

2022-23

Evaluation of the Mental Health Services Program

DEPARTMENT OF EVALUATION AND ASSESSMENT

Stephanie Elizalde, Ed. D.
Superintendent of Schools



2022-23

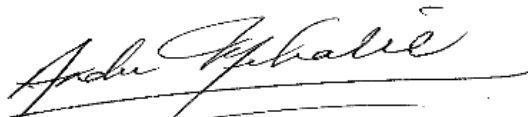
Evaluation of the Mental Health Services Program

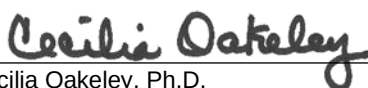
Approved Report of the Department of Evaluation and Assessment

EA22-143-2
November 2023

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2022-23

Evaluation of the Mental Health Services Program

KEY FINDINGS AND RECOMMENDATIONS

The purpose of this evaluation was to examine a) program implementation, b) stakeholder perceptions, and c) program outcomes.

Key Findings

The Mental Health Services 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. 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 2022-23 was \$28,372,853. These funds were used to provide mental health services in schools and at 12 YFCs to Dallas ISD students and families. Key findings for 2022-23 included the following:



In 2022-23, the MHS department provided services to 10,571 students enrolled in Dallas ISD, with 2,310 students receiving services via YFCs and 8,261 receiving services at school.



A total of 38,285 services were provided to Dallas ISD students in schools which consisted of 8,261 unique visitors and an average of five visits per client.



The three most common primary mental health diagnoses given to Dallas ISD students visiting a YFC for clinical services were Adjustment Disorder, Attention Deficit Hyperactivity Disorder (ADHD), and Depressive Disorder.



According to clinicians, strengths of the MHS program in 2022-23 included the ease of access to resources for families, psychiatric services offered, and the presence of wrap-around specialists.



Areas for improvement according to clinicians included the need for additional resources and staff at clinics, the need to reduce turnover and burnout among clinicians, and improved communication regarding professional development opportunities.



Campuses that received 1:1 support had higher favorable response rates on two out of six scales (Benefits and Priorities, Culture of Feedback and Support) compared to campuses that did not receive 1:1 support and showed small increases on two scales (Culture of Feedback and Support, College-Going Culture) in 2022-23 compared to 2021-22.



In 2022-23, the average attendance rate for MHS students was three percentage points lower than the average rate for non-MHS students.

Eighteen percent of students who were referred to reset centers were also receiving MHS support.



Overall, there was a three percent recidivism rate for students who received MHS support who were referred to reset centers, which was lower than the 22 percent recidivism rate of non-MHS students.

Recommendations

Investigate ways to mitigate service implementation barriers. While the MHS department provided services to 10,571 Dallas ISD students, clinicians reported several service implementation concerns including the need for additional resources and staff at clinics, the need to reduce turnover and burnout among clinicians, and improved communication regarding professional development opportunities. Program managers should investigate how these implementation concerns are impacting student service provision and clinician well-being. Findings could then be used to determine if there are strategies that can be implemented to mitigate any negative impact on service provision or clinician well-being.

As recommended in previous years, continue monitoring campus climate for 1:1 campuses in 2023-24. 1:1 campuses had higher favorable response rates on only two out of six scales on the Climate Survey compared to campuses that did not receive 1:1 support in 2022-23. These campuses also showed slight decreases on four scales compared to 2021-22. MHS staff members on these campuses should continue monitoring and addressing MHS-related campus needs for staff members in 2023-24 to reverse trends observed in 2022-23.

Continue supporting MHS students referred to reset centers to maintain low recidivism rate. In 2022-23, the recidivism rate for MHS students referred to reset centers was three percent, a large decrease from 50 percent in 2021-22. However, more MHS students overall were referred to reset centers in 2022-23 ($N = 449$) than in 2021-22 ($N = 242$). MHS staff members should continue providing support for students referred to reset centers and coordinating with reset center staff members to reduce the number of MHS students referred to reset centers in 2023-24 and ensure that the recidivism rate remains low.

2022-23

Evaluation of the Mental Health Services Program

DEPARTMENT OF EVALUATION AND ASSESSMENT

PROGRAM BACKGROUND

Prior to the 2020-21 school year, Dallas Independent School District (ISD)¹ 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.

PROGRAM DESCRIPTION

The sections below include the MHS Program components, people, budget, and program goals. For all methodology, see Appendix B.

Program Components

In 2022-23, the MHS program continued to include 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

¹ For a list of all acronyms and abbreviations used in this evaluation, see Appendix A.

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, hybrid 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.

The 3:2:1 model MHS adopted in 2022-23 reduced the caseload for clinicians, provided additional clinician availability on campuses, and allowed the scope of these services provided in schools to increase.

As in previous years, hybrid 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. Plans were individually tailored for DAEP students based on history and the nature of the offense. 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).

Finally, services provided by clinic-based staff members continued to include 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, 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.

Program Staff

A total of 188 administrators, clinicians, and support staff members operated out of campuses, 12 YFC service sites, and one central administration office in 2022-23 (Table 1). Overall, 78 percent ($n = 146$) of MHS staff were clinical positions such as clinicians, psychiatrists, and specialists. Staff member composition was similar to 2021-22.

Table 1: 2021-22 and 2022-23 Dallas ISD MHS Staff Members by Role and Change Over Time

Job Title	2021-22		2022-23		1 Yr Δ	
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
Director	3	1.9	4	2.1	1	0.2
Coordinator	1	0.6	1	0.5	0	-0.1
Administrative Assistant	15	9.4	15	8.0	0	-1.4
Analyst	1	0.6	1	0.5	0	-0.1
Manager	19	11.9	20	10.6	1	-1.3
Psychiatrist	2	1.3	2	1.1	0	-0.2
Clinician	113	71.1	139	73.9	26	2.8
Specialist	4	2.6	5	2.6	1	0.0
Billing Assistant	1	0.6	1	0.5	0	-0.1

Source: Dallas ISD personnel data file, 01/05/22 (2021-22) and 03/28/23 (2022-23).

Note: Percentages may not sum to 100 because of rounding. 1 Yr Δ=change from 2021-22 to 2022-23.

