

2021-22

Evaluation of the Mental Health Services Program

DEPARTMENT OF EVALUATION AND ASSESSMENT

Stephanie Elizalde, Ed. D.
Superintendent of Schools



2021-22

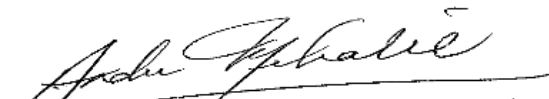
Evaluation of the Mental Health Services Program

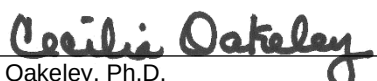
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ACRONYMS AND ABBREVIATIONS

ADHD	Attention Deficit/Hyperactivity Disorder
DAEP	Disciplinary Alternative Education Program
Eco Dis	Economically Disadvantaged
EB	Emergent Bilingual
ESSER	Elementary and Secondary School Emergency Relief
ISD	Independent School District
MHS	Mental Health Services
PEIMS	Public Education Information Management System
PSS	Psychological and Social Services
RDA	Results-Driven Accountability
SEL	Social and Emotional Learning
SPED	Special Education
TEA	Texas Education Agency
YFC	Youth and Family Centers

Evaluation of the Mental Health Services Program

DEPARTMENT OF EVALUATION AND ASSESSMENT

EXECUTIVE SUMMARY

Program Description

Prior to the 2020-21 school year, Dallas Independent School District (ISD) provided mental health services to students through the Psychological and Social Services (PSS) department and the Youth and Family Centers (YFC) program. The PSS department offered comprehensive and multidisciplinary on-campus mental health services designed to improve a student's academic achievement and wellbeing through positive behavioral support, while the YFC program provided cost-effective, accessible, quality physical and mental health care services necessary to promote the physical and emotional wellbeing of children and their families.

In July 2020, Dallas ISD merged the PSS department and YFC program to create the Mental Health Services (MHS) Department. The MHS department mission is to support students' academic success through a variety of services focused on emotional, behavioral, and physical wellbeing and increase equity across the communities by providing school-based and clinic-based health services. The department directly integrates mental health services into the district's function, providing clinical mental health treatment to students and families. During 2021-22, the total MHS program budget was \$18,382,233¹, an increase from \$15,445,335 in 2020-21.

PURPOSE AND METHODOLOGY

The purpose of this evaluation was to provide program managers and other stakeholders information regarding the MHS department services across the district. The evaluation described the program's context, process, and outcomes for the 2021-22 school year as well as examined the Title I, Part A workscope goals and Elementary and Secondary School Emergency Relief (ESSER) fund activity goals set by MHS staff members, when applicable.

EVALUATION QUESTIONS/OUTCOMES

How was the Mental Health Services program implemented in 2021-22?

- In 2021-22, the MHS department continued operation of 12 school-based YFC clinics². MHS staffing was also increased at schools deemed as "high intensity" as defined by factors such as enrollment, number of previous year disciplinary referrals, geographic location, and poverty status.
- The 12 schools identified in 2020-21 as targeted campuses continued to receive more intensive support by having a mental health professional stationed on campus every day in 2021-22³.
- MHS allocated funds for monthly professional development opportunities for its staff members, including specialized training that emphasized student behaviors and discipline as defined within the Results-Driven Accountability (RDA) manual.

Frequency of Services Provided

In-School Services

- In 2021-22, a total of 37,357 contacts were made with Dallas ISD students in schools (7,381 unique visitors and five visits per client).

YFC Services

- In 2021-22, the YFCs provided services to 3,196 students which consisted of 43,476 contacts made with students and their families. On average, there were 14 visits per client to YFCs. This did not meet the Title I, Part A workscope goal that 5,000 unique visitors would be served at YFCs. These are all increases from 2020-21 where YFCs provided services to 2,810 students which consisted of 30,303 contacts and an average of 11 visits per client to YFCs.
- In 2021-22, Fair Oaks YFC had the highest number of unique visitors ($N = 453$) as well as the highest number of overall visits (including repeat visitors) with 6,109 total visits.

¹ The total included funding from Title I, Part A (\$1,996,434), Medicaid revenue (\$1,279,892), RDA funds (\$4,268,931), district general operating funds (\$8,182,682), and Elementary and Secondary School Emergency Relief (ESSER) funds (\$2,654,294).

² A list of the 12 YFC locations is available in Table 2 of the full report.

³ A list of campuses receiving 1:1 support is available in Table 3 of the full report.

- North Dallas YFC had the fewest unique visitors ($N = 1$) in 2021-22 and received the lowest number of overall visits ($N = 9$).
- The average number of recorded visits per client at Seagoville YFC was the highest among all MHS clinics at 23 visits per client.
- The number of unique visitors increased at 9 sites and the number of total visits increased at 11 YFC sites from 2020-21 to 2021-22. Additionally, the average number of visits per client increased at 10 sites with prior-year visit data (range: +0.7 to +7.6 visits).

Services Provided

- In 2021-22, the MHS program offered a three-tiered intervention approach which included universal (and less intensive) interventions targeting the entire school or classroom (tier 1), selective interventions targeting subgroups of students who were at high risk for developing a mental health disorder (tier 2), and interventions targeting students already showing clinical symptoms (tier 3).
- The program provided services in three main areas: school-based services, school and clinic services, and clinic-based services.

Types and Frequency of Services Provided

- The MHS program provided 21 distinct types of clinical services to Dallas ISD students and families in 2021-22 (19 types in 2020-21 and 17 types in 2019-20).
- In 2021-22, the most common types of clinical services were psychotherapy sessions of 60 minutes with clients and/or family members, individual therapy of 45 minutes, and medication management.
- In 2021-22, the most common services provided in schools were case management, counseling, behavior intervention, crisis response, and risk consultation.

Program Adjustments in Response to the COVID-19 Pandemic

- In the 2021-22 school year, MHS continued to provide services to students and families both remotely and in-person, with families deciding how they received services.
- Subcommittees established in 2020-21 designed to examine department processes continued to focus on training and quality improvement as well as updated

crises response teams and implemented an on-call system.

- School-based teams were split by quadrants and on-call every other week to reduce burnout by ensuring calls were more evenly distributed.
- The MHS department held a virtual symposium entitled Mental Health Matters to provide support and resources for students and parents regarding mental health issues, information on community resources for families, suicide and bullying prevention, supporting lesbian, gay, bisexual, transgender, queer or questioning, intersex, and asexual plus (LGBTQIA+) youth, anxiety, and ADHD.

What were the characteristics of Mental Health Services staff members?

- A total of 159 administrators, clinicians, and support staff members operated out of campuses, 12 YFC service sites, and one central administration office in 2021-22.
- Overall, 75 percent ($n = 119$) of MHS staff were clinical positions such as clinicians, psychiatrists, and specialists. Staff member composition was similar to 2020-21.
- Of the 159 MHS staff members, 87 percent of the staff were female, 80 percent were Hispanic or African American (45% and 35%, respectively), and 84 percent held a graduate degree or higher at the time of hire.

What were the characteristics of students served by Mental Health Services in 2021-22?

- In 2021-22, the MHS department provided services to 7.4% ($N = 10,577$) of students enrolled in Dallas ISD, with 3,196 students receiving services via YFCs and 7,381 receiving services at school (PSS). This is an increase from 2020-21, wherein 6,927 students received MHS services (2,810 via YFCs and 4,117 at school).⁴
- Of the 9,842 MHS students with available demographic data, the majority were Hispanic or African American (63% and 27%, respectively), were economically disadvantaged (84%) or identified as being At-Risk (69%).⁵
- Compared to the district overall, students who received services were also more likely to be African American

⁴ Carson (2021).

⁵ Students are identified as being At-Risk of dropping out of school if the student meets any of the fifteen criteria defined by the Texas Education

Agency (TEA). At-Risk criteria can be found at <http://ritter.tea.state.tx.us/peims/standards/1314/e0919.html>

(27% vs. 21%) and more likely to be classified as receiving SPED services (17% vs. 10%).

How did 2021-22 diagnoses categories differ from previous years and across grade levels?

- As seen in Table E1, the three most common primary mental health diagnoses made for Dallas ISD students visiting a YFC for clinical services in 2021-22 were Adjustment Disorder ($N = 14,175$, 33% of all primary diagnoses), Attention Deficit/Hyperactivity Disorder (ADHD; $N = 10,841$, 25%), and Depressive Disorder ($N = 5,169$, 12%).
- This is comparable to 2020-21 and 2019-20, wherein the three most common primary diagnoses were also ADHD ($N = 10,434$, 35% and $14,277$, 41%, respectively), Adjustment Disorder ($N = 9,042$, 30% and $9,054$, 26%, respectively), and Depressive Disorder ($N = 5,856$, 19% and $6,009$, 17%, respectively).⁶

Table E1: 2021-22 Most Common (Top 10) Mental Health Diagnoses Among MHS Students

Primary Diagnoses	N	%
Adjustment Disorder	14,175	32.6
Attention Deficit/Hyperactivity Disorder	10,841	24.9
Depressive Disorder	5,169	11.9
Anxiety Disorder	2,583	5.9
Conduct Disorder	1,284	3.0
Post-Traumatic Stress Disorder	1,172	2.7
Mood Disorder	721	1.7
Autistic Disorder	438	1.0
Bipolar Disorders	339	0.8
Mild Depressive Episode	334	0.8

Source: MHS 2021-22 student data file, 08/15/22.

