

EXECUTIVE SUMMARY

In 2020-21, as a result of additional funding through Results-Driven Accountability (RDA), the Dallas Independent School District (ISD) Mental Health Services (MHS) Department formed through the merging of the Youth and Family Centers (YFC) and Psychological and Social Services (PSS) programs. The MHS program seeks to reduce barriers to academic success, promote the wellness of families, and improve access to healthcare and education. The department directly integrates mental health services into the district's function, providing clinical mental health treatment to students and families. During 2020-21, the total MHS program budget was \$15,445,335 and included funding from Title I, Part A (\$1,996,434), Medicaid revenue (\$1,364,654), RDA funds (\$4,268,931), and district general operating funds (\$7,815,316). This was an increase from \$6,716,013 (funding for only YFC) in 2019-20.

In response to the COVID-19 pandemic, Dallas ISD transitioned students to at-home learning on March 23 until the end of the 2019-20 school year. In 2020-21, Dallas ISD delayed the start of the 2020-21 school year until September 8, 2020 and implemented at-home learning districtwide for the first four weeks. On October 22, 2020, the district announced that campuses would provide in-person and virtual learning throughout the rest of the school year, and parents could choose whether their children participated in in-person or virtual instruction. However, MHS continued to provide services to students and families remotely for the 2020-21 school year.¹

PURPOSE AND METHODOLOGY

The purpose of this evaluation was to provide managers and other stakeholders information regarding the operation of the Mental Health Services program across the district. The evaluation described the program's context, process, and outcomes for the 2020-21 school year. Context data included information about the services provided to campus staff members and students. Process data consisted of information about the implementation of the program. Finally, outcome data included results from analyses of mental health diagnoses, attendance, and survey data. Additionally, the evaluation examined the MHS Title I, Part A workscope goals, when applicable.

Data related to sources of program funding and budget information, services provided to students and families, program implementation, mental health diagnoses, and the

MHS Clinic/YFC Client Survey were obtained from MHS staff members. Data related to characteristics of MHS staff members and students, attendance, and the district Climate Survey were obtained from district data files. Frequencies and crosstabs were computed to conduct analyses.²

EVALUATION QUESTIONS/OUTCOMES

What was the context of the 2020-21 Mental Health Services program?

Starting in the 2020-21 school year, YFCs and PSS merged under a new department, Mental Health Services. This department was housed under Student Services. The combined number of staff members increased to 139 fulltime employees (from 68 in YFCs and 43 in PSS in 2019-20).³ The district added 60 clinical staff members (102 in 2020-21 compared to 42 in 2019-20) to the mental health services program in an effort to address all schools and populations in need. These actions reduced caseloads for mental health professionals and provided time for more intensive classroom management support and targeted interventions for high-risk students. The staffing allocation in particular positively impacted campuses as a mental health clinician was assigned to each campus at a minimum of one day per week. Furthermore, 12 schools, identified as targeted campuses through various district data points, received more intensive support by having a mental health professional stationed on the campus every day. Clinic-based services also expanded, supporting increased access to long-term individual, family, and group therapy. Lastly, MHS allocated funds for professional development opportunities for its staff members, including specialized training that emphasized student behaviors and discipline as defined within the RDA manual. This year, the department set the Title I, Part A workscope goal that at least 75 percent of staff members would participate in at least 32 hours of district-provided professional development. The department director reported that the goal was not met, as 75 percent of staff members participated in just 23 hours of professional development in 2020-21.⁴

The Mental Health Services program offered a three-tiered intervention approach. Universal (and less intensive) interventions targeted the entire school or classroom (tier 1). Selective interventions targeted subgroups of students who were at high risk for developing a mental

¹ More detailed information about COVID-19 is available in the full report.

² More detailed methodology is available in the full report.

³ Information from PSS staff members, 05/11/21. Dallas ISD personnel data file, 09/17/19 (2019-20) and 01/05/21 (2020-21).

⁴ As of 08/04/21.

health disorder (tier 2). Tier 3 interventions targeted students already showing clinical symptoms.

