2025-26

Evaluation of Mental Health Services: Key Findings

Kelli Weaver, M.S.

DALLAS INDEPENDENT SCHOOL DISTRICT | Program Evaluation

Full Report:

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

Implementation

School-Based Service Implementation

- Student participation in school-based services grew by 23% over 2024–25.
- MHS delivered 74,936 school-based services this school year, an 18% increase from 2024–25.
- Direct services to students made up the majority of MHS school-based operations, accounting for 57% of all recorded services.
- Small-group formats (2 to 5 participants) accounted for 58% of all group sessions delivered. Group themes that students participated in the most were Social-Emotional and Behavior Skills and Self-Efficacy and Empowerment.
- Bryan Adams provided the most school-based services to students, with Booker T. Washington providing the second most.

YFC Service Implementation

- Student participation in clinic-based services grew by 4% over 2024–25.
- MHS delivered 42,996 clinic-based services this year, a 7% increase from 2024–25.
- Direct services to students made up the majority of MHS clinic-based operations, accounting for 68% of all recorded services.
- The average number of clinic-based visits per clients increased to 12 visits compared to 8 average visits per client in 2024-25.
- Monthly service trends for clinic-based services peaked in February and April.

Stakeholder Feedback

Clinician Survey

- Belief in the MHS mission and its positive student impact remained consistently high from fall to spring.
- Satisfaction with direct managers remained strong, with stable ratings for manager support from fall to spring.
- Communication metrics showed modest gains from fall to spring, including clarity on policies for new hires and role expectations. However, only one-fourth agreed that work-related information is shared in a timely manner.
- Respect for department leadership remained low from fall to spring. Responsiveness to staff concerns dropped slightly in spring, echoing qualitative feedback regarding leadership disconnect.
- Perceived fairness of the MHS Productivity Standard declined significantly, dropping from fall to spring.

Clinician Manager Survey

- Onboarding metrics improved across all measures from fall to spring, led by clear communication of policies to new hires, clear communication of department vision, and adequate job training.
- Satisfaction with supervisory support edged up slightly from fall to spring, though clinicians feeling respected by their supervisor dropped significantly.
- Peer morale rose ten percentage points from fall to spring, supported by qualitative comments praising peer manager collaboration. However, overall department work satisfaction dropped from 11 percentage points.
- Agreement that well-performing staff are sufficiently recognized saw the largest gain, rising from fall to spring.

Non-MHS Staff Survey

- Campus staff expressed strong overall satisfaction with MHS clinicians, with 79% rating clinician presence as either "adequate" or "more than adequate".
- Nearly all respondents agreed that MHS clinicians improve students' mental, emotional, and social well-being, as well as their academic and behavioral performance.
- Clinicians received overwhelmingly positive marks across all Core Four dimensions: Friendly, Focused, Flexible, and Fast in response.
- While overall sentiment is positive, 57% of campuses receive a clinician for only 1 or 2 days per week, and only 21% have full-time coverage. Consequently, the top open-ended feedback focused on Scheduling & Capacity and Requests for Increased Presence, with administrators explicitly requesting multi-day or full-time support for high-needs campuses.

1:1 Campus Climate Survey

- Campuses receiving 1:1 targeted support outperformed non-supported campuses in three of six key areas, showing particular strength in leadership and administrative support (Belief and Priorities, Culture of Feedback and Support, and Teacher-Principal Trust). Conversely, non-supported campuses maintained higher favorable ratings in the remaining three categories: Positive Culture and Environment, College-Going Culture,and Teacher-Teacher Trust.

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Staff and Operations

- Over two-thirds of the district clinicians are school-based, and one-third are clinic-based.
- Over two-thirds of district clinicians are early-career clinicians (5 or less years), and one-third are veteran clinicians.

Student Demographics

- 10,179 students received MHS services during the 2025-26 school year, an increase of 16% from 2024-25.
- Nearly seven in ten MHS students were first-time service recipients in the past three years, whereas 11% maintained continuous annual care during that timeframe.
- African American students were served at nearly 1.5 times their district proportion while Hispanic students represented the majority of MHS service recipients.
- Three-quarters of MHS students are economically disadvantaged, with a similar proportion designated at-risk, closely mirroring overall district composition.

Diagnoses Data at YFCs

- Adjustment disorder, ADHD, and depressive disorder remained the top three primary clinical diagnoses for Dallas ISD students.
- Males accounted for nearly seven in ten ADHD diagnoses, while females comprised the majority of depressive disorder diagnoses.
- While Hispanic students comprise 60% of overall MHS service recipients (and 72% of the district student population), they account for a higher share of depressive and adjustment disorder diagnoses. Conversely, African American students represent 30% of MHS service recipients (and 19% districtwide student population), while accounting for 26% of ADHD diagnoses.

Student Outcomes

- Overall attendance rates remain steady between 91% and 93% regardless of years served, whereas not-at-risk students maintained higher rates.
- Of the 745 students who received Reset referrals, re-engagement rates ranged from 38% to 41% based on years served.
- Referrals for both Reset Center and DAEP remained heavily concentrated among vulnerable populations - comprising economically disadvantaged students and at-risk students.
- On-track progress for 9th graders was highest among students with three years of MHS support, compared to those with one year and two years of support.
- MHS students receiving sustained support achieved a higher graduation rate (for both two and three years of service) compared to peers with a single year of service.

Recommendations

- **Implement Continuous Quality Assurance and Mid-Year Data Reviews.**

To build upon last year's standardization efforts and maintain data fidelity throughout the school year, the MHS department should collaborate with the Program Evaluation department to establish regular (e.g., monthly or quarterly) data integrity reviews. Proactive monitoring will allow the team to identify, troubleshoot, and correct data entry inconsistencies or system-level logging errors as they arise rather than relying solely on end-of-year reconciliations. Formalizing this cadence will ensure high data quality, smooth technical transitions during departmental adjustments, and provide leadership with timely, actionable insights.

- **Differentiate Operational Standards and Evaluation Benchmarks Between Service Delivery Models.**

To better reflect how services naturally function and to support staff onboarding and morale, the MHS department should leverage service-level data to evaluate School-Based (SB) and Clinic-Based (CB) programs using distinct operational expectations and workload targets. Program data shows that the two models operate under fundamentally different delivery profiles: SB clinicians handle high overall student reach, serving 8,654 clients with an average of 6 visits per client, while devoting 43% of their recorded time to necessary indirect care such as consultation, systems support, and crisis management. Conversely, CB clinicians deliver higher-intensity care, averaging 12 visits per client, with 68% of their time dedicated directly to clinical care and a significant focus on family engagement with 6,349 family and parent sessions. Establishing model-specific benchmarks allows leadership to protect SB staff from unsustainable caseload expectations given their heavy indirect demands, while measuring CB success by clinical depth and longitudinal engagement rather than sheer student volume. Aligning operational standards and evaluation metrics with the distinct realities of each setting will validate clinician effort, provide clearer role expectations during onboarding, and foster long-term staff retention and morale.