

2016-17 Evaluation of the Youth and Family Centers Program

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At-a-Glance

The Youth and Family Centers (YFC) program formally began offering mental, behavioral, and physical health services to students in the Dallas Independent School District (Dallas ISD) in 1995.

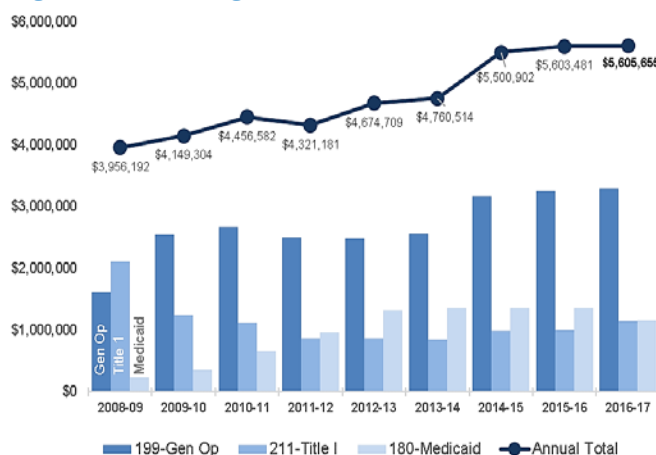
The main objectives of the program were: 1) to provide school-based health care, behavioral health care, and support services to Dallas ISD children and families; 2) to reduce the barriers to academic success so children can learn and teachers can teach; and 3) to promote the wholeness of the family by engaging families in their children's health care and education.

The purpose of the 2016-17 YFC program evaluation was to describe the program's characteristics, including its budget, staff, clients, and services, as well as to communicate findings from analysis of data from the program's recently-adopted Child and Adolescent Needs and Strengths (CANS) assessment tool. CANS analysis focused on trends in mental health diagnoses for students served by the YFC program during the 2016-17 school year. The evaluation also examined feedback from the program's Parent Satisfaction Survey and offered recommendations for future programming.

Program Budget

The total budget for the YFC program in 2016-17 equaled \$5,605,665, \$1,148,885 of which came from Title 1 monies. The program's two additional funding sources were General Operating funds (\$3,296,770), and Medicaid revenue (\$1,160,000). The overall budget for the YFC program has increased each year except in 2011-12 (Figure 1).

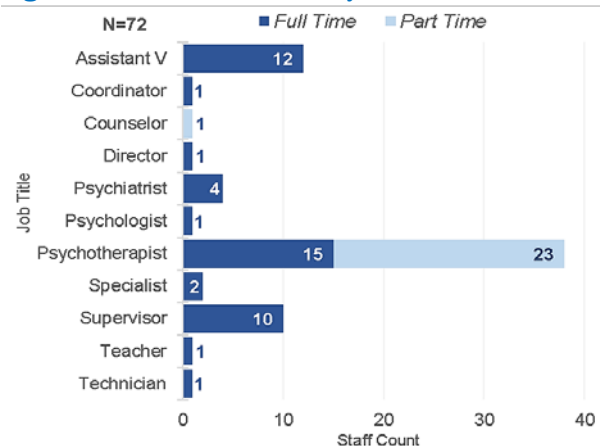
Figure 1: YFC Budget with 9-Year Trends



Program Staff Characteristics

A total of 72 administrators, clinicians, and support staff operated out of 11 YFC service delivery sites and one central administration office in 2016-17. Psychotherapists (N=38) comprised the largest subgroup of YFC staff at almost 53 percent of all members; however, only 39 percent (N=15) of YFC psychotherapists were employed by the program full time (see Figure 2). The YFC program director indicated in an interview with the evaluator that part-time psychotherapists have proven challenging to retain; bilingual psychotherapists have proven difficult to both recruit and retain, despite a high demand for these professionals by prospective Dallas ISD YFC clients. A review of previous years' YFC program evaluation reports indicated that this has been a persistent challenge for the program for several years.

Figure 2: YFC Staff Counts by Full- and Part-Time



By gender, approximately 82 percent of all YFC staff members (both administrative and clinical) were female; by race or ethnicity, 46 percent were Hispanic, 28 percent were white, and 25 percent were Black or African American. More than 93 percent of all clinical staff held a master's-level degree or higher. Approximately 34 percent of clinical staff possessed between one and five years of professional experience within the district and 27 percent possessed between six and ten years of such experience.