Of the 188 MHS staff members, 89 percent of the staff were female, 82 percent were African American or Hispanic (42% and 40%, respectively), and 85 percent held a graduate degree or higher at the time of hire (Table 2). MHS staff members most often had one to five years of local experience (31%).

Table 2: 2021-22 and 2022-23 MHS Staff Member Characteristics and Change Over Time

	2021-22		2022-23		1 Yr Δ	
	N	%	N	%	N	%
Gender						
Female	138	86.8	168	89.4	30	2.6
Male	21	13.2	20	10.6	-1	-2.6
Ethnicity						
African American	56	35.2	79	42.0	23	6.8
White	30	18.9	30	16.0	0	-2.9
Hispanic	71	44.7	76	40.4	5	-4.3
Asian	2	1.3	3	1.6	1	0.3
Education Level*						
Bachelor's	3	1.9	5	2.7	2	0.8
Master's	118	74.3	143	76.0	25	1.7
Doctorate	16	10.1	17	9.0	1	-1.1
Other	22	13.8	23	12.3	1	-1.5
Local Experience						
<1 year	21	13.2	39	20.7	18	7.5
1-5 years	56	35.2	60	31.3	4	-3.9
6-10 years	31	19.4	31	16.5	0	-2.9
11-15 years	20	12.6	25	13.3	5	0.7
16-20 years	22	13.9	19	10.1	-3	-3.8
21+ years	9	5.6	14	7.4	5	1.8

Source: Dallas ISD personnel data file, 01/05/22 (2021-22) and 03/28/23 (2022-23).

Note: * Educational attainment at time of hire. Percentages may not add to 100 due to rounding. 1 Yr Δ=change from 2021-22 to 2022-23.

Budget

MHS program budget data were obtained from MHS program staff members and DISD budget and Title funding documents for 2022-23. As of May 15, 2023, the budget for the MHS program was \$28,372,853 (Table 3), an increase from \$18,382,233 in 2021-22 (Carson, 2022). The total budget for 2022-23 included \$2,065,188 from Title I, Part A funds, \$9,953,154 from Dallas ISD general operating funds, \$1,834,224 from Medicaid revenue, \$5,547,105 from Texas Education Agency (TEA) Results-Driven Accountability (RDA) funds, and \$8,973,183 from ESSER funds.

Table 3: 2021-22 and 2022-23 Dallas ISD Mental Health Services Department Budget

School Year	Title I	General Funds	Medicaid Revenue	RDA	ESSER Funds	Total
2021-22	\$1,996,434	\$8,182,682	\$1,279,892	\$4,268,931	\$2,654,294	\$18,382,233
2022-23	\$2,065,188	\$9,953,153	\$1,834,224	\$5,547,105	\$8,973,183	\$28,372,853

Source: Information from program staff members, 11/30/21 (2021-22) and 05/15/23 (2022-23). DISD budget and Title funding documents, 05/01/23 (2022-23). ESSER documents, 09/29/2021 (2021-22).

Program Goals

The MHS Department aimed to reach two primary goals for 2022-23 as outlined by their Title I workscope.²

- 1) During the 2022-2023 school year, Mental Health Services clinicians, administrative assistants, and supplemental evening staff aimed to directly contact at least 40 percent of families referred to

² Information obtained from program managers, 10/09/23.

Mental Health Services. MHS staff members also aimed to refer families to wrap-around supports to provide parent outreach activities to increase student access to services and community resources available in the Dallas area (Goal was met; page 19).

- 2) In accordance with the district goal to increase student participation in extracurricular or co-curricular activities, the MHS department aimed to encourage 100% of students served to explore opportunities to participate in extra/co-curricular activities during the 2022-23 school year. (Could not be determined; page 19).

Finally, MHS had three ESSER activity goals for 2022-23. These goals and their outcomes are discussed in further detail below.

EVALUATION QUESTIONS AND RESULTS

EQ1: How was the Mental Health Services program implemented in 2022-23?

Key findings from this section:



In 2022-23, the MHS department provided services to 10,571 students enrolled in Dallas ISD, with 2,310 students receiving services via YFCs and 8,261 receiving services at school.



A total of 38,285 services were provided to Dallas ISD students in schools which consisted of 8,261 unique visitors and an average of five visits per client.

Students Served

In 2022-23, the MHS department provided services to 7.5% ($N = 10,571$) of students enrolled in Dallas ISD, with 2,310 students receiving services via YFCs and 8,261 receiving services at school (PSS, Table 4). This is comparable to 2021-22, wherein 10,577 students received MHS services (3,196 via YFCs and 7,381 at school; Carson, 2022). Table 3 displays the characteristics of students with available demographic data who received MHS services in 2022-23 compared to all students districtwide. Of the 9,407 MHS students with available demographic data, the majority were Hispanic or African American (62% and 28%, respectively), were economically disadvantaged (86%) or identified as being At-Risk (61%).³ Compared to the district overall, students who received MHS services were more likely to have also received Special Education (SPED) services (20% vs. 12%).

Percentages of students who received MHS services at school differed from those who received services at a YFC by ethnicity and SPED status. The percentage of African American YFC students (22%) was lower than African American PSS students (30%). Conversely, the percentage of Hispanic YFC students (67%) was higher than Hispanic PSS students (61%). Finally, 30 percent of YFC students received SPED services compared to 17 percent of PSS students. These results are similar to those found in 2021-22 (see Carson, 2022).

