and high schools. They will serve all students and families in our district. We will have evening and weekend hours to meet their needs. To engage our families and community in education, we have hired a Family and Community Engagement in Education Lead. This position will support all of our student achievement and connection initiatives by engaging the families creating and implementing multiple strategies in collaboration with the team at the wellness centers and the community liaisons at each school."

“Attendance added to the SST process, SARB for High School Students.”

“We will be launching a social work intern program in the fall that will focus on absenteeism. We will also be providing targeted attendance intervention for MKV and Foster Youth. We have a dedicated staff who provides attendance intervention as well as a contract with California Youth Outreach to address chronic attendance issues.”

“Working with principals and teams to put plans in place for students who were truant last year, in order to start with support and reinforcements. Additional social worker/intern supports to case manage.

“We are planning to develop stronger site re-engagement plans for early intervention in order to strengthen family and school relationships and systems to catch chronic absenteeism sooner and follow the CARE Court model of directing support to each family as we become aware of their specific needs. We have expanded our Social Work intern and School Counselor intern programs in order to provide more direct services to more families. We are in the process of developing three Wellness Centers in order to support district families. The long-term goal is to create community partnerships and create three spaces for community resources to provide services to families, as well as continue to provide and expand direct student site-based support during the school day.”

Appendix B. Responses to Item 18

Question

Considering your responses to questions 14-17, are there specific strategies, including involvement from outside agencies (e.g., community partners, social services, local and county government), that could benefit your district's efforts to reduce chronic absenteeism for hard-to-reach students and/or leading causes that are difficult to address? If none, leave blank.

Response(s)

"Absolutely if we had more county and city agencies that could support with case management and working with chronically absent students and families to be able to re-engage them back into school. A lot of our families need in home support and that resource is lacking in our County in my opinion."

"Providing families vouchers for auto repair who don't qualify for McKinney Vento resources such as bus vouchers. Assist families with money that can offset monthly costs so they don't have to work 1-3 jobs to make ends meet which then impacts their physical health. Provide families with walk-in counseling support. Many families are experiencing mental health challenges which in turn impact their ability to provide stability and consistency for kids. This eventually impacts the support that our students need from their families. Bring services or hold service fairs in neighborhoods as many families will attend if within their footprint. Anything outside of a 5-mile footprint will not result in good attendance. Families stay close to home and do not venture out especially those who lack transportation. Help the parents and guardians so they can "do" life so their kids can "do" life."

"We need additional resources for transportation and getting students to and from school. We have many students who are not attending due to having to provide care for siblings or having to work to assist in providing resources such as food and rent money for their family (we need to address these root causes and/or provide additional learning options programs. We would like to use the same approach we used during distance learning. Making screening calls to all students who are absent (assessing needs). Referring them to resources. Deploying a staff member to the home to provide the resources. Support staff to focus on attendance so that attendance plans are truly implemented to fidelity and the interventions and supports provided are sustainable."

"Our current partnerships are strong and adequate at this time. We could always use more."

"Wrap around services, especially those supports for parents (for various and frequently, multiple issues) who are the reason our students are at risk of chronic absenteeism. The single greatest reason we have students in this situation it is because of the parent's mental/emotional health issues, not the student's."

"Opening of Wellness Center."

"We have multiple strategies we are implementing, constantly; however, we anticipate that the absenteeism rate will be higher than ever before and transportation and childcare will be a big factor. Although we bus students, transportation is not easily accessible to some of our students. Childcare continues to be a factor with limited resources for childcare due to cost."

In [REDACTED] there are limited Community-Based Mental Health Services. Families have to travel to [REDACTED] or [REDACTED] for services, especially for those that are culturally relevant. Support from the County in terms of preventative and early intervention services would be useful for all students, especially those who are chronically absent. Transportation in [REDACTED] is only for students with disabilities, however there is significant needs among students who are homeless and foster youth. Increased collaboration and cross-communication with healthcare providers making recommendations for students with health and mental health concerns.”

“Having additional behavioral and mental health services would be beneficial.”

“Community partners to assist families in gaining access or supporting improved attendance would be helpful. Additional mental health resources for parents as well as students.”

“We are investigating resources.”