Note: Data included students and their visits from 06/19/21 through 06/24/22. $N = 37,056$.

- Both one-year trends (2020-21 to 2021-22) and two-year trends (2019-20 to 2021-22) show a decrease in the number of ADHD and Depressive Disorder diagnoses and an increase in Adjustment Disorder diagnoses.
- In 2021-22, a higher percentage of males received a diagnosis of ADHD (66%), whereas a higher percentage of females received a diagnosis of Adjustment Disorder and Depressive Disorder (58% and 81%, respectively). This trend generally matches results from 2019-20 and 2020-21.
- Across ethnicities, a higher percentage of Hispanic students received all three diagnoses compared to

African American and White/Caucasian students, which is consistent with results from 2019-20 and 2020-21.

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

- The average attendance rate for MHS students was 88.8 percent in 2021-22, which was lower than the average rate of 91.4 percent for non-MHS students.⁷
- By comparison, in 2020-21 the average attendance rate for MHS students was 91.0 percent, which was lower than the average rate of 92.7 percent for non-MHS students.⁸
- Among 52 reset center campuses, students who were referred to reset centers who also received MHS support were compared to students referred to reset centers who did not receive MHS support.⁹ Fifteen percent ($N = 242$) of students who were referred to reset centers also received MHS support.
- Overall, there was a 50 percent recidivism rate for students who received MHS support who were referred to reset centers, which was higher than the 28 percent recidivism rate of non-MHS students.

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

- Overall, Climate Survey favorable response rates provided mixed evidence of an advantage for campuses that received 1:1 support (Table E2).¹⁰
- Campuses that received 1:1 support had higher favorable response rates on four out of six scales (Benefits and Priorities, Positive Culture and Environment, Culture of feedback and Support, and Teacher-Principal Trust).
- These results differ from 2020-21 where campuses that received 1:1 support outperformed campuses that did not receive 1:1 support on all Climate survey scales. Additionally, campuses that received 1:1 support had decreases in favorable response rates across all six scales in 2021-22 compared to 2020-21.

⁶ Carson (2021).

⁷ District attendance data file, 06/30/22. MHS student data file, 08/15/22. District PEIMS data file, 11/01/21.

⁸ Carson (2021).

⁹ District reset center data file, 08/03/22. MHS student data file, 08/15/22. District demographic data file, 05/24/22.

¹⁰ No campus-level data were collected for Hospital and Homebound or Juvenile Justice Alternative Education Program (JJAEP), so these campuses were excluded from analyses.

Table E2: 2021-22 District Climate Survey Results by Scale

	Received 1:1 Support (Campus N=12)		Did not Receive 1:1 Support (Campus N=64)	
	N	Avg pos %	N	Avg pos %
Benefits and Priorities	839	71.9	3,759	68.7
Positive Culture and Environment	835	61.5	3,757	58.8
Culture of Feedback and Support	478	68.1	2,356	62.3
College-Going Culture	581	70.7	2,735	72.0
Teacher-Teacher Trust	476	73.0	2,347	73.4
Teacher-Principal Trust	476	66.8	2,349	62.7

Source: District Climate Survey data file, 06/23/22.

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 school; Rosemont; Multiple Careers). No Climate Survey data were collected for Hospital and Homebound or Juvenile Justice Alternative Education Program (JJAEP) staff members.

What were the outcomes related to the ESSER funded Mental Health Services activities?

- In 2021-22, the MHS department received approval to begin the construction planning process for building a YFC in the southern sector of Dallas ISD. The MHS department met both 2021-22 ESSER Youth and Family Center Expansion activity goals of 1) by November of 2021, solidify location of new YFC for southern sector, and 2) by March of 2022, finalize construction plans for new YFC.
- In 2021-22, the MHS department received approval to purchase and implement the Vital Sign 6 depression screener app. The MHS department met both 2021-22 ESSER Mental Health Vital Signs Screener activity goals of 1) by January 2022, launch Vital Sign 6 depression screener within the MHS department, and 2) by June 2022, increase number of students served by at least 3% (360 students) due to the implementation of the depression screener as evidenced by comparison of 2020-21 and 2021-22 Evaluation and Assessment data. In 2021-22, the percentage of students served by YFCs increased by 14 percent compared to 2020-21.

RECOMMENDATIONS

Continue promoting the services offered through YFCs. While the number of students served by YFCs increased by 14 percent in 2021-22 ($N = 3,196$) compared to 2020-21 ($N = 2,810$), the number of students served is markedly less

than the total served in 2019-20 ($N = 4,704$). Program managers and school leadership should continue to promote the services provided and the health benefits of the YFCs so that students and their families will be more aware of and access these MHS resources.

Monitor campus climate for 1:1 campuses in 2022-23. In 2021-22, the 12 campuses that received 1:1 support showed decreases in favorable response rates across all six scales compared to 2020-21. MHS staff members on these campuses should monitor and address MHS-related needs for campus staff members so that any future declines in satisfaction can be alleviated.

Continue monitoring progress of ESSER activities. In 2021-22, the MHS department met the activity goals associated with both ESSER funded activities (Youth and Family Center Expansion and Mental Health Vital Signs Screener). Program managers and school leadership should continue to monitor 1) the progress in the YFC construction process to ensure timelines continue to be met, and 2) the efficacy of the new Vital Sign 6 depression screener app. While the MHS program increased the number of students served by 14 percent, which met the ESSER Mental Health Vital Signs Screener activity goal of increasing the number of students served by at least 3 percent by June of 2022, program managers should monitor student usage and efficacy of the Vital Sign 6 app to determine if the app is meeting the needs of students.

REFERENCE

Carson, K. (2021). 2020-21 Evaluation of the Mental Health Services Program. Dallas, TX. Dallas Independent School District.

2021-22

Evaluation of the Mental Health Services Program

DEPARTMENT OF EVALUATION AND ASSESSMENT

PROGRAM DESCRIPTION

Prior to the 2020-21 school year, Dallas Independent School District (ISD) provided mental health services to students through the Psychological and Social Services (PSS) department and the Youth and Family Centers (YFC) program. The PSS department offered comprehensive and multidisciplinary on-campus mental health services designed to improve a student's academic achievement and wellbeing through positive behavioral support, while the YFC program provided cost-effective, accessible, quality physical and mental health care services necessary to promote the physical and emotional wellbeing of children and their families.

In July 2020, Dallas ISD merged the PSS department and YFC program to create the Mental Health Services (MHS) department. The MHS department mission is to support students' academic success through a variety of services focused on emotional, behavioral, and physical wellbeing and increase equity across the communities by providing school-based and clinic-based health services. 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.

PURPOSE AND SCOPE OF THE EVALUATION

The purpose of this evaluation was to provide program managers and other stakeholders information regarding the MHS department services across the district. The evaluation described the program's context, process, and outcomes for the 2021-22 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, student outcomes, and Campus Climate survey data. Additionally, the evaluation examined the Title I, Part A workscope goals and Elementary and Secondary School Emergency Relief (ESSER) fund activity goals set by MHS staff members, when applicable. This evaluation report also provides a summary of key findings and actionable recommendations based on reported data.

Specifically, the evaluation addressed the following questions:

- 1) How was the Mental Health Services program funded in 2021-22?
- 2) How was the Mental Health Services program implemented in 2021-22?
- 3) What were the characteristics of Mental Health Services staff members?
- 4) What were the characteristics of students served by Mental Health Services in 2021-22?
- 5) How did 2021-22 diagnoses categories differ from previous years and across grade levels?
- 6) How did student outcomes differ between students who received Mental Health Services support versus those who did not?
- 7) How did Climate Survey results of campuses with one-to-one Mental Health Services support differ from campuses without?
- 8) What were the outcomes related to the ESSER funded Mental Health Services activities?

EVALUATION QUESTIONS AND RESULTS

How was the Mental Health Services program funded in 2021-22?