³ 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 4: 2022-23 MHS and District Student Characteristics

	YFC Students (N = 2,073)		PSS Students (N = 7,334)		All MHS Students (N = 9,407)		District Students (N = 140,084)	
	N	%	N	%	N	%	N	%
Gender								
Female	973	46.9	3,763	51.3	4,736	50.3	68,677	49.0
Male	1,100	53.1	3,571	48.7	4,671	49.7	71,396	51.0
Ethnicity								
African American	446	21.5	2,194	29.9	2,640	28.1	28,038	20.0
White	173	8.3	415	5.7	588	6.3	7,651	5.5
Hispanic	1,385	66.8	4,464	60.9	5,849	62.2	99,623	71.1
Other/Missing	69	3.3	261	3.5	330	3.5	4,772	3.3
Grade Level								
Early Childhood	-	0.0	16	0.2	16	0.2	1,009	0.7
Prekindergarten	21	1.0	226	3.1	247	2.6	10,278	7.3
Kindergarten	58	2.8	424	5.8	482	5.1	9,952	7.1
1	79	3.8	516	7.0	595	6.3	10,699	7.6
2	117	5.6	586	8.0	703	7.5	10,406	7.4
3	145	7.0	568	7.7	713	7.6	9,965	7.1
4	160	7.7	593	8.1	753	8.0	9,932	7.1
5	200	9.6	779	10.6	979	10.4	9,937	7.1
6	181	8.7	592	8.1	773	8.2	9,070	6.5
7	211	10.2	501	6.8	712	7.6	9,431	6.7
8	194	9.4	559	7.6	753	8.0	9,860	7.0
9	223	10.8	633	8.6	856	9.1	12,119	8.7
10	212	10.2	535	7.3	747	7.9	10,836	7.7
11	134	6.5	354	4.8	488	5.2	7,816	5.6
12	138	6.7	452	6.2	590	6.3	8,774	6.3
Student Groups								
Emergent Bilingual	819	39.5	2,704	36.9	3,523	37.5	69,236	49.4
Special Education	618	29.8	1,260	17.2	1,878	20.0	16,827	12.0
At Risk	1,338	64.5	4,432	60.4	5,770	61.3	86,367	61.7
Eco Dis	1,701	82.1	6,358	86.7	8,059	85.7	117,625	84.0

Source: MHS 2022-23 student data file, 08/17/23 and district demographic data file, 05/22/23.

Note: 1,164 students were missing data in the district demographic data file. Percentages may not add to 100 due to rounding. Student groups are not mutually exclusive.

Year-to-year changes from 2021-22 to 2022-23 in MHS student characteristics were also examined. The MHS department served slightly less students in 2022-23 than in 2021-22 (10,571 vs. 10,577). As seen in Table 5, for students with available demographic data, 9,407 MHS students were analyzed in 2022-23, compared to 9,842 in 2021-22. In 2022-23, MHS served a similar percentage of students across gender and ethnicity compared to 2021-22. However, MHS served a lesser percentage of students identified as being At-Risk (-7 percentage points) in 2022-23 compared to 2021-22.

Table 5: 2021-22 to 2022-23 MHS Student Characteristics and Change Over Time

	2021-22 MHS Students (N = 9,842*)		2022-23 MHS Students (N = 9,407)		1 Yr Δ	
	N	%	N	%	N	%
Gender						
Female	4,921	50.0	4,736	50.3	-185	0.3
Male	4,921	50.0	4,671	49.7	-250	-0.3
Ethnicity						
African American	2,696	27.4	2,640	28.1	-56	0.7
White	591	6.0	588	6.3	-3	0.3
Hispanic	6,214	63.1	5,849	62.2	-365	-0.9
Other	341	3.5	330	3.5	-11	0.0
Grade Level						
Early Childhood	7	0.1	16	0.2	9	0.1
Prekindergarten	251	2.6	247	2.6	-4	0.0
Kindergarten	422	4.3	482	5.1	60	0.8
1	488	5.0	595	6.3	107	1.3
2	631	6.4	703	7.5	72	1.1
3	712	7.2	713	7.6	1	0.4
4	846	8.6	753	8.0	-93	-0.6
5	864	8.8	979	10.4	115	1.6
6	895	9.1	773	8.2	-122	-0.9
7	892	9.1	712	7.6	-180	-1.5
8	758	7.7	753	8.0	-5	0.3
9	1,146	11.6	856	9.1	-290	-2.5
10	807	8.2	747	7.9	-60	-0.3
11	625	6.4	488	5.2	-137	-1.2
12	498	5.1	590	6.3	92	1.2
Student Groups						
Emergent Bilingual	3,778	38.4	3,523	37.5	-255	-0.9
Special Education	1,653	16.8	1,878	20.0	225	3.2
At-Risk	6,741	68.5	5,770	61.3	-971	-7.2
Eco. Dis.	8,270	84.0	8,059	85.7	-211	1.7

Source: MHS student data file, 08/15/22 (2021-22) and 08/17/23 (2022-23). District PEIMS data file, 11/01/21 (2021-22) and district demographic data file, 05/22/23 (2022-23).

Note: Eco. Dis. = Economically disadvantaged. Percentages may not add to 100 due to rounding. 1 Yr Δ=change from 2021-22 to 2022-23. *In 2021-22, 735 MHS clients were not found in the PEIMS data file and were excluded from analyses.

YFC and 1:1 Campus Locations

In 2022-23, the MHS department continued operation of 12 school-based YFC clinics (Table 6). In January 2023, construction began on the new T.D. Marshall YFC located at Clara Oliver elementary school, which began operation in September 2023.

Table 6: 2022-23 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	Dade MS
Fair Oaks	Conrad HS
Kiosco	Cary MS
North Dallas	North Dallas HS
Red Bird	Browne MS
Seagoville	Seagoville HS
West Dallas	Pinkston HS
Wilmer Hutchins	Wilmer Hutchins HS
Woodrow/Long	Wilson HS

Source: Information from program staff members, 12/15/22.

Note: HS=High School. MS=Middle School.

In 2022-23, MHS staffing was increased as 40 new clinical positions were funded with ESSER funds, though not all were filled. These clinicians were stationed primarily on campuses. In addition, two new school manager positions and an additional director position were funded, bringing the total staff capacity to 206, an increase from 168 in 2021-22. 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 2022-23 (Table 7). The increase in staff members also allowed all comprehensive high school campuses to receive 1:1 support from a clinician. In 2022-23, MHS also adopted a 3:2:1 model to reduce the number of schools each clinician is assigned to, such that a clinician is now only assigned to either three elementary schools, two middle schools, or one high school. Previously clinicians could potentially be responsible for serving as many as seven campuses at a given time. This shift has increased morale in the department and reduced clinician burnout.⁴ Additionally, the program launched a new electronic medical record system, allowing data from both clinics and schools to be collected and tracked together.

