

## March 20 Meeting – School Absenteeism and Avoidance

### Attendees:

- Advocates: Megan, Ann
- Aspire: Janice, Kristen
- BHN: Courtney, Jhianina, Dawn, Sarah
- BMC: Jaime,
- CHA: Vanessa, Ellie, Lindsey, Shannon
- Eliot: Leah
- Riverside: Brianna, Bill, Katharine
- MAMH: Joan, Lina, Jess,

### John Crocker's Presentation on School Absenteeism (50 minutes)

- John Crocker has worked in public education for fifteen years, primarily as the administrator for the Methuen Public Schools Counseling Department. He has overseen the planning and implementation of the "Mental Health Initiative," which has focused on the establishment of a comprehensive school mental health system (CSMHS) in partnership with the National Center for School Mental Health (NCSMH). John founded the Massachusetts School Mental Health Consortium (MASMHC), a group of approximately one-hundred and fifty school districts across Massachusetts committed to advocating for and implementing quality and sustainable school mental health services and supports.
- **Level Setting:**
  - o As part of level setting, John discussed that he does not have the solution for chronic absenteeism because the field has not figured it out yet. But in this presentation, he will put together a way of thinking about it as less of a problem for solely for schools and more of a problem for society.
- **Impacts of chronic absenteeism:**
  - o John asked grantees about chronic absenteeism at their schools. One grantee discussed how there are three buckets of students: absent because they need to be and support families; absent because they are dealing with a MH journey; and absent because they are going through immigration concerns and are not coming to school.
  - o John discussed how there this is a confluence of different risk factors that produces chronic absenteeism. John also discussed how chronic absenteeism has an impact of access to services, and it creates a cycle.
- **Data on chronic absenteeism:**
  - o This is a national and state focus. In June 2024, 19.7% of students were chronically absents (around 18 days per year) compared to pre-pandemic rate of 13%. This is down from 27.7% in MA during the pandemic. It is highest in pre-K and HS and among ELL, low-income, and students with disabilities. Also higher for African American, Latino/Hispanic, AIAN students.
- **Why?**
  - o John discussed how it was never just one factor that leads to chronic absenteeism. It is the confluence of a variety of risk factors and focusing on any one cause may be shortsighted. It should be considered a public health issue requiring interventions across sectors like community agencies, government, schools and more.
  - o John discussed how there needs be an integrated approach between school and community.
- **SIHE (Social influencers of health and education):**
  - o John talked about SIHE which are social influencers of health and education. Influencers are less deterministic than discussing SDOH.
  - o SIHE include clothes, food, and home influence school habits. Schools are a part of the solution but cannot be the sole system that disrupts these societal inequities.

- **Categorizing chronic absenteeism:** John discussed categories of chronic absenteeism and the need to address all of these things.
  - Misconception
  - Disengagement
  - Aversion
  - Barriers
- **DOE Recommendations:**
  - DOE recommends early warning intervention systems and low-cost informational interventions, but these are not enough. This can help cut through the noise of identification, but identification is not enough.
    - Also suggest home visits which can be a strong strategy. Parent Teacher Home Visits.
    - Fostering safety: not feeling safe due to immigration concerns, bullying, harassment, etc.
    - Comprehensive school MH systems: a continuum of MH services to support students, families, and school community.
- **Additional systemic changes:**
  - School start time
  - International travel policy
  - Addressing physical plant concerns (HVAC, AC)
  - Transportation
  - School-based Health Centers
  - On site access to social services and SIHE supports
- **This is a health equity topic.**
  - 80% of services occur within schools. Kids that need care are absent.
- **Case Studies:**
  - One grantee discussed hearing “let’s do it online” but that doesn’t build tolerance for avoidance.
  - Another grantee discussed “[InStride](#),” has been a very successful program, but these programs are not offered to those without commercial insurance. They have been doing exposure therapy for students who may not have access to this work through this group. Another grantee mentioned a similar program called “[BeBraver](#).”
  - One grantee discussed that they have seen that kids from a specific area have higher unexcused tardies. There is less bussing in that area so they are working with the to try to get more bussing in that area.

### Logistics (5 minutes)

- Future Learning Community Meetings (Joan)
  - The April 17 Learning Community Meeting will be focused on sustainability. Thank you all so much for meeting with us to discuss sustainability plans. Grantees will get a chance to hear from each other about your post-grant sustainability plans and ask each other questions.
- Quarterly Progress Report (Lina)
  - The quarterly progress report will go out on Friday and will be due April 11, 2025.
- Data (Lina)
  - Data for July – December 2024 are due on March 28. Let us know if you have any questions (Lina).