

2020-21

Evaluation of the Mental Health Services Program

DEPARTMENT OF EVALUATION AND ASSESSMENT

Michael Hinojosa, Ed. D.
Superintendent of Schools



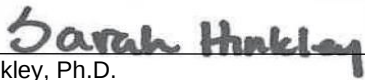
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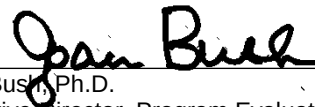
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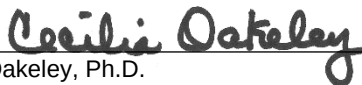
Kevin Carson, Ph.D., Evaluation Analyst II



Sarah Hinkley, Ph.D.
Manager, Program Evaluation



Joan Bush, Ph.D.
Executive Director, Program Evaluation



Cecilia Oakeley, Ph.D.
Assistant Superintendent, Evaluation and Assessment

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Dallas ISD Department of Evaluation and Assessment

H. B. Bell School Support Service Center; 2909 N. Buckner Blvd, Box 10; Dallas, TX 75228.

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ACRONYMS AND ABBREVIATIONS

ADHD	Attention Deficit Hyperactivity Disorder
DAEP	Disciplinary Alternative Education Program
Eco Dis	Economically disadvantaged
EL	English Learner
ISD	Independent School District
MHS	Mental Health Services
PEIMS	Public Education Information Management System
PSS	Psychological and Social Services
RDA	Results-Driven Accountability
SPED	Special Education
YFC	Youth and Family Centers

Evaluation of the Mental Health Services Program

DEPARTMENT OF EVALUATION AND ASSESSMENT

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

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).

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 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 E1). The number of MHS administrative and support roles totaled 37 (27%) and included all other positions.

Table E1: 2020-21 MHS Staff Members by Role

Job Title	<i>N</i>	%
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%).

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

⁴ As of 08/04/21.

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.

⁸ Zhang and Meharie (2020).

⁹ Information from program director, 07/13/21.

¹⁰ 485 MHS students were missing in the district PEIMS data file.

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 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 E2, 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 E2: 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

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.

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.

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 E3, 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 E3: 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.

Increase the response rates of participant surveys.

Increase the number of clients receiving services from YFCs.

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.

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.

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.

2020-21

Evaluation of the Mental Health Services Program

DEPARTMENT OF EVALUATION AND ASSESSMENT

PROGRAM DESCRIPTION

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. MHS 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. School-based clinicians (formerly PSS) provide a variety of services to campus staff members and students including behavior support, classroom observations, crisis response, short term individual therapy, group counseling, and transition support for students returning from the Disciplinary Alternative Education Program (DAEP) or hospitalization. Outside of school, clinic-based staff members (formerly YFC) provide services that include long-term individual, family, and group therapy; psychiatric services and evaluation; and alcohol and drug intervention support. 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.

On March 13, 2020, in alignment with federal recommendations, the Governor of Texas issued a disaster proclamation certifying that the novel coronavirus COVID-19 posed an imminent threat of disaster for all counties in the state of Texas. 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.

PURPOSE AND SCOPE OF THE EVALUATION

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 diagnoses, attendance, and survey data. Additionally, the evaluation examined the Title I, Part A workscope goals set by MHS staff members, when applicable.

Specifically, the evaluation will answer the following questions:

- 1) What was the source and amount of funding for the Mental Health Services program in 2020-21?
- 2) What was the context of the 2020-21 Mental Health Services program?
- 3) What were the locations of the Youth and Family Center school-based clinics?
- 4) What were the characteristics of Mental Health Services staff members?
- 5) What were the characteristics of students served by Mental Health Services in 2020-21?
- 6) How many and what types of visits occurred within the Mental Health Services program in 2020-21?
- 7) How did diagnoses categories differ from 2019-20 to 2020-21, and how did diagnoses differ across grade levels?
- 8) How did student outcomes differ between students who received Mental Health Services support versus those who did not?
- 9) What were the family perceptions of the Mental Health Services program in 2020-21?
- 10) How did Climate Survey results of campuses with one-to-one Mental Health Services support differ from campuses without?
- 11) What are the recommendations with respect to program improvement?

EVALUATION QUESTIONS AND RESULTS

What was the source and amount of funding for the Mental Health Services program in 2020-21?

Methodology

The MHS program budget data were obtained from the MHS program staff members and the Title I, Part A workscope for 2020-21.

Results

As of November 4, 2020, the total budget for the MHS program in 2020-21 was \$15,445,335 (Table 1), an increase from \$6,716,013 (funding for only YFC) in 2019-20. The total budget for 2020-21 included \$1,996,434 from Title I, Part A funds, \$7,815,316 from Dallas ISD general operating funds, \$1,364,654 from Medicaid revenue, and \$4,268,931 from RDA funds.

Table 1: 2019-20 YFC and 2020-21 MHS Funding

School Year	Title I	General Funds	Medicaid Revenue	RDA	Total
2019-20	\$1,579,918	\$3,784,776	\$1,351,319	N/A	\$6,716,013
2020-21	\$1,996,434	\$7,815,316	\$1,364,654	\$4,268,931	\$15,445,335

Source: Title I workscope and information from program staff members, 02/28/20 (2019-20) and 11/04/20 (2020-21). Special Revenue Funds confirmed 2020-21 budget information on 02/28/21.

Note: 2019-20 budget only represents YFC.

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

Methodology

Information about the MHS program was obtained from Dallas ISD documents. The evaluator also interviewed the program director in October 2020 to obtain supplemental information about the program.