Clinics in areas identified as underserved partnered with the Parkland hospital system to provide additional psychiatric services to students in need in an effort to increase equity. Parkland also pooled its physical health services into four clinic locations five days per week based on high need areas. In addition, the alcohol and drug intervention program that was implemented in 2021-22 continued to provide support to students, parents, educators, and staff members in 2022-23 with resources on behavior related to alcohol and drug use and/or abuse on campus. This program also partnered with several community partners in 2022-23 to provide support services and educational resources to campuses. Assemblies were held on several campuses to help promote and increase awareness on drug and alcohol prevention.

⁴ Information obtained from program staff members, 12/15/22.

Table 7: 2022-23 Dallas ISD Targeted 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 12/15/22. Note: DAEP = Disciplinary Alternative Education Program.

Finally, MHS continued to provide professional development opportunities both within the department and district throughout the year, including sponsoring training for 332 managers, clinicians, and school counselors on trauma and grief provided by the Meadows Mental Health Institute. In partnership with Texas Christian University, MHS provided trust-based relational intervention training to 38 reset center coordinators and campus staff members in the summer in an effort to reduce recidivism for students referred to reset centers. This training focused on helping participants gain understanding on relational trauma's impact on the brain and body and develop discipline methods to better meet the needs of students. Further, MHS staff members were trained on Mental Health First Aid training that teaches skills to respond to signs of mental illness and substance use. MHS also assisted with suicide awareness campaigns by providing assemblies on campuses and beginning a partnership with an organization called The Defensive Line to host monthly trainings for staff members on how to identify and respond to signs and symptoms of suicide.

Client Contacts

A total of 38,285 services were provided to Dallas ISD students in schools which consisted of 8,261 unique visitors and an average of five visits per client. This is an increase in contacts from 2021-22, when a total of 37,357 contacts were made with Dallas ISD students. Additionally, the number of unique visitors also increased from 2021-22 (7,381 unique visitors), while the average number of visits per client remained the same as 2021-22 (5 visits per client).

In 2022-23, a total of 2,310 students received clinical services from YFCs, which is a 28 percent decrease from 2021-22 ($N = 3,196$, Appendix C). A total of 24,909 contacts were made with Dallas ISD students and their families at YFCs in 2022-23 (compared to 30,303 in 2020-21 and 43,476 in 2021-22). The average number of YFC visits per client was eleven visits, which was lower than the average client visits in 2021-22 (14 visits per client) and comparable to 2020-21 (11 visits per client). Table 8 details the number of unique visitors, total number of recorded visits (which includes all substantive clinical client contacts), and average number of visits per client for each YFC clinic during 2022-23.

In 2022-23, Red Bird YFC had the highest number of unique visitors ($N = 264$) and Woodrow/Long had the highest number of overall visits (including repeat visitors) with 3,170 total visits. Fair Oaks YFC, Adamson YFC, and EBJ YFC had the next highest overall visits (3,013, 2,463, and 2,312 total visits, respectively). North Dallas YFC had the fewest unique visitors ($N = 53$) in 2022-23 and received the lowest number of overall visits ($N = 644$). The average number of recorded visits per client at Woodrow/Long was the highest among all MHS clinics at fifteen visits per client. Seagoville YFC had the lowest average number of visits per client at six visits per client.

Table 8: 2022-23 Dallas ISD YFC Clinic Site Client Visit Data

Clinic Site	Unique Visitors	Total Visits	Average Visits
	2022-23 <i>N</i>	2022-23 <i>N</i>	2022-23 <i>N</i>
Adamson YFC	175	2,463	14.1
Amelia Flores YFC	255	2,303	9.0
Balch Springs YFC	180	1,570	8.7
EBJ YFC	192	2,312	12.2
Fair Oaks YFC	249	3,013	12.1
Kiosco YFC	119	1,002	8.4
North Dallas YFC	53	644	12.2
Red Bird YFC	264	1,616	6.1
Seagoville YFC	159	2,295	14.4
West Dallas YFC	169	2,078	12.3
Wilmer Hutchins YFC	125	1,571	12.6
Woodrow/Long YFC	217	3,170	14.6
Other*	153	872	5.7
Total	2,310	24,909	10.8

Source: MHS student data file, 08/17/23 (2022-23).

Note: EBJ = Eddie Bernice Johnson. * = Visits that occurred at non-YFC sites.

One-year change from 2021-22 to 2022-23 and two-year change from 2020-21 to 2022-23 in the number of unique visitors, total visits, and average visits at YFC sites were also examined (Appendix C). Aside from a few exceptions, both one-year and two-year trends show the number of unique visitors, total visits, and average visits decreasing across YFC sites.

Types and Frequency of Services Provided

Program records indicated that the MHS program provided 25 distinct types of clinical services to Dallas ISD students and families in 2022-23 (21 types in 2021-22; Appendix B). Table 9 details the types and number of clinical services provided at YFCs in 2022-23. In 2022-23, the three most common types of clinical services were individual psychotherapy (including play-based) ($N = 7,178$ visits, 32%), medication management ($N = 2,996$, 13%), and psychotherapy sessions of 60 minutes with clients and/or family members ($N = 2,737$ visits, 12%). For comparison, in 2021-22, psychotherapy sessions of 60 minutes with clients and/or family members and individual therapy of 45 minutes were the most commonly provided services and accounted for 56 percent of all clinical services.

Table 9: 2022-23 YFC Types of Clinical Services Provided

Type of Clinical Service	2022-23	
	N	%
Individual Psychotherapy (includes play-based)	7,178	31.8
Medication Management	2,996	13.3
Psychotherapy, 60 minutes with Client and/or Family Member	2,737	12.1
Teletherapy Medication Management	1,771	7.9
Family Therapy with Client	1,412	6.3
Individual Therapy, 45 minutes	1,226	5.4
Telehealth Individual Psychotherapy	946	4.2
Clinical Intake	719	3.2
Phone Consultations/Conference Calls	563	2.5
Family Therapy without Client	408	1.8
Other (non-bill)	364	1.6
Parent/Family Conference	356	1.6
Telehealth Family Therapy with Client	321	1.4
Individual Therapy, 30 minutes	308	1.4
Psychiatric Evaluation	208	0.9
Teletherapy Psychiatric Evaluation	182	0.8
Telehealth Family Therapy without Client	166	0.7
Coordination of Services	145	0.6
Case Consultation	131	0.6
Services Provided in Schools	117	0.5
Group Therapy	96	0.4
Telehealth Clinical Intake	85	0.4
Individual Treatment	64	0.3
Prior Authorizations	41	0.2
Crisis Intervention	10	<0.1
Total*	22,550	100.0

Source: MHS student data file, 08/17/23 (2022-23).