“Home visit support from Social Service agencies around reengaging students and obtaining correct and current contact information for parents/guardians.”

“Our district has resources to manage the above; however, we would benefit from training on best practices and systems shifts. For example, Attendance Works offered a training last year; however we were not able to participate as the training was filled pretty quickly. Training and resources to support our staff are where we need assistance.”

“Wrap around types of supports, sometimes families need to stabilize for day to day needs and supporting with learning and getting a student to school may not be a priority when they are working to survive. They are developing these skills and need in the moment coaching sometimes to be successful.”

“Yes. We are very interested in creating community partnerships and increasing the accessibility of social services in the district.”

Appendix C. Responses to Item 19

Question

Considering your existing resources and/or partnerships, are there any that you believe could be leveraged, adjusted, or used more flexibly to address the anticipated needs of youth experiencing difficulty with the return to in-person instruction that is due to emerging or existing trauma?

Response(s)

"11 of our Schools are currently PEI schools which we Partner with [REDACTED] Counseling Center. If we could have access to PEI Services for all of our schools so they could send a family partner to support in chronically absent cases that would be amazing. But at this time they only support the 11 schools they are assigned and with limited capacity at each site."

"Uplift Services were extended to all schools this past school year. This is different from our normal school year. As Uplift services are provided solely to our Title I schools. It would be extremely helpful to continue this level of service for the upcoming year. We have no idea what to expect but we know that we needed more support prior to the pandemic and we definitely need it now. We need to be able to support families not just students because ultimately the responsibility of students attending school lies upon the parents and/or guardians. It would be helpful to be able to assist families with resources that do not take 6 months to come into fruition. We need to engage with parents through multiple methods especially now as we return from distance learning. Similar to taking services to the neighborhoods perhaps schools can partner with these agencies to do outreach for parent, guardian and family input."

"We can ask CASSY and Uplift to be more centrally involved with family support/education"

"Yes, I believe we can adjust the role of our Student Advisors and we have plans to do so. Even so, we still need additional human resources."

"[REDACTED] partnership with BHSD could be expanded to assist with mental health screeners. We would, however, need the staff to support what may arise from such screeners. In addition, offering mental health parent training for parents that are diverse in language offer, including Vietnamese, Spanish, and Tagalog."

"Having additional behavioral and mental health services would be beneficial. We have a plan in place to increase this support for the 21-22 school year, but the level of need is still uncertain."

"We can always leverage and be collaboratively creative with our partners. We are establishing our wellness centers and are focusing on healing from traumas. We are mindful of our language around trauma and are focusing our word choices on healing instead. The word trauma is constantly in a space around children when healing is far more the experience we want them to have as well as the experience we want the adults to be able to focus on. We want to equip the adults with the language that they need to build student agency, voice, choice, and empowerment. So, we can always use support in building our SEL work. We will be using the CASEL framework to help guide our conversations."

“We have Family Case Managers, classified school liaisons that support student attendance. Examining how their services could be better targeted would be helpful. Training more counselors and administrators on helping students with school refusal.”

“It is difficult to sustain the need for social emotional support and therapy within a school. We are in need of a community effort to support this pandemic.”

“Our McKinney Vento program needs to take a more active role in the reengagement of students.”

“We would like to partner more strategically with the county and community-based agencies.”

“Again, the case management is the main area and often this is a challenging service for almost all of the providers that we have access to or there are waiting lists for the supports.”

Appendix D. Responses to Item 24

Question

The Santa Clara County Office of Education and the County of Santa Clara will summarize the information provided in this survey to advocate for resources, including funding and programs, that aid district efforts to reduce chronic absenteeism, and develop action plans to prevent chronic absenteeism. Is there anything else you wish to relay about chronic absenteeism in your district in support of this effort? If none, leave blank.

Response(s)

“Based on my experience with CARE Court, chronic absenteeism becomes the focal point when in fact there are other significant issues going on that are the root of the issue. We need to look at truly helping families so they are in positions to help their children. Many parent, guardians and caregivers are struggling with mental health such as depression. This impacts their ability to parent which then transcends into their child's academics. If we want to change the trajectories of students, let's begin with the individuals who care for them on a daily basis.”