Results

Merging of Programs Under Mental Health Services

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 from 68 YFC staff members and 43 PSS staff members in 2019-20 to 139 fulltime MHS employees in 2020-21.¹⁹ 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 (Appendix B). Clinic-based services also expanded, supporting increased access to long-term individual, family, and group therapy.

Finally, 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. Previously, professional development for YFC and PSS staff members was limited to district-based training. Individual staff members were responsible for locating, securing, and funding training to improve their clinical skills. By providing evidence-based clinical training and systematically incorporating new modalities for clinical care, the district improved recruiting for new staff members, assisted with continued licensure of existing employees, provided a higher quality of services to new clients, and potentially shortened the amount of time that clients were in care. 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. As of August 4, 2021, 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.

Summary of Services Provided

The Mental Health Services program offered a three-tiered intervention approach. The first tier included universal (and less intensive) interventions that targeted the entire school or classroom. Tiers two and three were designed for students who needed additional academic and behavioral supports to realize

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

their full potential. Tier two included selective interventions that targeted subgroups of students who were at high risk for developing a mental health disorder and tier three included interventions that 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. Behavior support and classroom observations consisted of consultations, observations, and recommendations for students who may have needed targeted intervention. Crisis response referred to crisis teams that were activated when a major event impacted a campus (e.g., community violence). These teams provided risk assessments and referrals for follow-up care at YFCs for students at risk of self-harm or violence. Short-term individual therapy (4 to 6 sessions) was available for mild to moderate cases and was aimed at providing students with coping skills. Group counseling with licensed clinicians could have included crisis response counseling with small groups of students, stress management, and intervention for students struggling behaviorally (e.g., fighting, skipping school).

Another area of service included school and clinic services which provided reentry support for students returning from DAEP and staff member training and community outreach. Students returning from DAEP were connected with a school-based licensed clinician or referred to a clinic for reentry support, with the goal of reducing recidivism.²⁰ Plans were individually tailored for DAEP students based on history and the nature of the offense. Further, staff member training and community outreach occurred via a collaboration between the Social and Emotional Learning (SEL), Counseling Services, MHS, Racial Equity Office (REO), DAEP, and Multi-tiered Systems of Support (MTSS) Departments. Administrators from these departments completed training in summer 2020 on trauma response and racial equity. Each department also completed additional training required by RDA, and bimonthly meetings of leadership occurred to address issues and improve collaboration.

Finally, services were provided by clinic-based staff members that included long-term individual, family, and group therapy with a licensed clinician; psychiatric services and evaluation; and alcohol and drug intervention support. Therapy with licensed clinicians occurred for students with issues that required long-term treatment (e.g., family issues, identified depression or anxiety, gender or sexuality issues) and who were referred by school-based clinicians. Treatment ranged from three months up to a year. During therapy, students were supported in gaining coping skills, improving their mood, and gaining access to medications. Clinics could have also provided family therapy, but the child was still the nexus, such that the focus was on helping families support the child. Psychiatric services and evaluation consisted of assessments and evaluations from child psychiatrists for various diagnoses that may benefit from medication management [e.g., Attention Deficit Hyperactivity Disorder (ADHD), anxiety, depression,

²⁰ Supportive services also were provided while students were at DAEP, such as short-term counseling and general case management (e.g., monitoring grades, behavior, and attendance).

schizophrenia]. Alcohol and drug intervention support was provided by a licensed dependence counselor primarily through DAEP (as that this is where most cases were found). Support could have included outreach and prevention for schools and safety planning (e.g., entry plans, building searches), as well as collaborations with community partners with free negotiated treatment. A pilot substance abuse program for parents about creating boundaries to prevent future substance abuse was also conducted.

Program Adjustments in Response to the COVID-19 Pandemic

In March 2020, in response to the COVID-19 pandemic, Dallas ISD transitioned students to at-home learning through the remainder of the school year. During this time, YFCs provided therapeutic and psychiatric services remotely. At the end of the 2019-20 school year, it was recommended that in the future MHS provide adequate telehealth resources for clinicians, technical support for families receiving telehealth services, and regular staff member communication for clinicians with colleagues who were working remotely. In the 2020-21 school year, MHS continued to provide services to students and families remotely. Additional supports were also implemented, including electronic consents for parents to obtain signatures electronically. Further, clinical trackers were launched for the school-based team and user-friendly electronic systems for data and documentation were developed. Subcommittees were also created to examine processes such as crisis response, opportunities in research, new projects, and department culture. Remote responses to crises occurring at home were developed in instances in which a clinician could not physically provide support to a child during a crisis event (e.g., guns observed on camera, family violence). Lastly, on May 1, 2021, MHS held a virtual symposium entitled Mental Health Matters to provide support and resources for students and parents regarding mental health issues. Virtual sessions included information on community resources for families, suicide and bullying prevention, coping with COVID-19, and how trauma impacts children.²¹ A total of 703 individuals attended the symposium, and 42 completed a survey administered by event vendors (6% response rate). Results indicated that 39 attendees that completed the survey (93%) would strongly recommend the symposium to others.

What were the locations of the Youth and Family Center school-based clinics?

Methodology

Information about the locations of YFCs was obtained from Dallas ISD documents provided by MHS staff members.

Results

Table 2 shows the locations of the 13 school-based YFC clinics. The 11 YFC clinics from 2019-20 remained the same in 2020-21. The North Dallas YFC located at North Dallas High School opened in January 2020, and the South Oak Cliff YFC located at South Oak Cliff High School opened at the beginning of the 2020-21 school year. These two locations were satellite clinics that offered behavioral health services but did not offer physical health services through the Parkland Health Hospital System like the other YFCs.