Note: *2022-23 data included 2,310 students and their visits from 08/01/22 through 06/30/23. Only cases with a designated service type were included in analyses. % = percentage points. Percentages may not add to 100 due to rounding.

In 2022-23, the most common services provided in schools included: indirect school services ($N = 9,133$, 24%); individual counseling interventions ($N = 8,906$, 23%); case management ($N = 8,445$, 22%); academic, emotional, or behavioral interventions ($N = 5,990$, 16%); counseling reports ($N = 4,182$, 11%); and group counseling interventions ($N = 1,077$, 3%). These services somewhat differed from those provided in 2021-22 (Carson, 2022) which 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%).

EQ2: How did 2022-23 diagnoses categories differ from previous years?

Key finding from this section:



The three most common primary mental health diagnoses given to Dallas ISD students visiting a YFC for clinical services were Adjustment Disorder, ADHD, and Depressive Disorder.

In 2022-23, the three most common primary mental health diagnoses given to Dallas ISD students visiting a YFC for clinical services were Adjustment Disorder ($N = 7,387$, 34%), ADHD ($N = 6,931$, 32%), and Depressive Disorder ($N = 2,852$, 13%, Table 10). This is comparable to 2021-22 and 2020-21, wherein the three most common primary diagnoses were also ADHD ($N = 10,841$, 25% and 10,434, 35%,

respectively), Adjustment Disorder ($N = 14,175$, 33% and $9,042$, 30%, respectively), and Depressive Disorder ($N = 5,169$, 12% and $5,856$, 19%, respectively). See Appendix D for one-year and two-year trends in the frequencies and percentages of common primary diagnoses.

Table 10: 2022-23 Most Common (Top 10) Mental Health Diagnoses Among MHS Students

Primary Diagnoses	<i>N</i>	%
Adjustment Disorder	7,387	34.1
Attention-Deficit Hyperactivity Disorder	6,931	32.0
Depressive Disorder	2,852	13.1
Post-Traumatic Stress Disorder	593	2.7
Conduct Disorder	452	2.1
Generalized Anxiety Disorder	395	1.8
Autism Spectrum Disorder	278	1.3
Mood Disorder	206	1.2
Disruptive Mood Dysregulation Disorder	161	0.7
Bipolar Disorder	134	0.6

Source: MHS 2022-23 student data file, 08/17/23.

Note: Data included students and their visits from 08/01/22 through 06/30/23. Diagnosis information was missing for 3,220 visits.

Table 11 displays diagnoses frequencies and percentages across gender and ethnicity for the top three primary diagnoses and year-to-year change. In 2022-23, a higher percentage of males received a diagnosis of ADHD (72%), whereas a higher percentage of females received a diagnosis of Depressive Disorder (81%). This trend generally matches results from 2020-21 and 2021-22. 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 2020-21 and 2021-22. Over time, the frequencies for primary diagnoses decreased overall in 2022-23 compared to both 2021-22 and 2020-21.

Table 11: 2020-21 to 2022-23 Most Common (Top 3) Primary Mental Health Diagnoses by Gender and Ethnicity

	2020-21		2021-22		2022-23		1 Yr Δ		2 Yr Δ	
	N	%	N	%	N	%	N	%	N	%
Gender – Male										
ADHD	875	75.9	710	65.8	383	72.0	-327	6.2	-492	-3.9
Adjustment Dis	320	45.8	505	42.1	259	48.8	-246	6.7	-61	3.0
Depressive Dis	132	34.8	47	19.5	26	19.5	-21	0.0	-106	-15.3
Gender – Female										
ADHD	278	24.1	241	34.2	149	28.0	-92	-6.2	-129	3.9
Adjustment Dis	379	54.2	589	57.9	272	51.2	-317	-6.7	-107	-3.0
Depressive Dis	247	65.2	169	80.5	107	80.5	-62	0.0	-140	15.3
Ethnicity – Hispanic										
ADHD	655	59.0	546	50.6	300	56.4	-246	5.8	-355	-2.6
Adjustment Dis	504	74.6	820	68.3	380	71.6	-440	3.3	-124	-3.0
Depressive Dis	298	80.8	180	74.7	108	81.2	-72	6.5	-190	0.4
Ethnicity – African American										
ADHD	369	33.2	293	27.2	161	30.3	-132	3.1	-208	-2.9
Adjustment Dis	136	20.1	178	14.8	86	16.2	-92	1.4	-50	-3.9
Depressive Dis	49	13.3	23	9.5	17	12.8	-6	3.3	-32	-0.5
Ethnicity – White/Caucasian										
ADHD	87	7.8	75	7.0	51	9.6	-24	2.6	-36	1.8
Adjustment Dis	36	5.3	67	5.6	47	8.9	-20	3.3	11	3.6
Depressive Dis	22	6.0	9	3.7	6	4.5	-3	0.8	-16	-1.5

Source: MHS student data file, 06/29/21 (2020-21), 08/15/22 (2021-22), and 08/17/23 (2022-23). PEIMS data files, 10/30/20 (2020-21) and 11/01/21 (2021-22). District demographic data file, 05/22/23 (2022-23).

Note: ADHD= Attention Deficit Hyperactivity Disorder. Dis=disorder. 1 Yr Δ N = frequency change from 2021-22 to 2022-23. 1 Yr Δ %=percentage-point change from 2021-22 to 2022-23. 2 Yr Δ N = frequency change from 2020-21 to 2022-23. 2 Yr Δ %=percentage-point change from 2020-21 to 2022-23. Percentages may not add to 100 due to rounding.

EQ3: What were the perceptions of Mental Health Services clinicians in 2022-23?

Key findings from this section:



According to clinicians, strengths of the MHS program included the ease of access to resources for families, psychiatric services offered and the presence of wrap-around specialists.