“No. I have been appreciating being able to participate in CARE Court. Last year was our first year as a high school district with students who had been referred in middle school. This is a good additional support. Other 'tier 3' supports would be appreciated.”

“Support for Wellness Centers countywide with funding.”

“Need positive messaging, support services and monitoring, as well as more efficient enforcement options. In most cases parents/caregivers are responsible for attendance in TK-fifth grade but from sixth grade on, students are making their own decisions. Types of interventions and supports need to be different for different age groups and needs. It is very difficult to change the behavior of a student in middle school that has a pattern of chronic absenteeism.”

“Our district is implementing MTSS and see this as another opportunity to engage students by shifting our system and practices. We are also seeing shortages in mental health providers this year. Support in this area would be appreciated.”

“More assertive accountability when referrals are made to DA, sometimes it seems we are not holding parents accountable, more warm demanding is needed in order for the process to be effective.”

“I would appreciate guidance in the area of chronic absenteeism and SARB at the county/DA's office/CARE Court level. During 2020-21 the process became very challenging at the district level and almost non-existent at the county/DA's office level. I am hopeful for more specific direction and support as to documentation needed and a clearly communicated process so that families can be addressed at that level in order to re-engage families who are struggling to attend school during the pandemic. In particular, I am hoping the county will partner more closely with the districts to increase support to our most vulnerable families.”

Behavioral Health Services Department- School District Needs Assessment Findings, July 2021

SCC School Districts	Reached Y/N	Responded Y/N	SLS or BHSD Contracted Program or Other Provider	Existing Programs/ Services	Short-Term Needs	Long - Term Need	Interested in Co-Investing in SLS Coordinator
Alum Rock Union School District (ARUSD)	Y	Y	<p>School Linked Services Family Engagement (SLS FE)</p> <p>School Linked Services Prevention and Early Intervention (SLS PEI)</p> <p>School Linked Services Behavioral Health (SLS BH)</p> <p>ARUSD Expansion</p> <hr/> <p>Children’s Health Council (CHC)/other BHSD programs</p> <hr/> <p>Asian American Recovery Services (AARS)/other BHSD programs</p> <hr/> <p>Asian Americans for Community Involvement (AACI)/other BHSD programs</p> <hr/> <p>Alum Rock Counseling Center/ Other funding</p>	<p>Fresh Lifelines for Youth (FLY)</p> <p>Academic Counseling Interns (Middle Schools)</p> <p>My Health First Screening</p> <p>Crisis Support</p> <p>Mental Health (MH) Screening</p> <p>Tier 1</p> <p>Tier 2</p> <p>Tier 3</p> <p>Case Mgmt.</p>	None Note-differs from COE	Health/Wellness Center	N/A

Behavioral Health Services Department- School District Needs Assessment Findings, July 2021

SCC School Districts	Reached Y/N	Responded Y/N	SLS or BHS D Contracted Program or Other Provider	Existing Programs/ Services	Short-Term Needs	Long - Term Need	Interested in Co-Investing in SLS Coordinator
			Uplift/other funding program				
Berryessa Union	Y	Y	Community Health Access Coalition (CHAC) School District Social Work Team AARS/other BHS D programs CHC/other BHS D programs	Crisis Support MH Screening Tier 3 CM Health/ Wellness Center	None		N/A
Cambrian	Y	Y	School District Social Work Team	Crisis Support MH Screening Tier 3 Case Mgmt.	BHS D Tier 1	Health/ Wellness Center	Assessing Need
Campbell Union	Y	Y	SLS FE SLS PEI SLS BH SLS Unconditional Education	My Health First Screening Crisis Support MH Screening Tier 1 Tier 2	None		N/A

Behavioral Health Services Department- School District Needs Assessment Findings, July 2021