²¹ For more information, see <https://mentalhealthmattersdallas.com/>.

Table 2: 2020-21 YFC Locations

YFC	Location
Adamson YFC	Adamson HS
Amelia Flores YFC	Bryan Adams HS
Balch Springs YFC	Balch Springs MS
EBJ YFC	Dade MS
Fair Oaks YFC	Conrad HS
Kiosco YFC	Cary MS
North Dallas YFC	North Dallas HS
Red Bird YFC	Browne MS
Seagoville YFC	Seagoville HS
South Oak Cliff YFC	South Oak Cliff HS
West Dallas YFC	Pinkston HS
Wilmer Hutchins YFC	Wilmer Hutchins HS
Woodrow/Long YFC	Wilson HS

Source: MHS file, 05/04/21.

Note: North Dallas YFC and South Oak Cliff YFC are satellite clinics that offer behavioral health services but do not offer physical health services through the Parkland Health Hospital System. EBJ=Eddie Bernice Johnson. HS=High School. MS=Middle School.

What were the characteristics of Mental Health Services staff members?

Methodology

Data on MHS staff member characteristics were obtained from the district personnel data file dated January 5, 2021. The evaluator analyzed the results by job title, gender, ethnicity, education level, and years of experience in the district.

Results

A total of 139 administrators, clinicians, and support staff members operated out of campuses, 13 YFC service sites, and one central administration office in 2020-21. The number of MHS clinical positions totaled 102 (73% of MHS employees) in 2020-21 and was comprised of clinicians, psychiatrists, and specialists (Table 3). The number of MHS administrative and support roles totaled 37 (27%) and included all other positions. Overall, mental health clinicians comprised the largest group of MHS staff members at 71 percent of the MHS Department.

Table 3: 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.

Note: Percentages may not sum to 100 because of rounding.

Of the 139 MHS staff members, most were Hispanic (48%) or African American (29%), and 86 percent were female (Table 4). 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%). Forty-nine percent of staff had five years or less of experience.

Table 4: 2020-21 MHS Staff Member Characteristics

	<i>N</i>	%
Gender		
Female	119	85.6
Male	20	14.4
Ethnicity		
African American	40	28.8
White	31	22.3
Hispanic	66	47.5
Asian	2	1.4
Education Level		
Bachelor's	2	1.4
Master's	102	73.4
Doctorate	15	10.8
Other	20	14.4
Local Experience		
<1 year	32	23.0
1-5 years	36	25.9
6-10 years	27	19.4
11-15 years	18	12.9
16-20 years	17	12.2
21+ years	9	6.5

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

Note: Percentages may not add to 100 due to rounding.

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

Methodology

MHS program staff members provided a list of students served between May 27, 2020 and June 18, 2021 on June 29, 2021. The evaluator merged these data with the 2020-21 district Public Education Information Management System (PEIMS) demographic data file dated October 30, 2020 and conducted frequency and cross-tabulation analyses for those served by YFCs and PSS by gender, ethnicity, grade level, and student group [English Learner (EL), special education (SPED), and economically disadvantaged (Eco Dis) status]. For YFCs, year-over-year change was also examined. District-level results are provided as a comparison.

Results

A total of 6,927 students were served by MHS in 2020-21, with 2,810 students receiving services via YFCs and 4,117 receiving services at school (PSS). However, 485 MHS students were missing in the district PEIMS file, leaving 6,442 in the file for analyses. Table 5 displays the characteristics of students with available demographic data who received MHS services in 2020-21 compared to all students districtwide. Of the 6,442 MHS students with available demographic data (4% of district students), most

were economically disadvantaged (85%), male (54%), and/or Hispanic (66%). In comparison to the district overall, students who received services were also slightly more likely to be male (54% vs. 51%) and more likely to be classified as receiving SPED services (19% vs. 10%). Percentages of MHS students who received services at school differed from those who received services at a YFC by gender and SPED status. First, the percentage of male YFC students (58%) was higher than male PSS students (51%). Second, 30 percent of YFC students received SPED services compared to 11 percent of PSS students.

Table 5: 2020-21 MHS and District Student Characteristics

	YFC Students (N=2,560*)		PSS Students (N=3,882*)		All MHS Students (N=6,442*)		District Students (N=145,720)	
	N	%	N	%	N	%	N	%
Gender								
Female	1,064	41.6	1,908	49.1	2,972	46.1	71,487	49.1
Male	1,496	58.4	1,974	50.9	3,470	53.9	74,233	50.9
Ethnicity								
African American	613	23.9	952	24.5	1,565	24.3	30,468	20.9
White	184	7.2	216	5.6	400	6.2	7,222	5.0
Hispanic	1,669	65.2	2,559	65.9	4,228	65.6	102,821	70.6
Other	94	3.7	155	4.0	249	3.9	5,202	3.6
Grade Level								
Early Childhood	2	0.1	1	0.0	3	0.0	334	0.2
Prekindergarten	27	1.1	158	4.1	185	2.9	8,777	6.0
Kindergarten	57	2.2	238	6.1	295	4.6	10,276	7.1
1	118	4.6	254	6.5	372	5.8	10,586	7.3
2	150	5.9	298	7.7	448	7.0	10,610	7.3
3	205	8.0	302	7.8	507	7.9	10,474	7.2
4	231	9.0	315	8.1	546	8.5	10,572	7.3
5	290	11.3	328	8.4	618	9.6	10,829	7.4
6	240	9.4	353	9.1	593	9.2	10,640	7.3
7	253	9.9	311	8.0	564	8.8	10,644	7.3
8	220	8.6	334	8.6	554	8.6	10,678	7.3
9	265	10.4	325	8.4	590	9.2	11,513	7.9
10	197	7.7	270	7.0	467	7.2	11,228	7.7
11	156	6.1	213	5.5	369	5.7	9,739	6.7
12	149	5.8	182	4.7	331	5.1	8,820	6.1
Student Groups								
English Learner	1,230	48.0	1,953	50.3	3,183	49.4	67,653	46.4
Special Education	779	30.4	423	10.9	1,202	18.7	14,095	9.7
At Risk	1,634	63.8	2,298	59.2	3,932	61.0	88,403	60.7
Eco Dis	2,120	82.8	3,331	85.8	5,451	84.6	123,296	84.6