The program provided services in three main areas: school-based services, school and clinic services, and clinic-based services. School-based staff members provided universal and selective interventions through behavior support and classroom observations, crisis response, short-term individual therapy, and group counseling with a licensed clinician. School and clinic services included reentry support for students returning from the Disciplinary Alternative Education Program (DAEP) and staff member training and community outreach. Clinic-based services included those provided by clinic-based staff members such as long-term individual, family, and group therapy with a licensed clinician; psychiatric services and evaluation; and alcohol and drug intervention support. Finally, in response to COVID-19, MHS held a virtual symposium entitled Mental Health Matters to provide support and resources for students and parents regarding mental health issues. Results of a post-symposium survey ($N=42$) were positive overall (93% would strongly recommend the symposium to others).

What were the characteristics of Mental Health Services staff members?

A total of 139 administrators, clinicians, and support staff members operated out of campuses, 13 YFC service sites,⁵ and one central administration office in 2020-21.⁶ The number of MHS clinical positions totaled 102 (73% of MHS staff members) in 2020-21 and was comprised of clinicians, psychiatrists, and specialists (Table 1). The number of MHS administrative and support roles totaled 37 (27%) and included all other positions.

Table 1: 2020-21 MHS Staff Members by Role

Job Title	N	%
Director	3	2.2
Coordinator	1	0.7
Administrative Assistant	15	10.8
Analyst	1	0.7
Manager	16	11.5
Psychiatrist	2	1.4
Clinician	98	70.5
Specialist	2	1.4
Billing Assistant	1	0.7

Source: Dallas ISD 2020-21 personnel data file, 01/05/21.

Of the 139 MHS staff members, most were Hispanic (48%) or African American (29%), and 86 percent were female. Eighty-four percent held a master's-level degree or higher. MHS staff members most often had one to five years of local experience (26%).

⁵ A list of the 13 YFC locations is available in Table 2 of the full report.
⁶ Data were pulled from the district personnel data file dated 01/05/21.
⁷ MHS central staff members provided the list of served students on 06/29/21. This was merged with the 10/30/20 Public Education Information Management System (PEIMS) demographic data file.

What were the characteristics of students served by Mental Health Services in 2020-21?

MHS program staff members provided 2020-21 data for students served between May 27, 2020 and June 18, 2021.⁷ A total of 6,927 students received clinical services from the Dallas ISD MHS program in 2020-21; 4,117 students received services at school (PSS) and 2,810 students received services at a YFC site. This was less than the 4,704 students served at YFCs in 2019-20.⁸ The decrease in 2020-21 was attributed to the lower number of in-person students districtwide due to the lingering effects of COVID-19. Additionally, there was an increase in therapy denials and drop-outs, as these families indicated that they did not want to participate in teletherapy or that therapy was not a priority this school year.⁹

Of the 6,442¹⁰ students with available demographic data served by MHS in 2020-21 (4% of district students), most were economically disadvantaged (85%), male (54%), and/or Hispanic (66%). In comparison to the district overall, MHS students were also slightly more likely to be male (54% vs. 51%) and more likely to be receiving Special Education (SPED) services (19% vs. 10%).

How many and what types of visits occurred within the Mental Health Services program in 2020-21?

A total of 18,041 contacts were made with Dallas ISD students in schools (4,117 unique visitors and four visits per client). Additionally, a total of 2,810 students received clinical services from YFCs in 2020-21. This did not meet the Title I, Part A workscope goal that 5,000 unique visitors would be served. As mentioned previously, this may have been due to lingering impacts from COVID-19. A total of 30,303 contacts were made with Dallas ISD students and their families at YFCs in 2020-21 (34,943 in 2019-20), bringing the average number of visits per client to 11 (seven in 2019-20). Fair Oaks YFC had the highest number of unique visitors ($N=381$), and Wilmer Hutchins YFC had the fewest unique visitors ($N=155$) in 2020-21. Furthermore, Woodrow/Long YFC received the highest number of visits overall (including repeat visitors) in 2020-21 (3,869 total visits), and Kiosco YFC received the lowest number of visits (1,739 total visits). The average number of recorded visits per client at Seagoville YFC was the highest among all MHS clinics at 20 visits per client. Red Bird YFC had the lowest number of visits per client (seven).

Year-to-year changes from 2019-20 to 2020-21 in the number of unique visitors, total visits, and average visits at YFC sites were also examined. The number of unique visitors decreased at all 11 sites and the number of total visits decreased at 7 YFC sites from 2019-20 to 2020-21. However, the average number of visits per client increased

⁸ Zhang and Mehari (2020).
⁹ Information from program director, 07/13/21.
¹⁰ 485 MHS students were missing in the district PEIMS data file.

at all 11 sites with prior-year visit data (range: +0.4 to +8.2 visits).