The MHS program budget data were obtained from the MHS program staff members, the Title I, Part A workscope, and ESSER documents for 2021-22. As of November 30, 2021, the budget for the MHS program was \$18,382,233 (Table 1), an increase from \$15,445,335 in 2020-21 (Carson, 2021). The total budget for 2021-22 included \$1,996,434 from Title I, Part A funds, \$8,182,682 from Dallas ISD general operating funds, \$1,279,892 from Medicaid revenue, \$4,268,931 from Texas Education Agency (TEA) Results-Driven Accountability (RDA) funds, and \$2,654,294 from ESSER funds.

Table 1: 2019-20 to 2021-22 Dallas ISD Mental Health Services Department Budget

School Year	Title I	General Funds	Medicaid Revenue	RDA	ESSER Funds	Total
2019-20	\$1,579,918	\$3,784,776	\$1,351,319	N/A	N/A	\$6,716,013
2020-21	\$1,996,434	\$7,815,316	\$1,364,654	\$4,268,931	N/A	\$15,445,335
2021-22	\$1,996,434	\$8,182,682	\$1,279,892	\$4,268,931	\$2,654,294	\$18,382,233

Source: Title I workscope and information from program staff members, 02/28/20 (2019-20), 11/04/20 (2020-21), and 11/30/21 (2021-22). ESSER documents, 09/29/2021.

Note: 2019-20 represents funding for only YFC.

How was the Mental Health Services program implemented in 2021-22?

Methodology

To establish the context of the MHS program, the evaluator interviewed the program director in November 2021. The evaluator also reviewed related documents provided by the MHS department staff. Data on the number and types of clinical mental health services provided to Dallas ISD students and families in 2021-22 were obtained from the MHS program manager on August 15, 2022. 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 at YFCs in 2021-22 and for computation of

an average number of visits per visitor. Year-over-year change from 2020-21 was also examined when applicable.

Results

In 2021-22, the MHS department continued operation of 12 school-based YFC clinics (Table 2). The South Oak Cliff YFC satellite clinic operation was discontinued, however, South Oak Cliff YFC services continued to be provided through the Eddie Bernice Johnson YFC clinic.¹¹ Similar to 2020-21, the North Dallas YFC only provided services to North Dallas HS students.

Table 2: 2021-22 Dallas ISD Youth and Family Center Locations

Youth and Family Center Name	Location
Adamson	Adamson HS
Amelia Flores	Bryan Adams HS
Balch Springs	Balch Springs MS
Eddie Bernice Johnson ^a	Dade MS
Fair Oaks	Conrad HS
Kiosco	Cary MS
North Dallas ^b	North Dallas HS
Red Bird	Browne MS
Seagoville	Seagoville HS
West Dallas	Pinkston HS
Wilmer Hutchins	Wilmer Hutchins HS
Woodrow/Long	Wilson HS

Source: MHS file, 11/30/21.

Note: HS=High School. MS=Middle School. ^a South Oak Cliff YFC provided services out of EBJ YFC in 2021-22. ^b North Dallas YFC only provided services to North Dallas HS students.

In 2021-22, MHS staffing was also increased at schools deemed as “high intensity” as defined by factors such as enrollment, number of previous year disciplinary referrals, geographic location, and poverty status. Enrollment was weighted more in 2021-22 given that there were fewer disciplinary referrals in the prior two years due to COVID-19. Furthermore, the 12 schools identified in 2020-21 as targeted campuses continued to receive more intensive support by having a mental health professional stationed on campus every day in 2021-22 (Table 3).

¹¹ Information from PSS staff members, 05/11/21.

Table 3: 2020-21 and 2021-22 Dallas ISD 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 11/30/21.

Note: DAEP = Disciplinary Alternative Education Program.

Additionally, MHS allocated funds for monthly professional development opportunities for its staff members, including specialized training that emphasized student behaviors and discipline as defined within the RDA manual.¹² Clinicians from other departments were also invited to take part in the training. Prior to 2020-21, professional development for YFC and PSS staff members was limited to district-based training.

Frequency of Services Provided

In-School Services

A total of 37,357 contacts were made with Dallas ISD students in schools which consisted of 7,381 unique visitors and an average of five visits per client. This is a substantial increase in contacts from 2020-21, when a total of 18,041 contacts were made with Dallas ISD students. Additionally, the number of unique visitors also increased drastically from 2020-21 (4,117 unique visitors), and the average number of visits per client slightly increased from 2020-21 (4 visits per client).

YFC Services

Overall, the MHS department did not meet the Title I, Part A workscope goal of serving 5,000 unique visitors at YFCs. In 2021-22, a total of 3,196 students received clinical services from YFCs, which is a 14 percent increase from 2020-21 ($N = 2,810$, Appendix A). However, the number of students served are markedly less than those served in 2019-20 ($N = 4,704$). A total of 43,476 contacts were made with Dallas ISD students and their families at YFCs in 2021-22 (compared to 34,943 in 2019-20 and 30,303 in 2020-21). The average number of YFC visits per client to was 14 visits, which was higher than the average client visits in 2020-21 (11 visits per client) and 2019-20 (7 visits per client). Table 4 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 2021-22.

In 2021-22, Fair Oaks YFC had the highest number of unique visitors ($N = 453$) as well as the highest number of overall visits (including repeat visitors) with 6,109 total visits. Woodrow/Long YFC,

¹² More information about RDA can be found at <https://tea.texas.gov/academics/special-student-populations/review-and-support/results-driven-accountability-rda>

Seagoville YFC, and Eddie Bernice Johnson YFC had the next highest overall visits (5,080, 4,813, and 4,262 total visits, respectively). North Dallas YFC had the fewest unique visitors ($N = 1$) in 2021-22 and received the lowest number of overall visits ($N = 9$). The average number of recorded visits per client at Seagoville YFC was the highest among all MHS clinics at 23 visits per client. North Dallas YFC and Red Bird YFC had the lowest average number of visits per client at 9 visits per client.

Table 4: 2021-22 Dallas ISD YFC Clinic Site Client Visit Data

Clinic Site	Unique Visitors	Total Visits	Average Visits
	2021-22 <i>N</i>	2021-22 <i>N</i>	2021-22 <i>N</i>
Adamson YFC	312	4,248	13.6
Amelia Flores YFC	372	3,654	9.8
Balch Springs YFC	281	2,850	10.1
EBJ YFC	260	4,262	15.9
Fair Oaks YFC	453	6,109	16.4
Kiosco YFC	222	2,239	10.1
North Dallas YFC ^a	1	9	9.0
Red Bird YFC	346	3,144	9.1
Seagoville YFC	210	4,813	22.9
South Oak Cliff YFC	-	-	-
West Dallas YFC	280	4,179	14.9
Wilmer Hutchins YFC	185	2,888	15.6
Woodrow/Long YFC	274	5,080	18.5
Total	3,196	43,476	13.6

Source: MHS student data file, 08/15/22 (2021-22).

Note: EBJ=Eddie Bernice Johnson. - = South Oak Cliff YFC provided services out of EBJ YFC and schools in 2021-22. Thus, its service data are reported in the clinic numbers for EBJ YFC.

^a North Dallas YFC only served students at North Dallas High School in 2021-22. For 2020-21, service data for North Dallas YFC and South Oak Cliff YFC are reported in the clinic numbers for Fair Oaks YFC and EBJ YFC, respectively in Appendix A.

One-year change from 2020-21 to 2021-22 and two-year change from 2019-20 to 2021-22 in the number of unique visitors, total visits, and average visits at YFC sites were also examined (Appendix A). The number of unique visitors increased at 9 sites and the number of total visits increased at 11 YFC sites from 2020-21 to 2021-22. Additionally, the average number of visits per client increased at 9 sites with prior-year visit data (range: +0.7 to +7.6 visits). Further, from 2019-20 to 2021-22 the number of unique visitors decreased at 11 sites and the number of total visits increased at 9 YFC sites. Finally, the average number of visits per client increased at 11 sites with visit data (range: +2.8 to +10.8 visits) from 2019-20 to 2021-22.

Services Provided

In 2021-22, the MHS program included 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 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, group counseling with a licensed clinician, case management, and risk assessment support. 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 (four to six 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). Case management consisted of checking-in and additional monitoring of students with poor therapy attendance and assistance for clinic-based staff members for school issues. Risk assessment support consisted of managing threats of suicide.

School and clinic services provided reentry support for students returning from DAEP as well as staff member training and community outreach. Students returning from DAEP were connected with a school-based licensed clinician or referred to a clinic for support reentering their home campuses, with the goal of reducing recidivism.¹³ 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, Multi-tiered Systems of Support (MTSS), Student Engagement, and School Leadership Departments. Monthly meetings of leadership occurred to address issues and improve collaboration. RDA training continued in 2021-22 as it did in 2020-21, though no training took place over Summer 2021. However, professional development training held by MHS and SEL occurred over the summer for principals during the Campus Leaders Summer Summit. Topics covered included trauma-informed care and SEL practices.