Areas for improvement included additional resources at clinics, the need for additional staff, and the need to reduce turnover and burnout among clinicians.

All 139 MHS clinicians were informed about the opportunity to participate in a focus group interview to share their experiences as a clinician in the program. A total of nine clinicians volunteered to provide feedback regarding their typical experiences, strengths, and areas that could be improved when providing services to students. First, clinicians were asked to give an overview of their day-to-day experiences and tasks they perform for the MHS department. The day-to-day experiences of school-based clinicians include conducting sessions with students in need directly on campuses, as well as communicating with families to ensure that any additional needed resources are provided. School-based clinicians also discussed providing aid to teachers in classrooms and conducting classroom interventions as needed, as well as risk assessment and crisis intervention (e.g., suicide risk). YFC-based clinicians described day-to-day tasks

revolving around students and families coming to clinics, as opposed to going to the schools. Clinicians conducted individual and family sessions and play therapy sessions for younger students. YFC clinicians also communicated with school counselors and school-based clinicians to ensure wrap around services were available to students and to perform classroom observations.

Second, clinicians were asked to describe particular strengths of the MHS program that they have noticed during their time. Clinicians mentioned the ease with which resources from MHS are available to students and families, and how quickly students in need receive services in comparison to other districts in which some clinicians worked previously. Clinicians also mentioned the psychiatric services offered and the presence of wrap-around specialists to communicate with and provide resources and documents to families as strengths of the program.

Finally, clinicians were asked to share their thoughts regarding areas where the program could improve. Clinicians would like to see additional resources at clinics, including lunches for students and calming materials such as sensory toys, sandboxes, and dolls. Despite the increase in staffing, multiple clinicians mentioned the need for additional staff, including psychiatrists, clinicians, and bilingual staff members. Relatedly, clinicians mentioned a high degree of turnover among staff members, with rates seemingly increasing after the COVID-19 pandemic. Clinicians cited burnout as a potential reason for this. Clinicians mentioned a lack of connection with colleagues as a contributor to burnout and would like to see opportunities for clinicians to communicate and connect with one another moving forward to alleviate stress. Finally, clinicians would like to see improved communication regarding professional development and training opportunities. For instance, clinicians cited instances of confusion in regards to which training opportunities are available to them, and why certain opportunities were not offered to them at a given time.

EQ4: How did Climate Survey results of campuses with one-to-one Mental Health Services support differ from campuses without?

Key finding from this section:



Campuses that received 1:1 support had higher favorable response rates on two out of six scales (Benefits and Priorities, Culture of Feedback and Support) compared to campuses that did not receive 1:1 support and showed small increases on two scales (Culture of Feedback and Support, College-Going Culture) in 2022-23 compared to 2021-22.

Overall, Climate Survey favorable response rates provided mixed evidence of an advantage for campuses that received 1:1 support. As seen in Table 12, campuses that received 1:1 support had higher favorable response rates on two out of six scales (Benefits and Priorities, Culture of Feedback and Support) compared to campuses that did not receive 1:1 support. These results differ from 2021-22 where campuses that received 1:1 support outperformed campuses that did not receive 1:1 support on four out of six scales (Benefits and Priorities, Positive Culture and Environment, Culture of Feedback and Support, and Teacher-Principal Trust). Additionally, campuses that received 1:1 support showed small increases in favorable response rates on two out of six scales (Culture of Feedback and Support, College-Going Culture) in 2022-

23 compared to 2021-22, whereas campuses that did not receive 1:1 support showed small increases on all scales except Teacher-Teacher Trust (Table 13).

Table 12: 2021-22 and 2022-23 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 = 62)			
	2021-22		2022-23		2021-22		2022-23	
	N	Avg pos %	N	Avg pos %	N	Avg pos %	N	Avg pos %
Benefits and Priorities	839	71.9	769	70.7	3,759	68.7	3,484	69.7
Positive Culture and Environment	835	61.5	766	60.0	3,757	58.8	3,468	61.0
Culture of Feedback and Support	478	68.1	447	69.6	2,356	62.3	2,166	64.0
College-Going Culture	581	70.7	533	73.2	2,735	72.0	2,507	73.7
Teacher-Teacher Trust	476	73.0	443	72.5	2,347	73.4	2,152	73.5
Teacher-Principal Trust	476	66.8	445	63.9	2,349	62.7	2,154	63.6

Source: District Climate Survey data file, 06/23/22 (2021-22) and 06/26/23 (2022-23).

Note: Because the 1:1 campuses were only middle and high school campuses, the comparison group was also limited to middle and high school campuses. Some Climate Survey data could not be appropriately classified; thus, they were excluded from analyses when applicable (Maya Angelou; DAEP for middle school; Multiple Careers). No Climate Survey data were collected for Hospital and Homebound or Juvenile Justice Alternative Education Program (JJAEP) staff members.

Table 13: 2021-22 and 2022-23 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 = 62)	
	1 Yr Δ N	1 Yr Δ Avg pos %	1 Yr Δ N	1 Yr Δ Avg pos %
Benefits and Priorities	-70	-1.2	-275	1.0
Positive Culture and Environment	-69	-1.5	-289	2.2
Culture of Feedback and Support	-31	1.5	-190	1.7
College-Going Culture	-48	2.5	-228	1.7
Teacher-Teacher Trust	-33	-0.5	-195	0.1
Teacher-Principal Trust	-31	-2.9	-195	0.9

Source: District Climate Survey data file, 06/23/22 (2021-22) and 06/26/23 (2022-23).

Note: Because the 1:1 campuses were only middle and high school campuses, the comparison group was also limited to middle and high school campuses. Some Climate Survey data could not be appropriately classified; thus, they were excluded from analyses when applicable (Maya Angelou; DAEP for middle school; Multiple Careers). No Climate Survey data were collected for Hospital and Homebound or Juvenile Justice Alternative Education Program (JJAEP) staff members. 1 Yr Δ N = frequency change from 2021-22 to 2022-23. 1 Yr Δ Avg pos % = percentage-point change in positive response rates from 2021-22 to 2022-23.

EQ5: How did student outcomes differ between students who received Mental Health Services support versus those who did not?

Key findings from this section:



The average attendance rate for MHS students was 90.2 percent in 2022-23, which was lower than the average rate of 93.0 percent for non-MHS students.