SCC School Districts	Reached Y/N	Responded Y/N	SLS or BHS D Contracted Program or Other Provider	Existing Programs/ Services	Short-Term Needs	Long - Term Need	Interested in Co-Investing in SLS Coordinator
			CHC/other BHS D programs	Tier 3 Case Mgmt. Health/ Wellness Center			
			CHC/other funded programs				
			Seneca Family of Agencies/ other funded programs				
Campbell Union High School	Y	Y	SLS FE	Addiction Prevention Services (APS - UFS) Crisis Support MH Screening Tier 1 Tier 3 Substance Use Treatment Services (SUTS)	None	Health/ Wellness Center	N/A
			School District Contract with Uplift Family Services (UFS)				
			UFS / other funding program				
Cupertino Union	Y	Y	School District Contract with UFS	Mental Health Student Services Act (MHSSA) Wellness Center (Hyde) Crisis Support MH Screening Tier 3 Case Mgmt.	BHS D Tier 1		Pending response
			CHC/other BHS D programs				
			CHC/other funded programs				

Behavioral Health Services Department- School District Needs Assessment Findings, July 2021

SCC School Districts	Reached Y/N	Responded Y/N	SLS or BHSD Contracted Program or Other Provider	Existing Programs/ Services	Short-Term Needs	Long - Term Need	Interested in Co-Investing in SLS Coordinator
				Health/ Wellness Center			
East Side Union High	Y	Y	SLS FE SLS BH Care Solace AARS/other programs AACI/other programs Bill Wilson Center/other programs Ujima Adult and Family Services/ other BHSD program Bill Wilson Center/ other funded program CHC/other funded program Ujima Adult and Family Services/ other funding program UFS /other funding program	School Social Workers MHSSA Wellness Centers Crisis Support MH Screening Tier1 Tier 3 SUTS Case Mgmt. Health/ Wellness Center	School District Team to follow up with absences		N/A

Behavioral Health Services Department- School District Needs Assessment Findings, July 2021

SCC School Districts	Reached Y/N	Responded Y/N	SLS or BHSD Contracted Program or Other Provider	Existing Programs/ Services	Short-Term Needs	Long - Term Need	Interested in Co-Investing in SLS Coordinator
Evergreen	Y	Y	SLS BH	Crisis Support MH Screening Tier 3 Case mgmt. Health/ Wellness Center	BHSD Tier 1		N/A – BHSD Presence
			AARS/other BHSD programs				
			CHC/ other funded program				
Franklin-McKinley	Y	Y	SLS FE SLS PEI SLS BH	My Health First Screening Crisis Support MH Screening Tier 1 Tier 2 Tier 3 Case mgmt. Health/ Wellness Center	None		N/A
			Alum Rock Counseling Center/ other BHSD programs				
			Catholic Charities/Other BHSD programs				

Behavioral Health Services Department- School District Needs Assessment Findings, July 2021

SCC School Districts	Reached Y/N	Responded Y/N	SLS or BHS D Contracted Program or Other Provider	Existing Programs/ Services	Short-Term Needs	Long - Term Need	Interested in Co-Investing in SLS Coordinator
			CHC/ Other BHS D programs UFS /other BHS D program Catholic Charities/Other funding Seneca Family of Agencies UFS /other funding program School Social Workers				
Fremont Union High	Y	Y	SLS FE SLS UE SUTS CHC/ Other BHS D programs CHC/ Other funded programs Care Solace	Crisis Support MH Screening Tier 1 Tier 3 SUTS Case mgmt. Health/ Wellness Center	None		N/A
Gilroy Unified	Y	Y	SLS FE SLS PEI SLS BH	Crisis Support MH Screening Tier 1	Mental Health First Aide	PEI across all schools	N/A

Behavioral Health Services Department- School District Needs Assessment Findings, July 2021

SCC School Districts	Reached Y/N	Responded Y/N	SLS or BHS D Contracted Program or Other Provider	Existing Programs/ Services	Short-Term Needs	Long - Term Need	Interested in Co-Investing in SLS Coordinator
				Tier 2 Tier 3 SUTS Case mgmt. Health/ Wellness Center			
			CHC/ Other BHS D programs				
			CHC/ Other funded programs				
Lakeside Joint	Y	Y	Project Cornerstone	Crisis Support MH Screening Tier 3	None	Health/ Wellness Center	N/A
Loma Prieta Joint Union	Y	N	Project Cornerstone Parenting Continuum	Parent Workshops	BHS D Tier 1	School Based Mental Health	N/A
Los Altos	Y	Y	CHAC School District Contracts with UFS CHC/ Other BHS D programs	Crisis Support MH Screening Tier 3 Case Mgmt Health/ Wellness Center	Psychoedu cation PDL		Pending response