Professional Development for YFC Staff

Professional development for YFC staff focused on training in the treatment of trauma in student and family clients following an increasing awareness of its value for the Dallas ISD YFC client population. Training in the

Cognitive Behavioral Interventions for Trauma in Schools (CBITS) treatment model served as the focus for 2015-16; in 2016-17 training focused on the Trauma-Focused Cognitive Behavioral Therapy (TFCBT) model of treatment. Following these trainings, YFC clinicians began in 2016-17 to screen all clients for trauma.

Student Client Characteristics

A total of 5,154 students received clinical or behavioral mental health services through the YFC program in 2016-17. Overall, males constituted approximately two-thirds of student clients in 2016-17 (Figure 3).

Figure 3: Gender of Student Clients

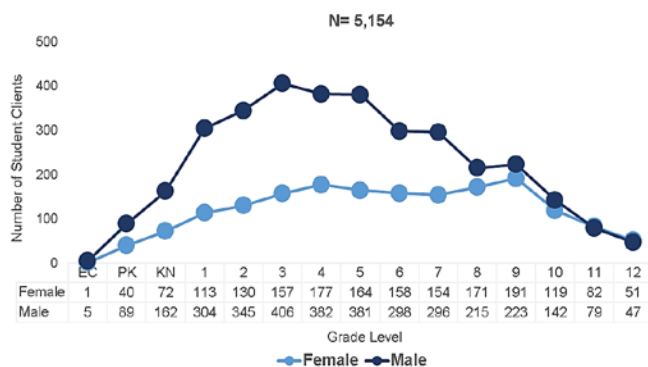


By race or ethnicity, Hispanic/Latino students constituted 63 percent of all student clients and Black or African American students comprised 29 percent of students served. White students comprised slightly more than 6 percent of all students served.

Student clients of YFCs flagged as Limited English Proficient (LEP) constituted 38.2 percent of all students served in 2016-17. One quarter (25.2%) of YFC student clients participated in the district's Special Education program.

By grade level, male student clients outnumbered female student clients through most of the elementary grades by a notable margin until eighth grade, where the gender gap narrowed; by 11th grade, female student clients slightly outnumbered male student clients, though overall use in high school dipped with increasing grade level (Figure 4).

Figure 4: Student Client Gender N Across Grades



Services Provided

The YFC program provided 12 varieties of clinical service to District students and families in 2016-17. The total number of clinical services delivered by YFC staff

equaled 39,027 for the year. Individual therapy lasting 45 minutes or more comprised approximately one-third of all clinical services rendered (by volume) (N=12,852 or 32.9% of all visits); psychiatric follow-up appointments (often entailing medication management) constituted the second-most common type of clinical service provided (N=9,176 or 23.5% of all visits); family therapy with the student constituted the third most-common service provided (N=7,443 or 19.1% of all visits). Together, these three types of service accounted for more than 75 percent by volume of all clinical services rendered in 2016-17.

By clinic site, Woodrow YFC, Amelia Flores YFC, and Adamson YFC received the most visits at 4,963, 4,940, and 4,734 visits each, respectively. Eddie Bernice Johnson YFC recorded the lowest number of visits in 2016-17 at 1,893.

Attendance and Discipline Referrals

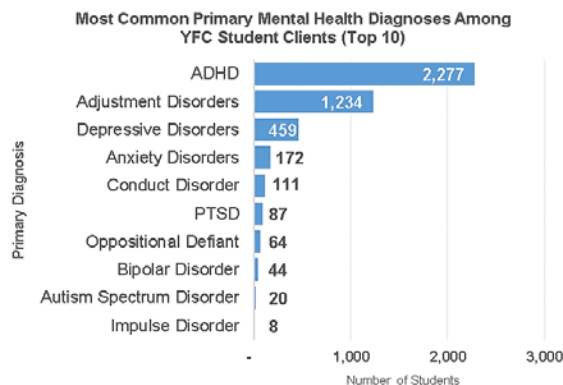
The average attendance rate for the 5,043 YFC student clients with attendance data was 93.1 percent in 2016-17. The average attendance rate districtwide was 95.0 percent for 2016-17.