Source: MHS 2020-21 student data file, 06/29/21 and district PEIMS data file, 10/30/20.

Note: Percentages may not add to 100 due to rounding. *250 YFC clients and 235 PSS students were not found in the PEIMS data file and were excluded from analyses. Seven students had missing data for ethnicity in the districtwide analyses. Student groups are not mutually exclusive.

MHS student characteristics were also examined by gender across all grade levels (Table 6). For males, percentages of served students tended to increase as grade level increased to grade five, then tended to decrease to grade 12. For females, percentages generally increased as grade level increased to grade six, remained similar through grade nine, then decreased to grade 12. The highest percentage for served male students was in grades three to five (all 10%), whereas the highest percentage for female students was in grade nine (11%).

Table 6: 2020-21 MHS Students by Grade Level and Gender

Grade	Male (N=3,190*)		Female (N=2,701*)	
	N	%	N	%
Early Childhood	0	0.0	3	0.1
Prekindergarten	118	3.7	55	2.0
Kindergarten	178	5.6	93	3.4
1	235	7.4	110	4.1
2	258	8.1	153	5.7
3	307	9.6	160	5.9
4	302	9.5	205	7.6
5	311	9.7	252	9.3
6	266	8.3	270	10.0
7	260	8.2	258	9.6
8	258	8.1	262	9.7
9	243	7.6	289	10.7
10	180	5.6	226	8.4
11	153	4.8	183	6.8
12	121	3.8	182	6.7

Source: MHS 2020-21 student data file, 06/29/21 and district PEIMS data file, 10/30/20.

Note: N=5,891. *471 students had missing grade-level data and were excluded from this table and analyses.

Year-to-year changes from 2019-20 to 2020-21 in YFC student characteristics were also examined. The YFC served fewer students in 2020-21 than in 2019-20 (2,810 vs 4,704). 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.²² As seen in Table 7, for the students with available demographic data, 2,560 YFC students were analyzed in 2020-21, compared to 4,434 YFC students in 2019-20. Even though the number of students served decreased over time, in 2020-21, MHS served a greater percentage of females (+5 percentage points), EL students (+8 percentage points), At-Risk students (+9 percentage points), and economically disadvantaged students (+7 percentage points) compared to 2019-20.

²² Information from program director, 07/13/21.

Table 7: 2019-20 to 2020-21 YFC Student Characteristics

	2019-20 YFC Students (N=4,434*)		2020-21 YFC Students (N=2,560*)		1 Yr Δ	
	N	%	N	%	N	%pts
Gender						
Female	1,638	36.9	1,064	41.6	-574	4.7
Male	2,796	63.1	1,496	58.4	-1,300	-4.7
Ethnicity						
African American	1,104	24.9	613	23.9	-491	-1.0
White	325	7.3	184	7.2	-141	-0.1
Hispanic	2,858	64.5	1,669	65.2	-1,189	0.7
Other	147	3.3	94	3.7	-53	0.4
Grade Level						
Early Childhood	10	0.2	2	0.1	-8	-0.1
Prekindergarten	81	1.8	27	1.1	-54	-0.7
Kindergarten	178	4.0	57	2.2	-121	-1.8
1	288	6.5	118	4.6	-170	-1.9
2	388	8.8	150	5.9	-238	-2.9
3	375	8.5	205	8.0	-170	-0.5
4	435	9.8	231	9.0	-204	-0.8
5	471	10.6	290	11.3	-181	0.7
6	453	10.2	240	9.4	-213	-0.8
7	426	9.6	253	9.9	-173	0.3
8	348	7.8	220	8.6	-128	0.8
9	323	7.3	265	10.4	-58	3.1
10	259	5.8	197	7.7	-62	1.9
11	238	5.4	156	6.1	-82	0.7
12	161	3.6	149	5.8	-12	2.2
Student Groups						
English Learner	1,765	39.8	1,230	48.0	-535	8.2
Special Education	1,256	28.3	779	30.4	-477	2.1
At Risk	2,431	54.8	1,634	63.8	-797	9.0
Eco Dis	3,351	75.6	2,120	82.8	-1,231	7.2

Source: YFC student data file, 07/06/20 (2019-20) and MHS student data file, 06/29/21 (2020-21). District PEIMS data files, 10/28/19 (2019-20) and 10/30/20 (2020-21).

Note: Percentages may not add to 100 due to rounding. 1 Yr Δ=change from 2019-20 to 2020-21. %pts=percentage points. *In 2019-20, 270 YFC clients were not found in the PEIMS data file and were excluded from analyses; 250 YFC clients could not be found in 2020-21.