Behavioral Health Services Department- School District Needs Assessment Findings, July 2021

SCC School Districts	Reached Y/N	Responded Y/N	SLS or BHS D Contracted Program or Other Provider	Existing Programs/ Services	Short-Term Needs	Long - Term Need	Interested in Co-Investing in SLS Coordinator
			CHC/ Other funded programs				
			District Social Worker Team				
Los Gatos Union	Y	Y	Counseling and Support Services for Youth (CASSY)	Tier 3 Suicide Prevention (Kognito; HEARD Alliance)	Trauma Informed Systems (TIS) 101	Health/Wellness Center	Pending response
			CHC/ Other BHS D programs	Crisis Support MH Screening Case mgmt.			
Los Gatos-Saratoga Joint Union	Y	N	CHC/ Other BHS D programs	School Based Services MH and Wellness Services Telehealth	None	None	N/A
Luther Burbank	Y	Y	SLS FE SLS PEI SLS BH	My Health First Screening Crisis Support MH Screening	None	Health/Wellness Center	N/A
			UFS/other funding program	Tier 1 Tier 2 Tier 3 Case mgmt.			
			School District Social Worker				

Behavioral Health Services Department- School District Needs Assessment Findings, July 2021

SCC School Districts	Reached Y/N	Responded Y/N	SLS or BHSD Contracted Program or Other Provider	Existing Programs/ Services	Short-Term Needs	Long - Term Need	Interested in Co-Investing in SLS Coordinator
Milpitas	Y	Y	SLS FE	My Health First Screening	None	SUTS	N/A
			UFS/other funding program	Crisis Support		SLS PEI	
			CASSY	MH Screening Tier 1 Tier 3 Case mgmt.		SLS BH	
			School District Social Worker	Health/ Wellness Center		Additional SLS Coordinator (SLS FE)	
				Substance Use Prevention Services (SUPS)			
Moreland	Y	Y	School District Social Workers	Wellness Centers	BHSD Tier 1 Services	Case mgmt.	Pending response
			UFS/ Other funding program	Crisis Support			
				MH Screening Tier 3			
				Health/ Wellness Center			
Morgan Hill	Y	Y	SLS FE SLS PEI SLS BH	My Health First Screening MHSSA Wellness Center (Britton)	None		N/A

Behavioral Health Services Department- School District Needs Assessment Findings, July 2021

SCC School Districts	Reached Y/N	Responded Y/N	SLS or BHSD Contracted Program or Other Provider	Existing Programs/ Services	Short-Term Needs	Long - Term Need	Interested in Co-Investing in SLS Coordinator
			CHC/ other BHSD Program	Crisis Support MH Screening Tier 1 Tier 2 Tier 3 Substance Use Treatment Services (SUTS) Case mgmt. Health/ Wellness Center			
			UFS/other funding program				
			Discovery Counseling Center DIVA Diversity				
Mount Pleasant Elementary	Y	Y	SLS FE SLS PEI SLS BH	Crisis Support MH Screening Tier 1 Tier 2 Tier 3 Case mgmt.	None	Health/ Wellness Center	N/A
			Alum Rock Counseling Center/ other BHSD program				
Mountain View-Los Altos	Y	Y	SLS FE SLS PEI SLS BH	Tier 1 Tier 2 Tier 3 (CHAC) Crisis Support	None	SUTS Case mgmt.	N/A

Behavioral Health Services Department- School District Needs Assessment Findings, July 2021

SCC School Districts	Reached Y/N	Responded Y/N	SLS or BHS D Contracted Program or Other Provider	Existing Programs/ Services	Short-Term Needs	Long - Term Need	Interested in Co-Investing in SLS Coordinator
			CHC/ Other BHS D programs UFS/Other funding programs CHAC	MH Screening		Health/Wellness Center	
Mountain View-Whisman	Y	Y	SLS FE SLS PEI SLS BH Bill Wilson Center/ other BHS D funds CHC/ Other BHS D programs CHC/ Other funded programs UFS/other funding programs	Crisis Support MH Screening Tier 1 Tier 2 Tier 3 Case mgmt.	None	Health/Wellness Center	N/A
Oak Grove	Y	Y	SLS FE SLS PEI SLS BH Alum Rock Counseling Center/ other BHS D funds	Tier 1 Tier 2 Tier 3 Crisis Support MH Screening Health/ Wellness Center	None	Additional SLS Coordinator	N/A