Finally, services provided by clinic-based staff members 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,

¹³ 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 was 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. In addition, an alcohol and drug intervention program was implemented to provide support to students, parents, educators, and staff members with behavior related to alcohol and drug use and/or abuse on campus. Curriculum was focused on strategies for change and self-improvement through individualized lessons based on the student's personalized goal setting and exploration of challenging behaviors. Services provided included campus action planning; drug, alcohol, and vaping education; connecting campus staff with community resources; individual and family counseling; and in severe cases, referral to a community partnership program.

Types and Frequency of Services Provided

Program records indicated that the MHS program provided 21 distinct types of clinical services to Dallas ISD students and families in 2021-22 (19 types in 2020-21 and 17 types in 2019-20; Appendix A). Table 5 details the types and number of clinical services provided at YFCs in 2021-22. In 2021-22, the three most common types of clinical services were psychotherapy sessions of 60 minutes with clients and/or family members ($N = 16,351$ visits, 38%), individual therapy of 45 minutes ($N = 7,982$, 18%), and medication management ($N = 7,290$, 17%). For comparison, in 2020-21 and 2019-20, psychotherapy sessions of 60 minutes with clients and/or family members and psychotherapy sessions of 45 minutes with clients and/or family members were the most commonly provided services and accounted for 43 percent and 47 percent of all clinical services for those years, respectively. However, many services offered in 2021-22 differ from those offered in 2019-20 and 2020-21 (see Appendix A).

Table 5: 2021-22 YFC Types of Clinical Services Provided

Type of Clinical Service	2021-22	
	N	%
Psychotherapy, 60 minutes with Client and/or Family Member	16,351	37.6
Individual Therapy, 45 minutes	7,982	18.4
Medication Management	7,290	16.8
Family Therapy with Student	2,356	5.4
Intake Session with Clinician	2,312	5.3
Individual Therapy, 30 minutes	1,995	4.6
Family Therapy without Student	1,296	3.0
Other (non-bill)	1,166	2.7
Psychological Evaluation	950	2.2
Parent/Family Conference	577	1.3
Phone Conference Calls	281	0.6
Prescription Written (non-bill)	201	0.5
Services Provided at School	160	0.4
Individual Treatment, 45 minutes	144	0.3
Face-to-Face Case Coordinator	134	0.3
Individual Treatment, 30 minutes	123	0.3
Group/Intergroup Therapy	75	0.2
Multiple-Family Group Therapy	51	0.1
Teacher/Counselor Conference	14	<0.1
Crisis Intervention	9	<0.1
Treatment Plans	9	<0.1
Total*	43,476	100.0

Source: MHS student data file, 08/15/22 (2021-22).

Note: *2021-22 data included 3,196 students and their visits from 06/19/21 through 06/24/22. Only cases with a designated service type were included in analyses. % = percentage points. Percentages may not add to 100 due to rounding.

In 2021-22, the services provided in schools included case management ($N = 16,621$, 45%), counseling ($N = 14,438$, 39%), behavior intervention ($N = 5,359$, 14%), crisis response ($N = 904$, 2%), and risk consultation ($N = 35$, 0.1%). These services were similar to those provided in 2020-21 (Carson, 2021) which included counseling ($N = 7,910$, 44%), case management ($N = 7,632$, 42%), behavior intervention ($N = 1,968$, 11%), risk assessment ($N = 333$, 2%), and crisis response ($N = 198$, 1%).

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 2021-22, MHS continued to provide services to students and families both remotely and in-person, with families deciding how they receive services.

Subcommittees from 2020-21 also remained and continued to focus on training and quality improvement. In 2021-22, subcommittees updated crises response teams and implemented an on-call system. These school-based teams were split by quadrants and on-call every other week to reduce burnout by ensuring calls were more evenly distributed.

Lastly, on May 19, 2022, 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, supporting lesbian, gay, bisexual, transgender, queer or questioning, intersex, and asexual plus (LGBTQIA+) youth, anxiety, and ADHD.¹⁴

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, 2022. The evaluator analyzed the results by job title, gender, ethnicity, education level, and years of experience in the district. Year-over-year change was also examined.

Results

A total of 159 administrators, clinicians, and support staff members operated out of campuses, 12 YFC service sites, and one central administration office in 2021-22 (Table 6). Overall, 75 percent ($n = 119$) of MHS staff were clinical positions such as clinicians, psychiatrists, and specialists. Staff member composition was similar to 2020-21.

Table 6: 2020-21 and 2021-22 Dallas ISD MHS Staff Members by Role and Change Over Time

Job Title	2020-21		2021-22		1 Yr Δ	
	N	%	N	%	N	%
Director	3	2.2	3	1.9	0	-0.3
Coordinator	1	0.7	1	0.6	0	-0.1
Administrative Assistant	15	10.8	15	9.4	0	-1.4
Analyst	1	0.7	1	0.6	0	-0.1
Manager	16	11.5	19	11.9	3	0.4
Psychiatrist	2	1.4	2	1.3	0	-0.1
Clinician	98	70.5	113	71.1	15	0.6
Specialist	2	1.4	4	2.6	2	1.2
Billing Assistant	1	0.7	1	0.6	0	-0.1

Source: Dallas ISD personnel data file, 01/05/21 (2020-21) and 01/05/22 (2021-22).

Note: Percentages may not sum to 100 because of rounding. 1 Yr Δ=change from 2020-21 to 2021-22.

Of the 159 MHS staff members, 87 percent of the staff were female, 80 percent were Hispanic or African American (45% and 35%, respectively), and 84 percent held a graduate degree or higher at the time of hire (Table 7). MHS staff members most often had one to five years of local experience (35%).

¹⁴ For more information, see <https://mentalhealthmattersdallas.com/>.

Table 7: 2020-21 and 2021-22 MHS Staff Member Characteristics and Change Over Time

	2020-21		2021-22		1 Yr Δ	
	N	%	N	%	N	%
Gender						
Female	119	85.6	138	86.8	19	1.2
Male	20	14.4	21	13.2	1	-1.2
Ethnicity						
African American	40	28.8	56	35.2	16	6.4
White	31	22.3	30	18.9	-1	-3.4
Hispanic	66	47.5	71	44.7	5	-2.8
Asian	2	1.4	2	1.3	0	-0.1
Education Level*						
Bachelor's	2	1.4	3	1.9	1	0.5
Master's	102	73.4	118	74.3	16	0.9
Doctorate	15	10.8	16	10.1	1	-0.7
Other	20	14.4	22	13.8	2	-0.6
Local Experience						
<1 year	32	23.0	21	13.2	-11	-9.8
1-5 years	36	25.9	56	35.2	20	9.3
6-10 years	27	19.4	31	19.4	4	0.0
11-15 years	18	12.9	20	12.6	2	-0.3
16-20 years	17	12.2	22	13.9	5	1.7
21+ years	9	6.5	9	5.6	0	-0.9

Source: Dallas ISD personnel data file, 01/05/21 (2020-21) and 01/05/22 (2021-22).

Note: * Educational attainment at time of hire. Percentages may not add to 100 due to rounding. 1 Yr Δ=change from 2020-21 to 2021-22.

What were the characteristics of students served by Mental Health Services in 2021-22?

Methodology

MHS program staff members provided a list of students served between June 19, 2021 and June 24, 2022 on August 15, 2022. The evaluator merged these data with the 2021-22 district Public Education Information Management System (PEIMS) demographic data file dated November 1, 2021 and conducted frequency and cross-tabulation analyses for those served by YFCs and PSS by gender, ethnicity, grade level, and student group [i.e., Emergent Bilingual (EB), special education (SPED), and economically disadvantaged (Eco Dis) status]. Year-over-year change was also examined. District-level results are provided as a comparison.

Results

In 2021-22, the MHS department provided services to 7.4% (N = 10,577) of students enrolled in Dallas ISD, with 3,196 students receiving services via YFCs and 7,381 receiving services at school (PSS, Table 8). This is an increase from 2020-21, wherein 6,927 students received MHS services (2,810 via YFCs and 4,117 at school; Carson, 2021). However, 735 MHS students were missing in the district PEIMS file, leaving 9,842 in the file for analyses. Table 8 displays the characteristics of students with available demographic data who received MHS services in 2021-22 compared to all students districtwide. Of the 9,842 MHS students with available demographic data, the majority were Hispanic or African American (63%

and 27%, respectively), were economically disadvantaged (84%) or identified as being At-Risk (69%).¹⁵ Compared to the district overall, students who received services were also more likely to be African American (27% vs. 21%) and more likely to be classified as receiving SPED services (17% vs. 10%).

Percentages of students who received MHS services at school differed from those who received services at a YFC by gender and SPED status. The percentage of male YFC students (53%) was higher than male PSS students (49%), while 25 percent of YFC students received SPED services compared to 13 percent of PSS students. These results are similar to those found in 2020-21 (see Carson, 2021).