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

Methodology

Data on the number and types of clinical mental health services provided to Dallas ISD students and families in 2020-21 were obtained from the MHS program manager on June 29, 2021. The evaluator conducted frequency and cross-tabulation analyses to calculate the unique number of visitors and the total number of visits for schools and YFCs. This allowed for the examination of the Title I, Part A workscope goal set by MHS staff members that 5,000 unique visitors would be served in 2020-21 and for computation of an average number of visits per visitor. Results were compared to 2019-20 data pulled from Zhang and Meharie (2020).

Results

Client Contacts

A total of 18,041 contacts were made with Dallas ISD students in schools (4,117²³ unique visitors and four visits per client). Table 8 details the number of unique visitors, total number of recorded visits (which includes all substantive clinical client contacts), and average number of visits per client for each YFC clinic during 2020-21 and 2019-20. A total of 2,810²⁴ students received clinical services from YFCs in 2020-21 (4,704²⁵ in 2019-20). 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 YFC visits per client to 11, which was higher than in 2019-20 (seven).

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. Woodrow/Long YFC received the highest number of visits overall (including repeat visitors) in 2020-21 with 3,869 total visits. West Dallas YFC, Fair Oaks YFC, and Seagoville YFC each followed behind with 3,462, 3,370, and 3,242 total visits, respectively. Kiosco YFC received the lowest number of visits with 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. As seen in Table 8, 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 at all 11 sites with prior-year visit data (range: +0.4 to +8.2 visits).

²³ Includes 235 students who were not found in the district PEIMS dated 10/30/20 and excluded from student characteristic tables.

²⁴ Includes 250 students who were not found in the district PEIMS dated 10/30/20 and excluded from student characteristic tables.

²⁵ Includes 270 students who were not found in the district PEIMS dated 10/28/19 and excluded from student characteristic tables.

Table 8: 2019-20 to 2020-21 Change in Client Visit Data by YFC Clinic Site

Clinic Site	Unique Visitors			Total Visits			Average Visits		
	2019-20	2020-21	1 Yr Δ	2019-20	2020-21	1 Yr Δ	2019-20	2020-21	1 Yr Δ
	N	N		N	N		N	N	
Adamson YFC	596	317	-279	4,173	2,343	-1,830	7.0	7.4	0.4
Amelia Flores YFC	508	288	-220	3,235	2,605	-630	6.4	9.0	2.6
Balch Springs YFC	434	259	-175	2,537	2,710	173	5.8	10.5	4.7
EBJ YFC	311	179	-132	2,229	2,077	-152	7.2	11.6	4.4
Fair Oaks YFC	491	381	-110	3,552	3,370	-182	7.2	8.8	1.6
Kiosco YFC	312	185	-127	2,267	1,739	-528	7.3	9.4	2.1
North Dallas YFC	-	-	-	-	-	-	-	-	-
Red Bird YFC	433	329	-104	2,109	2,329	220	4.9	7.1	2.2
Seagoville YFC	249	160	-89	3,004	3,242	238	12.1	20.3	8.2
South Oak Cliff YFC	-	-	-	-	-	-	-	-	-
West Dallas YFC	515	248	-267	4,829	3,462	-1,367	9.4	14.0	4.6
Wilmer Hutchins YFC	288	155	-133	2,469	2,557	88	8.6	16.5	7.9
Woodrow/Long YFC	567	309	-258	4,539	3,869	-670	8.0	12.5	4.5
Total	4,704	2,810	-1,894	34,943	30,303	-4,640	7.4	10.8	3.4

Source: YFC student data file, 07/06/20 (2019-20) and MHS student data file, 06/29/21 (2020-21).

Note: EBJ=Eddie Bernice Johnson. (-) North Dallas YFC and South Oak Cliff YFC are satellite clinics, and their service data is reported in the clinic numbers for Fair Oaks YFC and EBJ YFC, respectively. 1 Yr Δ=change from 2019-20 to 2020-21.

Types and Frequency of Services Provided

Program records indicated that the MHS program provided 19 distinct types of clinical services to Dallas ISD students and families in 2020-21 (17 types in 2019-20). Table 9 details the types of services and the year-to-year change in the number of clinical services provided at YFCs from 2019-20 to 2020-21. 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, accounted for 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. For comparison, in 2019-20 the three most common types of visits overall were psychotherapy sessions of 60 minutes with clients and/or family members ($N=8,900$ visits, accounted for 26% of all recorded services), psychotherapy sessions of 45 minutes with clients and/or family members ($N=7,201$ visits, 21%), and psychiatrist evaluation sessions of 15 minutes for established clients ($N=3,772$, 11%). These three types of services accounted for 19,873 (57%) of all clinical services in 2019-20. Additionally, MHS offered two services in 2020-21 that it did not offer in 2019-20: multiple-family group psychotherapy ($N=70$, 0.2% of all recorded services) and health behavior assessment/re-assessment ($N=8$, <0.1%). Twelve of the types of services offered decreased in the number of clients served from 2019-20 to 2020-21, though this can likely be attributed to the lower number of client visits in 2020-21.

