

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.²

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 clinics.³ 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 2021-22.⁴
- 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 services were provided to Dallas ISD students in schools (7,381 unique students and average five visits per student).

YFC Services

- In 2021-22, the YFCs provided services to 3,196 students which consisted of 43,476 total 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.
- 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).

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 2020-21 data is adapted from Carson (2021).

³ A list of the 12 YFC locations is available in Table 2 of the full report.

⁴ A list of campuses receiving 1:1 support is available in Table 3 of the full report.

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).
- 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 (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 1, 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).

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>

Table 1: 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.⁶
- 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.
- 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.⁷ 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 2).⁸
- 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.

Table 2: 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

⁶ District attendance data file, 06/30/22. MHS student data file, 08/15/22. District PEIMS data file, 11/01/21.

⁷ District reset center data file, 08/03/22. MHS student data file, 08/15/22. District demographic data file, 05/24/22.

⁸ No campus-level data were collected for Hospital and Homebound or Juvenile Justice Alternative Education Program (JJAEP), so these campuses were excluded from analyses.

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.

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