Table 8: 2021-22 MHS and District Student Characteristics

	YFC Students (N = 2,868*)		PSS Students (N = 6,974*)		All MHS Students (N = 9,842)		District Students (N = 143,665)	
	N	%	N	%	N	%	N	%
Gender								
Female	1,344	46.9	3,577	51.3	4,921	50.0	70,471	49.1
Male	1,524	53.1	3,397	48.7	4,921	50.0	73,194	50.9
Ethnicity								
African American	620	21.6	2,076	29.8	2,696	27.4	29,549	20.6
White	209	7.3	382	5.5	591	6.0	7,843	5.5
Hispanic	1,951	68.0	4,263	61.1	6,214	63.1	101,387	70.6
Other/Missing	88	3.1	253	3.6	341	3.5	4,886	3.4
Grade Level								
Early Childhood	3	0.1	4	0.1	7	0.1	371	0.3
Prekindergarten	51	1.8	200	2.9	251	2.6	10,231	7.1
Kindergarten	84	2.9	338	4.8	422	4.3	10,308	7.2
1	139	4.8	349	5.0	488	5.0	10,641	7.4
2	178	6.2	453	6.5	631	6.4	10,341	7.2
3	183	6.4	529	7.6	712	7.2	10,136	7.1
4	261	9.1	585	8.4	846	8.6	10,196	7.1
5	251	8.8	613	8.8	864	8.8	10,161	7.1
6	292	10.2	603	8.6	895	9.1	9,697	6.7
7	274	9.6	618	8.9	892	9.1	10,095	7.0
8	257	9.0	501	7.2	758	7.7	10,199	7.1
9	308	10.7	838	12.0	1,146	11.6	13,320	9.3
10	248	8.6	559	8.0	807	8.2	10,203	7.1
11	193	6.7	432	6.2	625	6.4	9,522	6.6
12	146	5.1	352	5.0	498	5.1	8,244	5.7
Student Groups								
Emergent Bilingual	1,178	41.1	2,600	37.3	3,778	38.4	68,531	47.7
Special Education	727	25.3	926	13.3	1,653	16.8	14,380	10.0
At Risk	2,007	70.0	4,734	67.9	6,741	68.5	94,540	65.8
Eco Dis	2,352	82.0	5,918	84.9	8,270	84.0	120,021	83.5

Source: MHS 2021-22 student data file, 08/15/22 and district PEIMS data file, 11/01/21.

Note: Percentages may not add to 100 due to rounding. *328 YFC clients and 407 PSS students were not found in the PEIMS data file and were excluded from analyses. Student groups are not mutually exclusive.

MHS student characteristics were also examined by gender across all grade levels (Table 9). For males, percentages of served students tended to increase as grade level increased to grade four, then tended to decrease to grade 12, except for grade nine. For females, percentages generally increased as grade level increased to grade seven, then decreased through grade 12, apart from grade nine. The highest percentage for served male students were grades four and nine (10%), whereas the highest percentage

¹⁵ Students are identified as being At-Risk of dropping out of school if the student meets any of the fifteen criteria defined by the Texas Education Agency (TEA). At-Risk criteria can be found at <http://ritter.tea.state.tx.us/peims/standards/1314/e0919.html>

for female students was grade nine (13%). These trends were generally similar to those seen in 2020-21 (see Carson, 2021).

Table 9: 2021-22 MHS Students by Grade Level and Gender

Grade	Male (N = 4,486*)		Female (N = 4,449*)	
	N	%	N	%
Early Childhood	4	0.1	1	0.0
Prekindergarten	153	3.4	75	1.7
Kindergarten	262	5.8	126	2.8
1	288	6.4	145	3.3
2	361	8.0	203	4.6
3	366	8.2	290	6.5
4	452	10.1	318	7.1
5	427	9.5	358	8.0
6	377	8.4	425	9.6
7	310	6.9	496	11.1
8	290	6.5	404	9.1
9	466	10.4	578	13.0
10	308	6.9	417	9.4
11	224	5.0	345	7.8
12	198	4.4	268	6.0

Source: MHS 2021-22 student data file, 08/15/22 and district PEIMS data file, 11/01/21.

Note: N = 8,935. *702 students had missing grade-level data and were excluded from this table and analyses.

Year-to-year changes from 2020-21 to 2021-22 in MHS student characteristics were also examined. The MHS department served more students in 2021-22 than in 2020-21 (10,577 vs 6,927). As seen in Table 10, for the students with available demographic data, 9,842 MHS students were analyzed in 2021-22, compared to 6,442 MHS students in 2020-21. In 2021-22, MHS served a greater percentage of female students (+4 percentage points), African American students (+3 percentage points), and At-Risk students (+8 percentage points) compared to 2020-21. MHS also served a lesser percentage of male students (-4 percentage points), Emergent Bilingual students (-11 percentage points) and SPED students (-2 percentage points) in 2021-22 compared to 2020-21.

Table 10: 2020-21 to 2021-22 MHS Student Characteristics and Change Over Time

	2020-21 MHS Students (N = 6,442*)		2021-22 MHS Students (N = 9,842**)		1 Yr Δ	
	N	%	N	%	N	%
Gender						
Female	2,972	46.1	4,921	50.0	1,949	3.9
Male	3,470	53.9	4,921	50.0	1,451	-3.9
Ethnicity						
African American	1,565	24.3	2,696	27.4	1,131	3.1
White	400	6.2	591	6.0	191	-0.2
Hispanic	4,228	65.6	6,214	63.1	1,986	-2.5
Other	249	3.9	341	3.5	92	-0.4
Grade Level						
Early Childhood	3	0.0	7	0.1	4	0.1
Prekindergarten	185	2.6	251	2.6	66	0.0
Kindergarten	295	4.6	422	4.3	127	-0.3
1	372	5.8	488	5.0	116	-0.8
2	448	7.0	631	6.4	183	-0.6
3	507	7.9	712	7.2	205	-0.7
4	546	8.5	846	8.6	300	0.1
5	618	9.6	864	8.8	246	-0.8
6	593	9.2	895	9.1	302	-0.1
7	564	8.8	892	9.1	328	0.3
8	554	8.6	758	7.7	204	-0.9
9	590	9.2	1,146	11.6	556	2.4
10	467	7.2	807	8.2	340	1.0
11	369	5.7	625	6.4	256	0.7
12	331	5.1	498	5.1	167	0.0
Student Groups						
Emergent Bilingual	3,183	49.4	3,778	38.4	595	-11.0
Special Education	1,202	18.7	1,653	16.8	451	-1.9
At-Risk	3,932	61.0	6,741	68.5	2,809	7.5
Eco. Dis.	5,451	84.6	8,270	84.0	2,819	-0.6

Source: MHS student data file, 06/29/21 (2020-21) and 08/15/22 (2021-22). District PEIMS data files, 10/30/20 (2020-21) and 11/01/21 (2021-22).

Note: Eco. Dis. = Economically disadvantaged. Percentages may not add to 100 due to rounding. 1 Yr Δ=change from 2020-21 to 2021-22. *In 2020-21, 250 MHS clients were not found in the PEIMS data file and were excluded from analyses. **In 2021-22, 735 MHS clients were not found in the PEIMS data file and were excluded from analyses.

How did 2021-22 diagnoses categories differ from previous years and across grade levels?

Methodology

Data on mental health diagnoses were provided by the MHS program manager on August 15, 2022, who extracted the data from the program's electronic record system. Diagnosis data were merged with the district PEIMS demographic data file dated November 1, 2021 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. Results were compared to 2020-21 and 2019-20 (Carson, 2021) and one-year and two-year change rates were calculated when applicable.

Results

In 2021-22, the three most common primary mental health diagnoses given to Dallas ISD students visiting a YFC for clinical services were Adjustment Disorder ($N = 14,175$, 33%), ADHD ($N = 10,841$, 25%), and Depressive Disorder ($N = 5,169$, 12%, Table 11). This is comparable to 2020-21 and 2019-20, wherein the three most common primary diagnoses were also ADHD ($N = 10,434$, 35% and 14,277, 41%, respectively), Adjustment Disorder ($N = 9,042$, 30% and 9,054, 26%, respectively), and Depressive Disorder ($N = 5,856$, 19% and 6,009, 17%, respectively). Both one-year trends (2020-21 to 2021-22) and two-year trends (2019-20 to 2021-22) show a decrease in the number of ADHD and Depressive Disorder diagnoses and an increase in Adjustment Disorder diagnoses (Appendix B). Table 12 displays the top 10 primary diagnoses by grade-level.