Table 9: 2019-20 and 2020-21 YFC Types of Clinical Services Provided

Type of Clinical Service	2019-20		2020-21		1-Year Change	
	N	%	N	%	N	%pts
Psychotherapy, 60 minutes with Client and/or Family Member	8,900	25.5	6,948	23.0	-1,952	-2.5
Psychotherapy, 45 minutes with Client and/or Family Member	7,201	20.6	6,062	20.0	-1,139	-0.6
Evaluation of an Established Client – Psychiatrist 15 minutes	3,772	10.8	1,247	4.1	-2,525	-6.7
Evaluation of an Established Client – Psychiatrist 20 minutes	3,018	8.6	3,751	12.4	733	3.8
Psychotherapy, 30 minutes with Client and/or Family Member	2,755	7.9	3,464	11.4	709	3.5
Phone Consultation	2,724	7.8	4,450	14.7	1,726	6.9
Family Therapy 60 minutes	2,357	6.7	1,421	4.7	-936	-2.0
Psychiatric Diagnostic Evaluation	1,584	4.5	906	3.0	-678	-1.5
In-Person Consultation	793	2.3	343	1.1	-450	-1.2
Psychiatric Diagnostic Evaluation with Medical Services	772	2.2	408	1.3	-364	-0.9
Family Psychotherapy (without the Client) 45-60 minutes	522	1.5	858	2.8	336	1.3
Evaluation of an Established Client – Psychiatrist 30 minutes	269	0.8	302	1.0	33	0.2
Group Therapy 60 minutes	177	0.5	1	<0.1	-176	0.5
Evaluation of an Established Client – Psychiatrist 10 minutes	65	0.2	16	0.1	-49	-0.1
Crisis Intervention	21	0.1	8	<0.1	-13	-0.1
Evaluation of an Established Client – Psychiatrist 5 minutes	7	<0.1	1	<0.1	-6	<0.1
Group Therapy 30 minutes	6	<0.1	0	0.0	-6	<-0.1
Multiple-Family Group Psychotherapy	-	-	70	0.2	-	-
Health Behavior Assessment/Re-assessment	-	-	8	<0.1	-	-
Total	34,943	100.0	30,264*	100.0	-4,679	-13.4**

Source: YFC student data file, 07/06/20 (2019-20) and MHS student data file, 06/29/21 (2020-21).

Note: 2020-21 data included 2,810 students and their visits from 05/27/20 through 06/18/21. Only cases with a designated service type were included in analyses. 1 Year change=change from 2019-20 to 2020-21. %pts = percentage points. (-) Indicates that the service type was not provided. **The total percentage-point decrease was calculated as a percentage change as opposed to a change in percentage points.

Further, in 2020-21 the services provided in schools were counseling (N=7,910, accounted for 44% of all recorded services), case management (N=7,632, 42%), behavior intervention (N=1,968, 11%), risk assessment (N=333, 2%), and crisis response (N=198, 1%).

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

Methodology

Data on mental health diagnoses were provided by the MHS program manager on June 29, 2021, who extracted the data from the program's electronic record system. Diagnosis data were merged with the district PEIMS demographic data file dated October 30, 2020 and analyzed using frequencies and crosstabulations by primary diagnosis and grade level. Students do not receive a diagnosis when treated by PSS; diagnosis are only assigned within the YFCs. Thus, results were compared to 2019-20 (Zhang & Meharie, 2020) and one-year change rates were calculated.

Results

As seen in Table 10, the three most common primary mental health diagnoses made for Dallas ISD students visiting a YFC for clinical services in 2020-21 were 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%).²⁶

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

Primary Diagnoses	<i>N</i>	%
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.

Information on the top 10 primary diagnoses across grade level for 2020-21 is displayed in Table 11. Overall, primary diagnoses were given most often to students in grades five, nine, and seven. As seen, 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.

Table 11: 2020-21 Top 10 MHS Student Primary Diagnoses by Grade Level

	Grade Level														
	EC	PK	K	1	2	3	4	5	6	7	8	9	10	11	12
	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>
ADHD	0	10	22	60	89	119	132	167	117	129	100	89	52	37	30
Adjustment Dis	0	11	26	40	41	50	70	66	66	62	47	84	54	42	40
Depressive Dis	0	0	1	5	3	12	7	23	31	35	40	65	54	50	53
Anxiety Dis	0	3	2	2	4	10	11	17	8	17	17	7	20	18	16
PTSD	0	0	1	1	2	1	3	4	5	0	7	4	7	4	4
Conduct Dis	0	3	3	3	4	3	5	7	8	7	5	4	2	2	0
Bipolar Dis	0	0	0	0	0	0	0	0	1	3	1	4	5	1	3
Dev Disorders	2	0	2	4	5	10	2	3	3	0	2	0	1	0	1
Impulse Dis	0	0	0	0	0	0	0	1	0	0	0	1	0	0	1
Schizophr	0	0	0	0	0	0	0	0	0	0	0	1	2	1	1
Total	2	27	57	115	148	205	230	288	239	253	219	259	197	155	149

Source: MHS data file, 06/29/21 and district PEIMS data file, 10/30/20.

Note: $N=2,543$. EC=Early Childhood. PK=Prekindergarten. K=Kindergarten. Dis=Disorder. PTSD=Post-Traumatic Stress Disorder. Dev Disorders=Developmental Disorders. Schizophr=Schizophrenia. *N*'s only include one diagnosis per student, though they receive one at each visit. Thus, diagnoses totals will not match those presented in Table 10.

Table 12 displays the year-to-year change in diagnoses frequencies and percentages across gender and ethnicity for the top three primary diagnoses. As expected, given the fewer number of students served, the frequencies for primary diagnoses were lower across gender and ethnicity in 2020-21 compared

²⁶ Zhang and Meharie (2020).

to 2019-20. In terms of year-to-year percentage-point 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.

