



The **Mental Health Services** (MHS) department was created in July 2020 by merging the Psychological and Social Services (PSS) department and Youth and Family Centers (YFC) program. The MHS department mission is (a) to support students' academic success by providing services focused on emotional, behavioral, and physical wellbeing and (b) to increase equity across communities by providing school-based and clinic-based health services. 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.

Key Findings

Student Demographics

- In 2024-25, the MHS Department provided services to 8,762 unique students.
- Of the 8,762 students that received MHS services, four-fifths received school-based services, about one-third received clinic-based services, and a small number of students received other MHS services. The same student could receive services from more than one type of service.
- African American students received MHS services at a rate 11 percentage points higher than their total district representation; similarly, students receiving in special education services also received a disproportionately high share of mental health services (+7 percentage points).

Client Contacts and Services Provided

- 63,394 services (62% more than 2023-24) were provided to students in schools, which consisted of 7,012 unique visitors and an average of five visits per client.
- The three most frequent services provided in schools included (a) indirect school services, (b) individual counseling interventions, and (c) academic, emotional, or behavioral interventions.
- 40,349 services (45% more than 2023-24) were provided to students in YFCs, which consisted of 2,779 unique visitors and an average of four visits per client.
- The three most frequent services provided at YFCs included (a) individual psychotherapy, (b) coordination of services, and (c) phone consultations.

Diagnosis Data at YFCs

- The three most common primary mental health diagnoses given to students visiting a YFC for clinical services were adjustment disorder, attention deficit hyperactivity disorder (ADHD), and depressive disorder.

Campus Climate Survey

- Campuses that received 1:1 support had higher favorable response rates on four out of six scales (Beliefs and Priorities; Culture of Feedback and Support; Teacher-Teacher Trust; Teacher-Principal Trust) and had lower favorable response rates on two out of six scales (Positive Culture and Environment; College-Going Culture) compared to campuses that did not receive 1:1 support.

MHS vs Non-MHS Student Outcomes

- Overall, students receiving MHS services (MHS students) maintained an average attendance rate of 91%, falling below the 94% rate of students not receiving MHS services (non-MHS students); this performance gap persisted across all demographic categories.
- MHS students referred to the Reset Center recorded a higher recidivism rate than non-MHS students.
- MHS students referred to DAEP recorded a higher recidivism rate compared to non-MHS students.



Recommendations

- **Assess Potential Barriers and Facilitators to Direct Services Due to Increased Demand.**

To address the surge in demand - specifically the 62% increase in school-based services (63,394 total) and the 45% increase in Youth and Family Clinic (YFC) services (40,349 total) - program managers and Program Evaluation staff should conduct an analysis to identify potential implementation barriers that could be preventing direct service delivery. This analysis should determine how the surge in services can affect the ability of clinicians to provide high-intensity direct care - such as individual psychotherapy and behavioral interventions - given that staff are now managing an average of 4 to 5 visits per client. Program managers can use the data to identify "hot spots" where the increase in service demand is disproportionately affecting specific campuses or clinicians, as well as adjust the balance between high-intensity "direct" services and lower-intensity "indirect" services based on clinician capacity.

- **Standardize and Monitor Data Collection to Drive Strategic Outcomes.**

The Mental Health Services (MHS) department should continue to formalize and standardize data collection protocols across both school-based and clinic-based service models. By optimizing the existing centralized documentation system, MHS should mandate uniform data fields - such as primary action, service location, and specific outcome measures - to ensure data fidelity and "apples-to-apples" comparisons across all delivery sites. This effort should be supported by the implementation of robust quality assurance procedures, including regular data audits, to guarantee accuracy and ease of entry for staff. Ultimately, establishing a reliable data foundation will enable MHS to move beyond manual tracking and toward a strategic, data-driven approach for monitoring program implementation and quantifying the direct impact of services on student and family outcomes.