The MHS program provided 19 distinct types of clinical service to Dallas ISD students and families at YFCs in 2020-21 (17 types in 2019-20).¹¹ The three most common types overall in 2020-21 were psychotherapy sessions of 60 minutes with clients and/or family members ($N=6,948$ visits, 23% of all recorded services), psychotherapy sessions of 45 minutes with clients and/or family members ($N=6,062$, 20%), and phone consultations ($N=4,450$, 15%). By volume, these three types of services together accounted for 17,460 (58%) of all clinical services provided to MHS clients at YFCs in 2020-21. Further, in 2020-21 the three most common services provided in schools were counseling ($N=7,910$, 44% of all recorded services), case management ($N=7,632$, 42%), and behavior intervention ($N=1,968$, 11%).

How did diagnoses categories differ from 2019-20 to 2020-21, and how did diagnoses differ across grade levels?

As seen in Table 2, the three most common primary mental health diagnoses made for Dallas ISD students visiting a YFC for clinical services in 2020-21 were Attention Deficit/Hyperactivity Disorder (ADHD; $N=10,434$, 35% of all primary diagnoses), Adjustment Disorder ($N=9,042$, 30%), and Depressive Disorder ($N=5,856$, 19%). This is comparable to 2019-20, wherein the three most common primary diagnoses were also ADHD ($N=14,277$, 41%), adjustment disorder ($N=9,054$, 26%), and depressive disorder ($N=6,009$, 17%).¹²

Table 2: 2020-21 Most Common (Top 10) Mental Health Diagnoses Among MHS Students

Primary Diagnoses	N	%
Attention Deficit/Hyperactivity Disorder	10,434	34.6
Adjustment Disorder	9,042	30.0
Depressive Disorder	5,856	19.4
Anxiety Disorder	2,458	8.1
Post-Traumatic Stress Disorder	957	3.2
Conduct Disorder	697	2.3
Bipolar Disorder	313	1.0
Developmental Disorders	298	1.0
Impulse Disorders	58	0.2
Schizophrenia	53	0.2

Source: MHS 2020-21 student data file, 06/29/21.

Note: Data included students and their visits from 05/27/20 through 06/18/21. $N=30,166$.

Information on the top primary diagnoses across grade level for 2020-21 was also examined. Overall, primary diagnoses were given most often to students in grades five, nine, and

seven. An ADHD diagnosis was given most often to students in grades five, four, and seven. Additionally, an Adjustment Disorder diagnosis was given most often to students in grades nine, four, five, and six.

In terms of year-to-year change in diagnoses percentages across groups, there was a lower percentage of male students who received a primary diagnosis of Adjustment Disorder (46%) in 2020-21 compared to 2019-20 (53%). For females, a greater percentage of students received a primary diagnosis of Adjustment Disorder (54%) in 2020-21 compared to 2019-20 (47%). Percentages for primary diagnoses were relatively similar across ethnicity from 2019-20 to 2020-21.

How did student outcomes differ between students who received Mental Health Services support versus those who did not?¹³

Attendance rates for students who received MHS support were compared to attendance rates for students who did not receive MHS support (Non-MHS students).¹⁴ For the 2020-21 school year, students had the option of participating in at-home or in-person learning and could transition between the two. This may have impacted the ability to accurately collect attendance data. Attendance rates should therefore be interpreted with caution. The average attendance rate for MHS students was 91.0 percent in 2020-21, which was lower than the average rate of 92.7 percent for non-MHS students.

What were the family perceptions of the Mental Health Services program in 2020-21?¹⁵

A total of 165 adult clients who participated in MHS services with a child completed the MHS Client Survey.¹⁶ Analyses of the survey provided by Grimberg (2021) indicated positive responses overall, with between 85 and 96 percent marking “agree” or “strongly agree” across items. ‘The mental health provider was professional’ and ‘The reception staff was friendly’ were the highest rated items (96% agreed or strongly agreed on both). ‘Treatment had a positive outcome on my child’s academics’ and ‘Treatment had a positive impact on my child’s behavior’ were lowest (both 85%). Thirty-nine respondents (24% of survey respondents) provided open-ended feedback. Thirty respondents’ (77%) feedback centered on praise for YFC clinics and/or MHS staff members.