Table 11: 2021-22 Most Common (Top 10) Mental Health Diagnoses Among MHS Students

Primary Diagnoses	<i>N</i>	%
Adjustment Disorder	14,175	32.6
Attention Deficit/Hyperactivity Disorder	10,841	24.9
Depressive Disorder	5,169	11.9
Anxiety Disorder	2,583	5.9
Conduct Disorder	1,284	3.0
Post-Traumatic Stress Disorder	1,172	2.7
Mood Disorder	721	1.7
Autistic Disorder	438	1.0
Bipolar Disorders	339	0.8
Mild Depressive Episode	334	0.8

Source: MHS 2021-22 student data file, 08/15/22.

Note: Data included students and their visits from 06/19/21 through 06/24/22.

Table 12: 2021-22 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>
Adjust. Dis	1	27	33	56	55	80	92	97	111	114	85	129	92	70	52
ADHD	2	10	26	58	79	68	125	111	110	92	81	72	63	32	22
Dep. Dis	0	0	0	0	1	2	3	1	11	23	32	34	41	35	33
Anxiety Dis	0	1	2	3	3	11	6	10	16	10	14	17	16	15	15
Conduct Dis	0	2	5	5	4	8	9	10	7	11	11	9	5	2	3
PTSD	0	0	1	2	2	1	3	1	10	4	8	12	7	8	3
Mood Dis	0	1	0	1	2	0	2	2	1	2	3	2	0	1	1
Autistic Dis	0	0	3	3	7	0	6	3	1	0	4	0	0	3	2
Bipolar Dis	0	0	0	0	0	0	0	0	0	0	0	1	2	2	0
Mild Dep Ep	0	0	0	0	0	0	1	1	3	2	2	4	5	3	5
Total	3	41	70	128	153	170	247	236	270	258	240	280	231	171	136

Source: MHS data file, 08/15/22 and district PEIMS data file, 11/01/21.

Note: EC=Early Childhood. PK=Prekindergarten. K=Kindergarten. Adjust=Adjustment. Dis=Disorder. ADHD= Attention Deficit Hyperactivity Disorder. Dep=Depressive. PTSD=Post-Traumatic Stress Disorder. Mild Dep Ep=Mild Depressive Episode. *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 13 displays the diagnoses frequencies and percentages across gender and ethnicity for the top three primary diagnoses and year-to-year change. In 2021-22, a higher percentage of males received

a diagnosis of ADHD (66%), whereas a higher percentage of females received a diagnosis of Adjustment Disorder and Depressive Disorder (58% and 81%, respectively). This trend generally matches results from 2019-20 and 2020-21. Across ethnicities, a higher percentage of Hispanic students received all three diagnoses compared to African American and White/Caucasian students, which is consistent with results from 2019-20 and 2020-21. Over time, the frequencies for primary diagnoses were lower for ADHD and Depressive Disorder across gender and ethnicity in 2021-22 compared to 2020-21 and 2019-20. However, aside from a couple exceptions, the frequencies for primary diagnoses for Adjustment Disorder were generally higher across gender and ethnicity in 2021-22 compared to 2020-21 and 2019-20.

Table 13: 2019-20 to 2021-22 Most Common (Top 3) Primary Mental Health Diagnoses by Gender and Ethnicity

	2019-20		2020-21		2021-22		1 Yr Δ		2 Yr Δ	
	N	%	N	%	N	%	N	%	N	%
Gender – Male										
ADHD	1,549	76.2	875	75.9	710	65.8	-165	-10.1	-839	-10.4
Adjustment Dis	553	52.6	320	45.8	505	42.1	185	-3.7	-48	-10.5
Depressive Dis	168	35.3	132	34.8	47	19.5	-85	-15.3	-121	-15.8
Gender – Female										
ADHD	485	23.8	278	24.1	241	34.2	-37	10.1	-244	10.4
Adjustment Dis	498	47.4	379	54.2	589	57.9	210	3.7	91	10.5
Depressive Dis	308	64.7	247	65.2	169	80.5	-78	15.3	-139	15.8
Ethnicity – Hispanic										
ADHD	1,164	59.5	655	59.0	546	50.6	-109	-8.4	-618	-8.9
Adjustment Dis	778	76.2	504	74.6	820	68.3	316	-6.3	42	-7.9
Depressive Dis	373	80.6	298	80.8	180	74.7	-118	-6.1	-193	-5.9
Ethnicity – African American										
ADHD	638	32.6	369	33.2	293	27.2	-76	-6.0	-345	-5.4
Adjustment Dis	179	17.5	136	20.1	178	14.8	42	-5.3	-1	-2.7
Depressive Dis	63	13.6	49	13.3	23	9.5	-26	-3.8	-40	-4.1
Ethnicity – White/Caucasian										
ADHD	153	7.8	87	7.8	75	7.0	-12	-0.8	-78	-0.8
Adjustment Dis	64	6.3	36	5.3	67	5.6	31	0.3	3	-0.7
Depressive Dis	27	5.8	22	6.0	9	3.7	-13	-2.3	-18	-2.1

Source: YFC student data file, 07/06/20 (2019-20), MHS student data file, 06/29/21 (2020-21) and 08/15/22 (2021-22). PEIMS data files, 10/28/19 (2019-20), 10/30/20 (2020-21), and 11/01/21 (2021-22).

Note: ADHD= Attention Deficit Hyperactivity Disorder. Dis=disorder. 1 Yr Δ N = frequency change from 2020-21 to 2021-22. 1 Yr Δ % = percentage-point change from 2020-21 to 2021-22. 2 Yr Δ N = frequency change from 2019-20 to 2021-22. 2 Yr Δ % = percentage-point change from 2019-20 to 2021-22. 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

To examine differences in student outcomes (attendance and reset center visitation rates) between students who received MHS support versus those who did not (non-MHS students), the evaluator merged student identification numbers of MHS clients with the district PEIMS and May demographic data files, the district attendance data file, and the district reset center data file.¹⁶ The evaluator then conducted

¹⁶ District PEIMS data file, 11/01/21 (for attendance rates); MHS student data file, 08/15/22; District attendance data file, 06/30/22; District demographic data file, 05/24/22 (for reset center rates); and District reset center data file, 08/03/22.

frequencies and crosstabulation analyses to examine attendance and reset center visitation rates for those who were and were not served by MHS by gender, ethnicity, and student groups (EB, SPED, and Eco Dis status). The number of students who were referred to reset centers (both once and multiple times) who also received MHS support was also calculated. Because reset centers were established in 2021-22, and attendance data from 2019-20 was incomplete because of COVID-19, one-year change will only be examined in attendance rates.

Results

Attendance

Attendance rates for students who received MHS support were compared to attendance rates for non-MHS students. The average attendance rate for MHS students was 88.8 percent in 2021-22, which was lower than the average rate of 91.4 percent for non-MHS students. By comparison, in 2020-21 the average attendance rate for MHS students was 91.0 percent, which was lower than the average rate of 92.7 percent for non-MHS students (see Carson, 2021).¹⁷ As seen in Table 14, the average attendance rate for male MHS students in 2021-22 was 89.2 percent, which was lower than the 91.2 percent rate for male non-MHS students. For female MHS students, the average attendance rate was 88.6 percent, whereas the average rate for female non-MHS students was 91.6 percent. Further, attendance rates for MHS students were lower than non-MHS students across ethnicity as well as EB, SPED, and Eco Dis status.

¹⁷ 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 for 2020-21 should therefore be interpreted with caution.

Table 14: 2021-22 Average Student Attendance Rates for MHS Students vs Non-MHS Students by Gender, Ethnicity, and Student Groups

	Received MHS Services (N = 9,395)		Did Not Receive MHS Services (N = 134,630)	
	N	%	N	%
Gender				
Female	4,449	88.6	65,971	91.6
Male	4,485	89.2	68,659	91.2
Ethnicity				
African American	2,486	86.9	27,026	88.9
White	531	92.5	7,308	94.1
Hispanic	5,604	89.5	95,731	91.9
Other	774	86.4	4,565	92.7
Student Groups				
Emergent Bilingual	3,418	90.0	65,089	92.4
Special Education	1,475	88.8	12,893	90.9
Economically Disadvantaged	7,535	88.5	112,408	91.1

Source: District PEIMS data file, 11/01/21, district attendance data file, 06/30/22, and MHS student data file, 08/15/22.

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

Reset Center Rates

In 2021-22, there were a total of 52 campuses with reset centers. Among reset center campuses, students who were referred to reset centers who also received MHS support were compared to students referred to reset centers who did not receive MHS support (non-MHS students). Overall, 15 percent (N = 242) of students who were referred to reset centers were also receiving MHS support (Table 15). Additionally, MHS students referred to reset centers were more likely to be African American compared to non-MHS students (46% vs. 37%) and more likely to be classified as receiving SPED services (18% vs. 12%). Overall, there was a 50 percent recidivism rate for students who received MHS support who were referred to reset centers, which was higher than the 28 percent recidivism rate of non-MHS students.