Table 12: 2019-20 to 2020-21 Most Common (Top 3) Primary Mental Health Diagnoses by Gender and Ethnicity

	2019-20		2020-21		1 Yr Δ	
	N	%	N	%	N	%
Gender – Male						
ADHD	1,549	76.2	875	75.9	-674	-0.3
Adjustment Disorder	553	52.6	320	45.8	-233	-6.8
Depressive Disorder	168	35.3	132	34.8	-36	-0.5
Gender – Female						
ADHD	485	23.8	278	24.1	-207	0.3
Adjustment Disorder	498	47.4	379	54.2	-119	6.8
Depressive Disorder	308	64.7	247	65.2	-61	0.5
Ethnicity – Hispanic						
ADHD	1,164	59.5	655	59.0	-509	-0.5
Adjustment Disorder	778	76.2	504	74.6	-274	-1.6
Depressive Disorder	373	80.6	298	80.8	-75	0.2
Ethnicity – African American						
ADHD	638	32.6	369	33.2	-269	0.6
Adjustment Disorder	179	17.5	136	20.1	-43	2.6
Depressive Disorder	63	13.6	49	13.3	-14	-0.3
Ethnicity – White/Caucasian						
ADHD	153	7.8	87	7.8	-66	0.0
Adjustment Disorder	64	6.3	36	5.3	-28	-1.0
Depressive Disorder	27	5.8	22	6.0	-5	0.2

Source: YFC student data file, 07/06/20 (2019-20), MHS student data file, 06/29/21 (2020-21) and PEIMS data files, 10/28/19 (2019-20) and 10/30/20 (2020-21).

Note: 1 Yr Δ N=frequency change from 2019-20 to 2020-21. 1 Yr Δ %=percentage-point change from 2019-20 to 2020-21. Percentages may not add to 100 due to rounding.

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

Methodology

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. To examine differences in attendance rates between students who received MHS support versus those who did not (non-MHS students), the evaluator merged student identification numbers of MHS clients²⁷ with the district PEIMS demographic data file dated October 30, 2020 and the district attendance data file dated August 24, 2021. The evaluator then conducted frequencies and crosstabulation analyses to examine attendance rates for those who were and were not served by

²⁷ Provided by MHS central staff members on 06/29/21.

MHS by gender, ethnicity, and student groups (EL, SPED, and Eco Dis status). Given 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).

Results

Attendance rates for students who received MHS support were compared to attendance rates for non-MHS students. 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. As seen in Table 13, the average attendance rate for male MHS students was 90.9 percent, which was lower than the 91.8 percent rate for non-MHS students. For female MHS students, the average attendance rate was 91.4 percent, whereas the average rate for female non-MHS students was 93.5 percent. Further, MHS students also had comparable to or lower average attendance rates than non-MHS students across ethnicities and student groups.

Table 13: 2020-21 Average Student Attendance Rates for MHS Students vs Non-MHS Students by Gender, Ethnicity, and Student Groups

	Received MHS Services (N=6,174)		Did not Receive MHS Services (N=139,372)	
	N	%	N	%
Gender				
Female	2,701	91.4	68,578	93.5
Male	3,188	90.9	70,794	91.8
Ethnicity				
African American	1,448	90.0	28,836	90.6
White	365	93.3	6,845	96.3
Hispanic	3,856	91.3	98,716	92.9
Other	505	90.2	4,975	94.4
Student Groups				
English Learner	2,270	92.2	65,216	93.4
Special Education	1,093	91.4	12,968	92.5
Economically Disadvantaged	4,989	90.9	117,912	92.4

Source: District PEIMS data file, 10/30/20, district attendance data file, 08/24/21, and MHS student data file, 06/29/21.

Note: N's for student characteristics may not add up to total N's due to missing data.

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

Methodology

Mental Health Services provided services to both Dallas ISD students and their families. To solicit feedback about the services they received, MHS developed a client survey for adults who participated in MHS services with a child. The survey was administered at the end of their time with MHS by clinicians and

clinic administrative assistants from March 25, 2021 to April 9, 2021 via Google Forms.²⁸ The survey was available in English and Spanish and included 10 items (9 items that used a five-point Likert-type scale ranging from “Strongly Agree” to “Strongly Disagree” and one open-ended item). This survey was not administered for the YFC program last year due to the COVID-19 pandemic. A data analyst for MHS performed frequency analyses for the quantitative data and content analyses for the qualitative data to identify common themes and provided results to the evaluator on May 3, 2021 (see Grimberg, 2021).

Results

Clients from all 13 YFC sites completed the survey. Findings from the survey represented feedback from adult clients ($N=165$)²⁹ at Seagoville ($N=27$), Red Bird ($N=20$), Balch Springs ($N=17$), Kiosco ($N=15$), Eddie Bernice Johnson ($N=15$), West Dallas ($N=13$), Amelia Flores ($N=12$), Woodrow ($N=10$), Adamson ($N=10$), Wilmer-Hutchins ($N=9$), Fair Oaks ($N=6$), North Dallas ($N=6$), and South Oak Cliff ($N=5$). Responses were positive 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%). Full survey questions and responses from 2020-21 can be found in Appendix A.

For the open-ended item, 39 respondents (24% of survey respondents) provided feedback. Thirty respondents’ (77%) feedback centered on praise for YFC clinics and/or MHS staff members. Four respondents (10%) requested more opportunities for face-to-face interaction with clinicians (Grimberg, 2021).