Behavioral Health Services Department- School District Needs Assessment Findings, July 2021

SCC School Districts	Reached Y/N	Responded Y/N	SLS or BHSD Contracted Program or Other Provider	Existing Programs/ Services	Short-Term Needs	Long - Term Need	Interested in Co-Investing in SLS Coordinator
			CHC/ Other BHSD programs				
Orchard	Y	Y	SLS FE School District Social Workers	Crisis Support MH Screening Tier 1 Tier 3 Case mgmt.	None	Health/Wellness Center	N/A
Palo Alto	Y	Y	AACI/other BHSD programs CHC/ Other BHSD programs CHC/ Other funded programs School District Wellness Counselors	Crisis Support Tier 3 Case mgmt. Health/ Wellness Center	None	Universal Health Screenings SUTS	N/A
San Jose	Y	Y	SLS FE SLS PEI SLS BH	Crisis Support MH Screening Tier 1	None		N/A

Behavioral Health Services Department- School District Needs Assessment Findings, July 2021

SCC School Districts	Reached Y/N	Responded Y/N	SLS or BHS D Contracted Program or Other Provider	Existing Programs/ Services	Short-Term Needs	Long - Term Need	Interested in Co-Investing in SLS Coordinator
			Bill Wilson Center/ other BHS D programs CHC/ Other BHS D programs CHC/ Other funded programs Gardner Health Services/other funding UFS/ Other funding School District Wellness Coordinators	Tier 2 Tier 3 SUTS Case mgmt. Health/ Wellness Center			
Santa Clara	Y	Y	School District Wellness Coordinators Bill Wilson Center/ other BHS D programs CHC/ Other BHS D programs	Crisis Support MH Screening Tier 3 SUTS Case mgmt. Health/ Wellness Center	None		N/A

Behavioral Health Services Department- School District Needs Assessment Findings, July 2021

SCC School Districts	Reached Y/N	Responded Y/N	SLS or BHSD Contracted Program or Other Provider	Existing Programs/ Services	Short-Term Needs	Long - Term Need	Interested in Co-Investing in SLS Coordinator
			Bill Wilson Center/ other funding CHC/ Other funded programs				
Saratoga Union	Y	Y	CASSY	Crisis Support Tier 3 Case mgmt.	None	Universal Health Screenings Health/Wellness Center	N/A
			CHC/ Other BHSD programs				
SCCOE	Y	Y	COE Social Worker Team	Crisis Support MH Screening Tier 3 SUTS Case mgmt. Health/ Wellness Center	None		N/A
			BHSD - SUTS				
Sunnyvale	Y	Y	District Social Worker Team	Crisis Support MH Screening Tier 3 Case mgmt.	BHSD Tier 1	SLS Services	Pending Response
			CHC/ Other BHSD programs				

Behavioral Health Services Department- School District Needs Assessment Findings, July 2021

SCC School Districts	Reached Y/N	Responded Y/N	SLS or BHSD Contracted Program or Other Provider	Existing Programs/ Services	Short-Term Needs	Long - Term Need	Interested in Co-Investing in SLS Coordinator
			CHC/ Other funded programs	Health/ Wellness Center			
Union	Y	Y	District Social Worker Team	Crisis Support MH Screening Tier 3 Case mgmt. Health/ Wellness Center	None		N/A

Notes: (1) Tier 3 = Individual Therapy; Family Therapy; Group Therapy (meets medical necessity); (2) Tier 2 – Group Therapy, workshops, skills training; (3) Tier 1 – Psychoeducation, Prevention and Early Intervention services and supports; (4) PDL = Professional Development Learning; (5) SLS FE = School Linked Services Family Engagement; (6) SLS PEI = School Linked Services Prevention and Early Intervention; (7) School Linked Services Behavioral Health