Table 15: 2021-22 Student Reset Center Referral Rates for MHS Students vs Non-MHS Students by Gender, Ethnicity, and Student Groups

	Received MHS Services (N = 242)		Did not Receive MHS Services (N = 1,333)	
	N	%	N	%
Gender				
Female	93	38.4	441	33.1
Male	122	50.4	712	53.4
Ethnicity				
African American	112	46.3	490	36.8
White	6	2.5	31	2.3
Hispanic	91	37.6	598	44.9
Other	33	13.6	214	16.1
Student Groups				
Emergent Bilingual	51	21.1	389	29.2
Special Education	44	18.2	163	12.2
Economically Disadvantaged	197	81.4	1,057	79.3
Multiple Reset Center Referrals				
Multiple Reset Center Referrals	120	49.6	369	27.7

Source: District demographic data file, 05/24/22, district reset center data file, 08/03/22, and MHS student data file, 08/15/22.

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

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 2022 and consisted of six scales. The evaluator extracted the District Climate Survey data file dated June 23, 2022 to examine differences in campus climate for campuses receiving 1:1 support from a full-time clinician compared to campuses not receiving 1:1 support. 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 conducted frequency and crosstabulation analyses by scale and level of support. Results were compared to 2020-21 (Carson, 2021).

Results

Overall, Climate Survey favorable response rates provided mixed evidence of an advantage for campuses that received 1:1 support. As seen in Table 16, campuses that received 1:1 support had higher favorable response rates on four out of six scales (Benefits and Priorities, Positive Culture and Environment, Culture of feedback and Support, and Teacher-Principal Trust) compared to campuses that did not receive 1:1 support. These results differ from 2020-21 where campuses that received 1:1 support outperformed campuses that did not receive 1:1 support on all Climate survey scales. Additionally, campuses that received 1:1 support had decreases in favorable response rates across all six scales in 2021-22 compared to 2020-21 (Table 17).

Table 16: 2020-21 and 2021-22 District Climate Survey Results for Campuses that Did and Did Not Receive 1:1 Support by Scale

	Received 1:1 Support (Campus N = 12)				Did not Receive 1:1 Support (Campus N = 64)			
	2020-21		2021-22		2020-21		2021-22	
	N	Avg pos %	N	Avg pos %	N	Avg pos %	N	Avg pos %
Benefits and Priorities	717	73.5	839	71.9	3,499	69.6	3,759	68.7
Positive Culture and Environment	717	66.8	835	61.5	3,494	62.7	3,757	58.8
Culture of Feedback and Support	458	68.7	478	68.1	2,321	61.4	2,356	62.3
College-Going Culture	545	73.5	581	70.7	2,639	72.6	2,735	72.0
Teacher-Teacher Trust	455	73.4	476	73.0	2,315	72.3	2,347	73.4
Teacher-Principal Trust	454	69.8	476	66.8	2,314	63.1	2,349	62.7

Source: District Climate Survey data file, 07/23/21 (2020-21) and 06/23/22 (2021-22).

Note: Some Climate Survey data could not be appropriately classified; thus, they were excluded from analyses when applicable (Maya Angelou; DAEP for middle school; Rosemont; Multiple Careers). No Climate Survey data were collected for Hospital and Homebound or Juvenile Justice Alternative Education Program (JJAE) staff members. Barbara Manns High School for DAEP was excluded from analyses in 2020-21.

Table 17: 2020-21 and 2021-22 District Climate Survey One-year Change Rates for Campuses that Did and Did Not Receive 1:1 Support by Scale

	Received 1:1 Support (Campus N = 12)		Did not Receive 1:1 Support (Campus N = 64)	
	1 Yr Δ N	1 Yr Δ Avg pos %	1 Yr Δ N	1 Yr Δ Avg pos %
Benefits and Priorities	122	-1.6	260	-0.9
Positive Culture and Environment	118	-5.3	263	-3.9
Culture of Feedback and Support	20	-0.6	35	0.9
College-Going Culture	36	-2.8	96	-0.6
Teacher-Teacher Trust	21	-0.4	32	1.1
Teacher-Principal Trust	22	-3.0	35	-0.4

Source: District Climate Survey data file, 07/23/21 (2020-21) and 06/23/22 (2021-22).

Note: Some Climate Survey data could not be appropriately classified; thus, they were excluded from analyses when applicable (Maya Angelou; DAEP for middle school; Rosemont; Multiple Careers). No Climate Survey data were collected for Hospital and Homebound or Juvenile Justice Alternative Education Program (JJAE) staff members. Barbara Manns High School for DAEP was excluded from analyses in 2020-21. 1 Yr Δ N = frequency change from 2020-21 to 2021-22. 1 Yr Δ Avg pos % = percentage-point change in positive response rates from 2020-21 to 2021-22.

What were the outcomes related to the ESSER funded Mental Health Services activities?

Methodology

This section includes a summary of the MHS department ESSER funded YFC Expansion and Mental Health Vital Signs Screener activities. The MHS department provided data on YFC construction and depression screener implementation. Additionally, the following ESSER activity goal was examined: By June of 2022, increase the number of students served by at least 3 percent due to the implementation of

the depression screener, as evidenced by comparison of 2020-21 and 2021-22 Evaluation and Assessment data. Data on the number and types of clinical mental health services provided to Dallas ISD students and families in 2021-22 were obtained from the MHS program manager on August 15, 2022. The evaluator conducted frequency and cross-tabulation analyses to calculate the unique number of visitors and the total number of visits for YFCs.

Results

Youth and Family Center Expansion

In 2021-22, the MHS department received approval to begin the construction planning process for building a YFC in the southern sector of Dallas ISD. The construction planning process included review of available data (i.e. CPAL, referrals, waiting lists) with the MHS team, meeting with the Construction Services department to identify three potential sites, developing a site observation tool, conducting site visits of proposed locations, meeting with stakeholders including potential health care partners to discuss next steps, identifying strengths and limitations of each site (i.e. budget, access barriers, etc.), analyzing comprehensive data to finalize site location, meeting with contractors to discuss next steps and project timeline, determining the necessary permits and architectural plans, and comparing the scope of the project to available funding. The MHS department met both 2021-22 activity goals of 1) by November of 2021, solidify location of new YFC for southern sector, and 2) by March of 2022, finalize construction plans for new YFC.

Mental Health Vital Signs Screener

In 2021-22, the MHS department received approval to purchase and implement the Vital Sign 6 depression screener app. Implementation of the app would occur in three phases to include Phase 1 – implementing the depression screener app through the 13 YFC clinics; Phase 2 – implementing the depression screener app at 40 campuses within the district; and Phase 3 – implementing the depression screener app districtwide through the work of the School-Based Clinicians. The MHS department met both 2021-22 activity goals of 1) by January 2022, launch Vital Sign 6 depression screener within the MHS department, and 2) by June 2022, increase number of students served by at least 3% (360 students) due to the implementation of the depression screener as evidenced by comparison of 2020-21 and 2021-22 Evaluation and Assessment data. In 2021-22, the percentage of students served by YFCs increased by 14 percent compared to 2020-21.

KEY FINDINGS AND RECOMMENDATIONS

Key Findings

Funded through Title I, Part A, TEA RDA, Medicaid revenue, ESSER funds, and the district's general operating funds, the total budget for the MHS program in 2021-22 was \$18,382,233. These funds were used to provide mental health services in school and at 12 YFCs to Dallas ISD students and families. The evaluation focused on program implementation, characteristics of campus staff members and students,

the most common mental health diagnoses of YFC students, attendance and reset center rates of students served, results from the Climate Survey, and the program's ESSER activity goals for 2021-22. Key findings for 2021-22 included the following:

- In 2021-22, the MHS department provided services to 7.4% ($N = 10,577$) of students enrolled in Dallas ISD. Of the 9,842 MHS students with available demographic data, most were economically disadvantaged (84%), At-Risk (69%), and/or Hispanic (63%). In comparison to the district overall, students who received services were more likely to be African American (27% vs. 21%) and more likely to be classified as receiving SPED services (17% vs. 10%).
- Overall, the MHS department did not meet the Title I, Part A workscope goal of serving 5,000 unique visitors at YFCs. In 2021-22, the YFCs provided services to 3,196 students which consisted of 43,476 contacts made with students and their families. On average, there were 14 visits per client to YFCs. These are all increases from 2020-21 where YFCs provides services to 2,810 students which consisted of 30,303 contacts and an average of 11 visits per client to YFCs.
- In 2021-22, a total of 37,357 contacts were made with Dallas ISD students in schools (7,381 unique visitors and an average of five visits per client).
- The MHS program provided 21 distinct types of clinical services to Dallas ISD students and families in 2021-22 (19 types in 2020-21). The three most common types of services provided were psychotherapy sessions of 60 minutes with clients and/or family members ($N = 16,351$ visits, 38%), individual therapy of 45 minutes ($N = 7,982$, 18%), and medication management ($N = 7,290$, 17%). The three most common types of services provided in schools were case management ($N = 16,621$, 45%), counseling ($N = 14,438$, 39%), and behavior intervention ($N = 5,359$, 14%).
- The three most common primary mental health diagnoses made for Dallas ISD students visiting a YFC for clinical services in 2021-22 were Adjustment Disorder ($N = 14,175$, 33%), ADHD ($N = 10,841$, 25%), and Depressive Disorder ($N = 5,169$, 12%), which was comparable to 2020-21 and 2019-20.
- The average attendance rate for MHS students was 88.8 percent, which was lower than the average rate of 91.4 percent for non-MHS students.
- Overall, 15 percent ($N = 242$) of students who were referred to reset centers were also receiving MHS support and there was a 50 percent recidivism rate for students who received MHS support who were referred to reset centers, which was higher than the 28 percent recidivism rate of non-MHS students.
- Campuses that received 1:1 support had higher favorable response rates on the District Climate Survey compared to campuses that did not receive 1:1 support across four of the six scales.
- The MHS department met both 2021-22 ESSER Youth and Family Center Expansion activity goals of 1) by November of 2021, solidify location of new YFC for southern sector, and 2) by March of 2022, finalize construction plans for new YFC. The department also met both 2021-22 ESSER Mental Health Vital Signs Screener activity goals of 1) by January 2022, launch Vital Sign 6 depression screener within the MHS department, and 2) by June 2022, increase number of students served by at least 3% (360 students) due to the implementation of the depression screener as evidenced by comparison of

2020-21 and 2021-22 Evaluation and Assessment data. In 2021-22, the percentage of students served by YFCs increased by 14 percent compared to 2020-21.

Recommendations

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

Continue promoting the services offered through YFCs. While the number of students served by YFCs increased by 14 percent in 2021-22 ($N = 3,196$) compared to 2020-21 ($N = 2,810$), the number of students served is markedly less than the total served in 2019-20 ($N = 4,704$). Program managers and school leadership should continue to promote the services provided and the health benefits of the YFCs so that students and their families will be more aware of and access these MHS resources.

Monitor campus climate for 1:1 campuses in 2022-23. In 2021-22, the 12 campuses that received 1:1 support showed decreases in favorable response rates across all six scales compared to 2020-21. MHS staff members on these campuses should monitor and address MHS-related needs for campus staff members so that any future declines in satisfaction can be alleviated.

Continue monitoring progress of ESSER activities. In 2021-22, the MHS department met the activity goals associated with both ESSER funded activities (Youth and Family Center Expansion and Mental Health Vital Signs Screener). Program managers and school leadership should continue to monitor 1) the progress in the YFC construction process to ensure timelines continue to be met, and 2) the efficacy of the new Vital Sign 6 depression screener app. While the MHS program increased the number of students served by 14 percent, which met the ESSER Mental Health Vital Signs Screener activity goal of increasing the number of students served by at least 3 percent by June of 2022, program managers should monitor student usage and efficacy of the Vital Sign 6 app to determine if the app is meeting the needs of students.

REFERENCE

Carson, K. (2021). 2020-21 Evaluation of the Mental Health Services Program. Dallas, TX. Dallas Independent School District.

APPENDICES



Appendix A

Appendix A, Table 1: 2019-20 to 2021-22 Dallas ISD YFC Clinic Site Client Visit Data

Clinic Site	Unique Visitors					Total Visits					Average Visits				
	2019-20	2020-21	2021-22	1 Yr Δ	2 Yr Δ	2019-20	2020-21	2021-22	1 Yr Δ	2 Yr Δ	2019-20	2020-21	2021-22	1 Yr Δ	2 Yr Δ
	N	N	N			N	N	N			N	N	N		
Adamson YFC	596	317	312	-5	-284	4,173	2,343	4,248	1,905	75	7.0	7.4	13.6	6.2	6.6
Amelia Flores YFC	508	288	372	84	-136	3,235	2,605	3,654	1,049	419	6.4	9.0	9.8	0.8	3.4
Balch Springs YFC	434	259	281	22	-153	2,537	2,710	2,850	140	313	5.8	10.5	10.1	-0.4	4.3
EBJ YFC	311	179	260	81	-51	2,229	2,077	4,262	2,185	2,033	7.2	11.6	15.9	4.3	8.7
Fair Oaks YFC	491	381	453	72	-38	3,552	3,370	6,109	2,739	2,557	7.2	8.8	16.4	7.6	9.2
Kiosco YFC	312	185	222	37	-90	2,267	1,739	2,239	500	-28	7.3	9.4	10.1	0.7	2.8
North Dallas YFC	-	-	1	-	-	-	-	9	-	-	-	-	9.0	-	-
Red Bird YFC	433	329	346	17	-87	2,109	2,329	3,144	815	1,035	4.9	7.1	9.1	2.0	4.2
Seagoville YFC	249	160	210	50	-39	3,004	3,242	4,813	1,571	1,809	12.1	20.3	22.9	2.6	10.8
South Oak Cliff YFC	-	-	N/A	N/A	N/A	-	-	N/A	N/A	N/A	-	-	N/A	N/A	N/A
West Dallas YFC	515	248	280	32	-235	4,829	3,462	4,179	717	-650	9.4	14.0	14.9	0.9	5.5
Wilmer Hutchins YFC	288	155	185	30	-103	2,469	2,557	2,888	331	419	8.6	16.5	15.6	-0.9	7.0
Woodrow/Long YFC	567	309	274	-35	-293	4,539	3,869	5,080	1,211	541	8.0	12.5	18.5	6.0	10.5
Total	4,704	2,810	3,196	386	-1508	34,943	30,303	43,476	13,173	8,533	7.4	10.8	13.6	2.8	6.2

Source: YFC student data file, 07/06/20 (2019-20). MHS student data file, 06/29/21 (2020-21) and 08/02/22 (2021-22).

Note: EBJ=Eddie Bernice Johnson. South Oak Cliff YFC provided services out of EBJ YFC and schools in 2021-22. Thus, its service data are reported in the clinic numbers for EBJ YFC. North Dallas YFC only served students at North Dallas HS in 2021-22. (-) North Dallas YFC and South Oak Cliff YFC were satellite clinics in 2020-21, and their service data for that year is reported in the clinic numbers for Fair Oaks YFC and EBJ YFC, respectively. 1 Yr Δ=change from 2020-21 to 2021-22. 2 Yr Δ=change from 2019-20 to 2021-22.

Appendix A, Table 2: 2019-20 and 2020-21 Dallas ISD 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.

Appendix B

Appendix B: 2019-20 to 2021-22 Common Mental Health Diagnoses Among MHS Students and Change Over Time

Primary Diagnoses	2019-20		2020-21		2021-22		1 Yr Δ		2 Yr Δ	
	N	%	N	%	N	%	N	%	N	%
ADHD	14,277	40.9	10,434	34.6	10,841	24.9	407	-9.7	-3,436	-16.0
Adjustment Dis	9,054	25.9	9,042	30.0	14,175	32.6	5,133	2.6	5,121	6.7
Depressive Dis	6,009	17.2	5,856	19.4	5,169	11.9	-687	-7.5	-840	-5.3
Anxiety Dis	2,401	6.9	2,458	8.1	2,583	5.9	125	-2.2	182	-1.0
PTSD	890	2.5	957	3.2	1,172	2.7	215	-0.5	282	0.2
Conduct Dis	1,286	3.7	697	2.3	1,284	3.0	587	0.7	-2	-0.7
Bipolar Dis	345	1.0	313	1.0	339	0.8	26	-0.2	-6	-0.2
Dev Disorders	225	0.6	298	1.0	29	0.1	-269	-0.9	-196	-0.5
Impulse Dis	62	0.2	58	0.2	4	<0.1	-54	-0.2	-58	-0.2
Schizophrenia	20	0.1	53	0.2	1	<0.1	-52	-0.2	-19	-0.1

Source: YFC student data file, 07/06/20 (2019-20). MHS student data file, 06/29/21 (2020-21) and 08/02/22 (2021-22).

Note: 2019-20 data included 4,704 students and their visits from 05/01/19 through 04/30/20. 2020-21 data included 2,810 students and their visits from 05/27/20 through 06/18/21. 2021-22 data included 3,196 students and their visits from 06/19/21 through 06/24/22. ADHD= Attention Deficit Hyperactivity Disorder. Dis=Disorder. PTSD=Post-Traumatic Stress Disorder. Dev Disorders=Developmental Disorders. 1 Yr Δ=change from 2020-21 to 2021-22. 2 Yr Δ=change from 2019-20 to 2021-22.