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

Methodology

The District Climate Survey was administered in spring 2021 and consisted of six scales. To examine differences in campus climate for campuses receiving 1:1 support from a full-time clinician (Appendix B) compared to campuses without, the evaluator extracted the District Climate Survey data file dated July 23, 2021 from district data files. Because only middle and high school campuses were receiving 1:1 support, the comparison group was also limited to middle and high school campuses. The evaluator then conducted frequency and crosstabulation analyses by scale and level of support.³⁰

Results

Table 14 displays differences in positive response rates of scales between campuses that received 1:1 support and those that did not. Climate Survey favorable response rates provided evidence of an

²⁸ The date range given to complete the survey was shorter than expected given that fewer clients were being discharged because of the COVID-19 pandemic.

²⁹ The exact number of individuals who had the opportunity to complete the survey was unknown; thus, calculation of a response rate is unavailable.

³⁰ No campus-level data were available for Barbra Manns High School/DAEP, so the campus was excluded from analyses.

advantage for campuses that received 1:1 support. As seen in Table 14, 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 14: 2020-21 District Climate Survey Results for Campuses that Did and Did Not Receive 1:1 Support 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: 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 2021.³¹

³¹ District Climate Survey data file, 06/03/19.

KEY FINDINGS AND RECOMMENDATIONS

Key Findings

Funded through RDA, Title I, Part A, Medicaid revenue, and the district's general operating funds, the total budget for the MHS program in 2020-21 was \$15,445,335. These funds were used to provide mental health services to Dallas ISD students and families. The evaluation focused on program implementation following the merger of YFC and PSS, characteristics of campus staff members and students, the most common mental health diagnoses of YFC students, attendance rates of students served, and results from the MHS Clinic/YFC Client Survey and Climate Survey. Key findings for 2020-21 included the following:

- A total of 6,927 students were served by MHS in 2020-21. Of the 6,442 students with available demographic data (4% of district students), most were economically disadvantaged (85%), male (54%), and/or Hispanic (66%). In comparison to the district overall, students who received services were also slightly more likely to be male (54% vs. 51%) and more likely to be receiving SPED services (19% vs. 10%).
- A total of 2,810 students received clinical services from YFCs in 2020-21 (4,704 in 2019-20). 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 YFC visits per client to 11, which was higher than in 2019-20 (seven). A total of 18,041 contacts were made with Dallas ISD students in schools (4,117 unique visitors and four visits per client).
- The MHS program provided 19 distinct types of clinical services to Dallas ISD students and families in 2020-21 (17 types in 2019-20). 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%). Further, in 2020-21 the three most common types of service in schools were counseling ($N=7,910$, 44% of all recorded services), case management ($N=7,632$, comprised 42%), and behavior intervention ($N=1,968$, comprised 11%).
- The three most common primary mental health diagnoses made for Dallas ISD students visiting a YFC for clinical services in 2020-21 were ADHD ($N=10,434$, 35% of all primary diagnoses), Adjustment Disorder ($N=9,042$, 30%), and Depressive Disorder ($N=5,856$, 19%), which was comparable to 2019-20.
- 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.
- Results of the MHS Client Survey ($N = 165$) were positive overall (85% to 96% 'agree' or 'strongly agree').
- Results of the Mental Health Matters symposium survey ($N=42$) were positive overall (93% would strongly recommend the symposium to others).

- Campuses that received 1:1 support had higher favorable Climate Survey response rates compared to campuses that did not receive 1:1 support across all six scales.

Recommendations

Based on the key 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 ($N=165$)³² 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.

³² The exact number of individuals who had the opportunity to complete the survey was unknown; thus, calculation of a response rate is unavailable.

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.

APPENDICES



Appendix A

Appendix A: 2020-21 MHS Client Survey Responses

MHS Client Survey Questions	Strongly Agree		Agree		Neutral		Disagree		Strongly Disagree	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
1. The Mental Health Services Clinic/Youth and Family Center was easy to locate.	114	69.1	43	26.1	5	3.0	2	1.2	1	0.6
2. The reception staff was friendly.	131	79.4	27	16.4	6	3.6	0	0.0	1	0.6
3. It was easy to make an appointment.	104	63.0	47	28.5	5	3.0	6	3.6	3	1.8
4. The mental health provider understood my problems and concerns.	129	78.2	28	17.0	4	2.4	1	0.6	3	1.8
5. The mental health provider was professional.	137	83.0	22	13.3	2	1.2	1	0.6	3	1.8
6. Treatment had a positive outcome on my child's academics.	102	61.8	38	23.0	21	12.7	2	1.2	2	1.2
7. Treatment had a positive impact on my child's behavior.	97	58.8	43	26.1	21	12.7	3	1.8	1	0.6
8. I was satisfied with the services offered at the Mental Health Services Clinic/Youth and Family Center.	115	69.7	37	22.4	8	4.8	1	0.6	4	2.4
9. I would recommend Mental Health Services/Youth and Family Center services to a friend or family member.	124	75.2	27	16.4	7	4.2	4	2.4	3	1.8

Source: MHS Client Survey data, 05/03/21.

Note: N=165. Percentages may not sum to 100 because of rounding.

Appendix B

Appendix B: 2020-21 Campuses Receiving 1:1 Support

Campus Name

Barbara Manns High School/DAEP
Boude Storey Middle School
David W. Carter High School
E. B. Comstock Middle School
Franklin D. Roosevelt High School
H. Grady Spruce High School
Kennedy-Curry Middle School
Lincoln High School
Oliver W. Holmes Middle School
Sarah Zumwalt Middle School
Skyline High School
William H. Atwell Middle School

Source: Information from program staff members provided on 10/21/20.