Eighteen percent ($N = 449$) of students who were referred to reset centers were also receiving MHS support. Overall, there was a three percent recidivism rate for students who received MHS support who were referred to reset centers, which was lower than the 22 percent recidivism rate of non-MHS students.

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 90.2 percent in 2022-23, which was lower than the average rate of 93.0 percent for non-MHS students. By comparison, in 2021-22 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 (see Carson, 2022). As seen in Table 14, the average attendance rates for MHS students were lower than non-MHS students across gender as well as ethnicity, EB, SPED, and Eco Dis status.

Table 14: 2022-23 Average Student Attendance Rates for MHS Students vs Non-MHS Students by Gender, Ethnicity, and Student Groups

	Received MHS Services ($N = 10,451$)		Did Not Receive MHS Services ($N = 130,417$)	
	N	%	N	%
Gender				
Female	4,736	90.6	63,881	93.1
Male	4,671	91.3	66,536	92.8
Ethnicity				
African American	2,640	89.8	25,297	91.0
White	588	93.9	7,059	95.2
Hispanic	5,849	91.1	93,773	93.3
Other	1,374	82.8	4,288	93.7
Student Groups				
Emergent Bilingual	3,523	91.6	65,836	93.8
Special Education	1,878	90.6	15,272	92.6
Economically Disadvantaged	8,059	90.6	109,769	92.7

Source: District demographic data file, 05/22/23, district attendance data file, 06/28/23, and MHS student data file, 08/17/23.

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

Reset Center Rates

In 2022-23, there were a total of 51 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, eighteen percent ($N = 449$) 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 (45% vs. 31%). They were also more likely to be classified as receiving SPED services (24% vs. 13%) and economically disadvantaged (75% vs. 65%). Overall, there was a three percent recidivism rate for students who received MHS support who were referred to reset centers, which was lower than the 22 percent recidivism rate of non-MHS students. By comparison, in 2021-22 the recidivism rate for students who received MHS support was higher (50%) than non-MHS students (28%).

Table 15: 2022-23 Student Reset Center Referral Rates for MHS Students vs Non-MHS Students by Gender, Ethnicity, and Student Groups

	Received MHS Services (N = 449)		Did not Receive MHS Services (N = 2,101)	
	N	%	N	%
Gender				
Female	218	48.6	879	34.3
Male	231	51.4	1,682	65.7
Ethnicity				
African American	203	45.2	640	30.5
White	10	2.2	60	2.9
Hispanic	223	49.7	1,022	48.6
Other	13	2.9	379	18.0
Student Groups				
Emergent Bilingual	130	29.0	699	33.2
Special Education	109	24.3	270	12.9
Economically Disadvantaged	337	75.1	1364	64.9
Multiple Reset Center Referrals				
Multiple Reset Center Referrals	12	2.7	460	21.9

Source: District demographic data file, 05/22/23, district reset center data file, 07/26/23, and MHS student data file, 08/17/23.

EQ6: What were the outcomes related to the ESSER funded Mental Health Services activities?

The MHS Department aimed to reach two primary goals for 2022-23 as outlined by their Title I workscope.⁵

- 1) During the 2022-2023 school year, Mental Health Services clinicians, administrative assistants, and supplemental evening staff aimed to directly contact at least 40 percent of families referred to Mental Health Services. MHS staff members also aimed to refer families to wrap-around supports to provide parent outreach activities to increase student access to services and community resources available in the Dallas area. This goal was met, as 100 percent of families referred to MHS services were contacted by staff members and referred to wrap-around supports.
- 2) In accordance with the district goal to increase student participation in extracurricular or co-curricular activities, the MHS department aimed to encourage 100% of students served to explore opportunities to participate in extra/co-curricular activities during the 2022-23 school year.

⁵ Information obtained from program managers, 10/09/23.

However, while managers acknowledged that progress was made toward this goal, it is not known whether the goal was met, as this information was not formally tracked by the department

Youth and Family Center Expansion

In 2022-23, construction continued on the new T.D. Marshall YFC located at Clara Oliver elementary school. Construction was completed in summer 2023 and as of August 30, 2023, the facility was scheduled to open on September 26, 2023.

Trauma and Grief Informed Component Therapy

In 2022-23, the MHS department had the goal of providing all clinical staff Trauma and Grief Informed Component Therapy (TGCT) training during the course of the year. Two-day training sessions were offered in November 2022 and May 2023. The ESSER goal was met, as all clinicians hired by May 2023 attended one of the two-day TGCT training sessions.

Trust-Based Relational Intervention Training

In 2022-23, the MSH department was part of an ESSER activity wherein staff members would receive training in Trust-Based Relational Intervention (TBRI) training. For MHS, the goal was to have 90% of Mental Health Services clinicians participate in in-person TBRI training to increase knowledge of the impact of trauma and gain tools for responding by January 2023. This goal was met as all MHS clinicians received one-day TBRI training by the end of January 2023.

REFERENCE

Carson, K. (2022). 2021-22 Evaluation of the Mental Health Services Program. Dallas, TX. Dallas Independent School District.

APPENDICES

LIST OF APPENDICES

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Appendix A

Appendix A: Acronym and Abbreviation List

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
TBRI	Trust-Based Relational Intervention
TEA	Texas Education Agency
TGCT	Trauma and Grief Informed Component Therapy
YFC	Youth and Family Centers

Appendix B

Appendix B: 2022-23 Data Sources and Methodology

EQ	Data Component	Source	Data File Date(s)	Key Metric	Aggregation
	Budget	Budget Services Department, Special Revenues Department	05/15/23	Report	Department
	Program Staff	Dallas ISD Personnel File	03/28/23	Rate of staff by gender, race, highest degree, years in the district	Job title, gender, ethnicity, education level, years of experience
1	Program Information and Implementation	MHS Executive Director and Program Manager	12/15/22	Content analysis of themes	Program
	Student Demographics	Student Information System	05/22/23	Rate of students by gender, race, grade level, Economically Disadvantaged, SPED, and EB	District, program, grade level
	Client Contacts and Services Provided	MHS Department	08/17/23	Number of student contacts, unique visitors, visits per clinic, visit types, services provided	YFC Clinic, Schools
2	Diagnoses Categories	MHS Department	08/17/23	Rate of diagnoses provided by type, gender, race	Gender, ethnicity
3	Perceptions of MHS Clinicians	MHS Department	06/20/23	Content analysis of themes	None
4	Campus Climate Survey	Hanover	07/12/23	Rate of favorable responses	Campus level, 1:1 support
5	Attendance Rates	Student Information System	06/28/23	Rate of attendance by gender, race, Economically Disadvantaged, SPED, and EB	Program, gender, ethnicity, student group
	Reset Center Rates	Student Information System	07/26/23	Rate of reset center referral by gender, race, Economically Disadvantaged, SPED, and EB	Program, gender, ethnicity, student group
6	ESSER Activities	ESSER Documents	09/06/23	Report	Department

Note: MHS – Mental Health Services. ESSER – Elementary and Secondary School Emergency Relief.

