



The Mental Health Services (MHS) department was created in July 2020 by merging the Psychological and Social Services (PSS) department and Youth and Family Centers (YFC) program. The MHS department mission is (a) to support students' academic success by providing services focused on emotional, behavioral, and physical wellbeing and (b) to increase equity across communities by providing school-based and clinic-based health services. By providing easily accessible, comprehensive, and research-based mental health services, the district helps children and families overcome personal challenges to pave the way for learning.

Key Findings

Implementation

Student Demographics

- In 2023-24, the MHS Department provided services to 9,505 unique students (7% of district enrollment) in the Dallas ISD.
- Of the 9,505 students that received MHS services, 6,756 students received school-based services (70%), 2,417 students received clinic-based services (25%), and 412 students received other MHS services (4%). The same student could receive services from more than one type of service.
- Demographic breakdowns of MHS students were generally similar to that of the district, with MHS students being less likely to be EBs (MHS: 38%, District: 52%) and more likely to be receiving SPED services (MHS: 21%, District: 13%).

Client Contacts and Services Provided

- A total of 39,109 services were provided to Dallas ISD students in schools, which consisted of 6,756 unique visitors and an average of six visits per client.
- The three most frequent services provided in schools included (a) individual counseling interventions, (b) indirect school services, and (c) academic, emotional, or behavioral interventions.
- A total of 27,805 services were provided to Dallas ISD students in YFCs, which consisted of 2,417 unique visitors and an average of 12 visits per client.
- The three most frequent services provided at YFCs included (a) individual psychotherapy, (b) teletherapy medication management, and (c) phone consultations.

Diagnosis Data at YFCs

- The three most common primary mental health diagnoses given to Dallas ISD students visiting a YFC for clinical services were adjustment disorder, attention deficit hyperactivity disorder (ADHD), and depressive disorder.

Stakeholder Feedback

MHS Clinician Focus Group

- Strengths: Clinicians described the following four strengths of the MHS program in 2023-24: (a) school-based clinicians stationed on campuses, (b) services are free, (c) support provided by managers, and (d) the ability to consult with colleagues.
- Obstacles: The clinicians shared three obstacles that the MHS program faced in 2023-24: (a) high turnover, (b) difficulty for clinicians to form connections with their manager and team, and (c) communicating with program leadership.
- Additional Resources and Comments: Multiple clinicians reported that they needed more support because they did not feel properly onboarded upon beginning work as a clinician, and they had to rely on other senior colleagues for training. They also reported that high turnover among department staff members made it difficult for clinicians to form connections with each other.

Campus Climate Survey

- Campuses that received 1:1 support had higher favorable response rates on one out of six scales (Culture of Feedback and Support) and had lower favorable response rates on three out of six scales (Positive Culture and Environment; College-Going Culture; Teacher-Teacher Trust) compared to campuses that did not receive 1:1 support.

Student Outcomes

- In 2023-24, the attendance rate for MHS students was three percentage points lower than the rate for non-MHS students.
- The Reset Center recidivism rate was higher for students who received MHS services (MHS: 31%) compared to non-MHS students (14%).
- The DAEP recidivism rate was higher for students who received MHS services (25%) compared to non-MHS students (11%).



Recommendations

- **Investigate ways to mitigate service implementation barriers.**

While the MHS department provided services to 9,505 Dallas ISD students, clinicians reported several service implementation concerns, such as (a) needing additional resources and staff at clinics, (b) reducing turnover and burnout among clinicians, and (c) improving communication among staff. Program managers should investigate how these implementation concerns are impacting student service provision and clinician well-being. Findings could then be used to determine if there are strategies that can be implemented to mitigate any negative impact on service provision or clinician well-being.

- **Continue monitoring campus climate for 1:1 campuses in 2024-25.**

1:1 campuses had higher favorable response rates on only one out of six scales on the Climate Survey compared to campuses that did not receive 1:1 support in 2023-24. MHS staff members on these campuses should continue monitoring and addressing MHS-related campus needs for staff members in 2024-25 to improve the campus climate.

- **Continue supporting MHS students to improve student outcomes, such as increasing overall attendance rates and decreasing recidivism rates for reset centers and DAEP.**

In 2023-24, MHS students had a lower attendance rate than non-MHS students, and they had higher recidivism rates for reset centers (MHS: 31%; non-MHS: 14%) and DAEP (MHS: 25%; non-MHS: 11%). To address these issues, MHS program staff can coordinate with reset center and DAEP staff members to develop strategies that reduce the number of MHS students referred more than once. They can also explore opportunities that encourage MHS to attend school more frequently, which may also improve their academic performance.