

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 2022-23, the total MHS program budget was \$28,372,853¹, an increase from \$18,382,233 in 2021-22.

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.
- 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.
- Of the 189 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.

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). This is commensurate with 2021-22, wherein 10,577 students received MHS services (3,196 via YFCs and 7,381 at school).
- 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%).²
- Compared to the district overall, students who received MHS services were more likely to have also received Special Education (SPED) services (20% vs. 12%).

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 2022-23 school year as well as examined the Elementary and Secondary School Emergency Relief (ESSER) fund activity goals set by MHS staff members, when applicable.³

EVALUATION QUESTIONS/OUTCOMES

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

- In 2022-23, the MHS department continued operation of 12 school-based YFC clinics.⁴ MHS staffing was increased as 40 new clinical positions were filled from ESSER funds, primarily on campuses.
- 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 2022-23.⁵ The increase in staff members also allowed all comprehensive high school campuses to receive 1:1 support from a clinician.

¹ The total included funding from Title I, Part A (\$2,065,188), Medicaid revenue (\$1,834,224), RDA funds (\$5,547,105), district general operating funds (\$9,953,153), and Elementary and Secondary School Emergency Relief (ESSER) funds (\$8,973,183).

² 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>

³ 2021-22 data is adapted from Carson (2022).

⁴ A list of the 12 YFC locations is available in Table 6 of the full report.

⁵ A list of these campuses is available in Table 7 of the full report.

- 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.
- MHS continued to provide professional development opportunities both within the department and district throughout the year, including sponsoring training for trauma and grief provided by the Meadows Mental Health Institute for 332 managers, clinicians, and school counselors.
- In partnership with Texas Christian University, MHS provided trust-based relational intervention training to 38 reset center coordinators and campus staff members in an effort to reduce recidivism for students referred to reset centers.

Frequency of Services Provided

In-School Services

- In 2022-23, a total of 38,285 services were provided to Dallas ISD students in schools (8,261 unique students and average 5 visits per student).

YFC Services

- In 2022-23, the YFCs provided services to 2,310 students which consisted of 24,909 total contacts made with students and their families. On average, there were eleven visits per client to YFCs. These are all decreases from 2021-22 where YFCs provided services to 3,196 students which consisted of 43,476 contacts and an average of 14 visits per client to YFCs.
- In 2022-23, Red Bird YFC had the highest number of unique visitors ($N = 264$) and Woodrow/Long YFC had the highest number of overall visits (including repeat visitors) with 3,170 total visits.
- 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 YFC was the highest among all MHS clinics at fifteen visits per client.
- Aside from a few exceptions, one-year trends show the number of unique visitors, total visits, and average visits decreasing across YFC sites.

Services Provided

- In 2022-23, the MHS program continued to offer 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.
- 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 services provided in schools to increase.
- Clinics in areas identified as underserved partnered with the Parkland hospital system to provide additional psychiatric services for students identified as low to moderate in equity.
- 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.

Types and Frequency of Services Provided

- The MHS program provided 25 distinct types of clinical services to Dallas ISD students and families in 2022-23 (21 types in 2021-22 and 19 types in 2020-21).
- In 2022-23, the most common types of clinical services were individual psychotherapy (including play-based), medication management, and psychotherapy sessions of 60 minutes with clients and/or family members.
- In 2022-23, the most common services provided in schools were indirect school services; individual counseling interventions; case management; academic, emotional, or behavioral interventions; counseling reports; and group counseling interventions.

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

- 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 2022-23 were Adjustment Disorder ($N = 7,387$, 34%), ADHD ($N = 6,931$, 32%), and Depressive Disorder ($N = 2,852$, 13%).
- 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).

Table 1: 2022-23 Most Common (Top 10) Mental Health Diagnoses Among MHS Students

Primary Diagnoses	N	%
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. N = 19,389.

- Both one-year trends (2021-22 to 2022-23) and two-year trends (2020-21 to 2022-23) show a general decrease in the number of diagnoses given for most primary diagnoses.
- 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/differs from 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.

EQ3: What were the perceptions of mental health clinicians in 2022-23?

- A total of nine clinicians volunteered to provide feedback regarding their typical experiences, program strengths, and areas that could be improved.
- 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.
- YFC clinicians conducted individual and family sessions and play therapy sessions for younger students as well as communicated with school counselors and school-based clinicians to ensure wrap around services were available to students.
- Program strengths according to clinicians included 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.
- Areas of the program that could be improved according to clinicians included: the need for additional resources and staffing; high clinician turnover and burnout; and

improved communication regarding professional development and training opportunities.

EQ4: 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).
- 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.
- 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.

Table 2: 2022-23 District Climate Survey Results by Scale

	Received 1:1 Support (Campus N=12)		Did not Receive 1:1 Support (Campus N=62)	
	N	Avg pos %	N	Avg pos %
Benefits and Priorities	769	70.7	3,484	69.7
Positive Culture and Environment	766	60.0	3,468	61.0
Culture of Feedback and Support	447	69.6	2,166	64.0
College-Going Culture	533	73.2	2,507	73.7
Teacher-Teacher Trust	443	72.5	2,152	73.5
Teacher-Principal Trust	445	63.9	2,154	63.6

Source: District Climate Survey data file, 06/26/23.

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; Multiple Careers).

EQ5: 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 90.2 percent in 2022-23, which was lower than the average rate of 93.0 percent for non-MHS students.⁶

⁶ District attendance data file, 06/28/23. MHS student data file, 08/17/23. District demographic data file, 05/22/23.

- 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.
- Among 51 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 Eighteen percent ($N = 449$) of students who were referred to reset centers also received 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.

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

- 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 the facility opened on September 26, 2023.
- 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.
- The goal of having 90% of Mental Health Services clinicians participating in in-person Trust-Based Relational Intervention (TBRI) training by the end of January 2023 was met, as all MHS clinicians received one-day TBRI training.

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.

REFERENCE

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

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Kevin Carson, Ph.D., Evaluation Analyst II

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For more information, please contact Program Evaluation at evaluation@dallasisd.org.

⁷ District reset center data file, 07/26/23. MHS student data file, 08/17/23. District demographic data file, 05/22/23.