Appendix C

Appendix C, Table 1: 2020-21 to 2022-23 Dallas ISD YFC Clinic Site Client Visit Data

Clinic Site	Unique Visitors					Total Visits					Average Visits				
	2020-21 N	2021-22 N	2022-23 N	1 Yr Δ	2 Yr Δ	2020-2021 N	2021-22 N	2022-23 N	1 Yr Δ	2 Yr Δ	2020-21 N	2021-22 N	2022-23 N	1 Yr Δ	2 Yr Δ
Adamson YFC	317	312	175	-137	-142	2,343	4,248	2,463	-1,785	120	7.4	13.6	14.1	0.5	6.7
Amelia Flores YFC	288	372	255	-117	-33	2,605	3,654	2,303	-1,351	-302	9.0	9.8	9.0	-0.8	0.0
Balch Springs YFC	259	281	180	-101	-79	2,710	2,850	1,570	-1,280	-1,140	10.5	10.1	8.7	-1.4	-1.8
EBJ YFC	179	260	192	-68	13	2,077	4,262	2,312	-1,950	235	11.6	15.9	12.2	-3.7	0.6
Fair Oaks YFC	381	453	249	-204	-132	3,370	6,109	3,013	-3,096	-357	8.8	16.4	12.1	-4.3	3.3
Kiosco YFC	185	222	119	-103	-66	1,739	2,239	1,002	-1,237	-737	9.4	10.1	8.4	-1.7	-1.0
North Dallas YFC	-	1	53	52	-	-	9	644	635	-	-	9.0	12.2	3.2	-
Red Bird YFC	329	346	264	-82	-65	2,329	3,144	1,616	-1,528	-713	7.1	9.1	6.1	-3.0	-1.0
Seagoville YFC	160	210	159	-51	-1	3,242	4,813	2,295	-2,518	-947	20.3	22.9	14.4	-8.5	-5.9
South Oak Cliff YFC	-	N/A	N/A	N/A	N/A	-	N/A	N/A	N/A	N/A	-	N/A	N/A	N/A	N/A
West Dallas YFC	248	280	169	-111	-79	3,462	4,179	2,078	-2,101	-1,384	14.0	14.9	12.3	-2.6	-1.7
Wilmer Hutchins YFC	155	185	125	-60	-30	2,557	2,888	1,571	-1,317	-986	16.5	15.6	12.6	-3.0	-3.9
Woodrow/Long YFC	309	274	217	-57	-92	3,869	5,080	3,170	-1,910	-699	12.5	18.5	14.6	-3.9	2.1
Other*	-	-	153	-	-	-	-	872	-	-	-	-	5.7	-	-
Total	2,810	3,196	2,310	-886	-500	30,303	43,476	24,909	-18,567	-5,394	10.8	13.6	10.8	-2.8	0.0

Source: MHS student data file, 06/29/21 (2020-21), 08/15/22 (2021-22), and 08/17/23 (2022-23).

Note: EBJ=Eddie Bernice Johnson. N/A = South Oak Cliff ceased operations in 2022-23 and provided services out of EBJ YFC and schools in 2021-22. Thus, its 2021-22 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. * = Visits that occurred at non-YFC sites. 1 Yr Δ=change from 2021-22 to 2022-23. 2 Yr Δ=change from 2020-21 to 2022-23.

Appendix C, Table 2: 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.

Appendix D

Appendix D: 2020-21 to 2022-23 Common Mental Health Diagnoses Among MHS Students and Change Over Time

Primary Diagnoses	2020-21		2021-22		2022-23		1 Yr Δ		2 Yr Δ	
	N	%	N	%	N	%	N	%	N	%
ADHD	10,434	34.6	10,841	24.9	6,931	32.0	-3,910	7.1	-3,503	-2.6
Adjustment Dis	9,042	30.0	14,175	32.6	7,387	34.1	-6,788	1.5	-1,655	4.1
Depressive Dis	5,856	19.4	5,169	11.9	2,852	13.1	-2,317	1.2	-3,004	-6.3
Anxiety Dis	2,458	8.1	2,583	5.9	395	1.8	-2,188	-4.1	-2,063	-6.3
PTSD	957	3.2	1,172	2.7	593	2.7	-579	0.0	-364	-0.5
Conduct Dis	697	2.3	1,284	3.0	452	2.1	-832	-0.9	-245	-0.2
Bipolar Dis	313	1.0	339	0.8	134	0.6	-205	-0.2	-179	-0.4
Dev Disorders	298	1.0	29	0.1	3	<0.1	-26	-0.1	-295	-1.0
Impulse Dis	58	0.2	4	<0.1	114	0.5	110	0.5	56	0.3
Schizophrenia	53	0.2	1	<0.1	1	<0.1	0	0.0	-52	-0.2

Source: MHS student data file, 06/29/21 (2020-21), 08/02/22 (2021-22), and 08/17/23 (2022-23).

Note: 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. 2022-23 data included 2,310 students and their visits from 08/01/22 through 06/30/23. ADHD= Attention Deficit Hyperactivity Disorder. Dis=Disorder. PTSD=Post-Traumatic Stress Disorder. Dev Disorders=Developmental Disorders. 1 Yr Δ=change from 2021-22 to 2022-23. 2 Yr Δ=change from 2020-21 to 2022-23.