¹¹ 2019-20 service information can be found in Zhang and Meharie (2020).

¹² Zhang and Meharie (2020).

¹³ Because of the lingering impacts of COVID-19 and many students engaging in remote learning instead of in-person learning, 2020-21 discipline data were not comparable to prior years. Therefore, only attendance rate data were reported. Further, given that the MHS Department formed in 2020-21, comparisons to prior years’ student attendance data are not applicable. However, information for YFC students from previous years can be found in Zhang and Meharie (2020).

¹⁴ District attendance data file, 08/24/21. MHS student data file, 06/29/21. District PEIMS data file, 10/30/20.

¹⁵ Note that this survey was not administered for the YFC program last year due to the COVID-19 pandemic.

¹⁶ The MHS-designed, 10-item MHS Client Survey (administered from 03/25/21 to 04/09/21) data were provided to the evaluator on 05/03/21. The exact number of individuals who had the opportunity to complete the survey was unknown.

How did Climate Survey results of campuses with one-to-one Mental Health Services support differ from campuses without?

Climate Survey favorable response rates provided evidence of an advantage for campuses that received 1:1 support.¹⁷ As seen in Table 3, campuses that received 1:1 support had higher favorable response rates compared to campuses that did not receive 1:1 support across all six scales.

Table 3: 2020-21 District Climate Survey Results by Scale

	Received 1:1 Support (Campus N=11)		Did not Receive 1:1 Support (Campus N=60)	
	N	Avg pos %	N	Avg pos %
Benefits and Priorities	717	73.5	3,499	69.6
Positive Culture and Environment	717	66.8	3,494	62.7
Culture of Feedback and Support	458	68.7	2,321	61.4
College-Going Culture	545	73.5	2,639	72.6
Teacher-Teacher Trust	455	73.4	2,315	72.3
Teacher-Principal Trust	454	69.8	2,314	63.1

Source: District Climate Survey data file, 07/23/21.

Note: Avg pos %=Average percent positive. Some Climate Survey data could not be appropriately classified; thus, they were excluded from analyses when applicable (Maya Angelou; DAEP for middle and high schools; Rosemont; Multiple Careers, and Career Institutes East, North, and West). No Climate Survey data were collected for Hospital and Homebound or Juvenile Justice Alternative Education Program (JJAEP) staff members.

In addition, when climate results for the 11 campuses that received support were examined over time, 62 percent of scales increased in the percentages of positive responses from spring 2019 to spring 2021.¹⁸

RECOMMENDATIONS

Based on the findings, the following recommendations are offered for stakeholders.

Reduce the number of clinic visits needed for clients to complete treatment. In 2020-21, YFC clients averaged 10.8 visits per client, a sizeable increase from 7.4 visits per client in 2019-20. Going forward, MHS should continue to make efforts to help clients successfully discharge from treatment in fewer required visits.

Increase the response rates of participant surveys. Response rates for the Client Survey (N=165)¹⁹ and Mental Health Matters symposium survey (N=42 out of a possible 703; 6% response rate) were quite low. An increased response rate on surveys would allow services to be improved based on participant feedback.

Increase the number of clients receiving services from YFCs. As students return to campuses in-person full-time for 2021-22, it will be important to increase the number of unique clients receiving services from clinic-based MHS staff members relative to 2020-21 (N=2,810) so that the 2021-22 Title I, Part A workscope goal of serving 5,000 unique visitors can be met.

REFERENCES

- Grimberg, N. (2021). 2020-21 Mental Health Services Clinic/Youth and Family Center Client Survey. Dallas, TX. Dallas Independent School District.
- Zhang, J. & Meharie, A. (2020). 2019-20 Evaluation of the Youth and Family Centers Program. Dallas, TX. Dallas Independent School District.

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¹⁷ A list of campuses receiving 1:1 support is available in Appendix B of the full report. No campus-level data were available for Barbra Manns High School/DAEP, so the campus was excluded from analyses.

¹⁸ District Climate Survey data file, 06/03/19.

¹⁹ The exact number of individuals who had the opportunity to complete the survey was unknown; thus, calculation of a response rate is unavailable.