Of the 5,154 student clients of YFC in 2016-17, there were 3,526 discipline referrals recorded among 1,265 students (1,265 = 24.5% of YFC student clients in 2016-17). Many of these students were referred for more than one offense during the school year; the average number of discipline referrals for students in this subgroup was 2.8 (range: 1 to 22). The top three offenses leading to a discipline referral in this group were: classroom disruption (N=915 or 26%), fighting (N=774 or 22%), and profanity/obscene gesture towards personnel (N=455 or 13%).

Trends in Student Mental Health Diagnoses

Data from the Child and Adolescent Needs and Strengths assessment tool was incorporated into the YFC program evaluation for the first time in 2016-17, following the YFC program's recent adoption of this diagnostic tool. To determine diagnostic trends for YFC student clients, primary diagnoses were examined. Analysis of the 5,063 cases available showed that the most common diagnoses made for student clients were Attention Deficit Hyperactivity Disorders (ADHD) (N=2,277 or 45% of all primary student diagnoses), Adjustment Disorders (N=1,234 or 24% of such diagnoses), and Depressive Disorders (N=459 or 9% of such diagnoses) (Figure 5).

Figure 5: Top 10 Most Common Diagnoses



Although ADHD far-surpassed in number all other primary diagnoses made for students (N=2,277 ADHD diagnoses), and students with this primary diagnosis accounted for 44 percent of all clinical visits in 2016-17 (N=17,183 ADHD-related visits out of all YFC 39,027 visits), individual students with a primary diagnosis of ADHD averaged 7.55 visits each during the 2016-17, whereas those diagnosed with Bipolar Disorder and Post-Traumatic Stress Disorder (PTSD) as a primary diagnosis averaged 14.05 and 11.41 visits each, respectively. This might be explained in part by the especially large caseload of students diagnosed with ADHD and limited human resources (i.e., the number of psychotherapists available to provide services). It should be noted that the number of diagnoses made for each of these disorders varies, and this should be taken into account when interpreting these findings. Those with a diagnosis of Depressive Disorder or Anxiety Disorder also averaged a higher number of visits each (10.81 visits each and 10.07 visits each, respectively) compared to those with an ADHD primary diagnosis. After ADHD, diagnoses associated with the highest total number of visits were Adjustment Disorders (N=9,515 visits) and Depressive Disorders (N=4,964 visits).

Parent Satisfaction with Services

The Parent Satisfaction Survey is administered by the YFC program's central office twice per year at all 11 YFC clinic sites – first over the course of one month in the fall semester, and again over the course of one month in the spring semester. In 2016-17, the second round of the Parent Satisfaction Survey was administered during the summer of 2017; therefore, only fall 2016 survey outcomes could be examined for this evaluation.

Parents who had received services from a YFC clinic were administered a 10-item questionnaire soliciting feedback about their experiences with clinical services. Analysis of this feedback indicated an overall "Satisfaction" score of 92.3 percent from the fall 2016 administration of the survey.

Survey item 1 received the highest marks from parent clients of YFCs: "The staff is friendly and helpful at the Youth and Family Centers," with 96 percent of respondents selecting "Strongly Agree" or "Agree" on this item. Item 10, "You are likely to recommend Youth and Family Center service to a friend or family member," received the second-highest marks with 95 percent selecting "Strongly Agree" or "Agree."

The Parent Satisfaction Survey item that received the lowest marks was item 9: "Do you feel you met your goals during your counseling sessions at the Youth and Family Centers?" Eighty-three (83) percent of respondents selected "Strongly Agree" or "Agree"; 14 percent selected "Neutral." The item receiving the second-lowest marks was item 8: "You or your family made changes as a result of the counseling you received at the Center," with 89 percent strongly agreeing or agreeing; nine percent were neutral on this item.

Recommendations

Recommendations for the program included the following:

- **Work with the district and/or outside funding agencies to hire and retain more full-time psychotherapists, especially full-time bilingual psychotherapists.** Psychotherapists comprised more than half (52.8%) of all YFC staff (clinical and administrative, combined), but only 39 percent of these psychotherapists were employed by the district full time. The evaluator's 2016-17 interviews with the program director revealed that recruitment and retention of psychotherapists, especially bilingual psychotherapists have proven challenging in part because most part-time psychotherapists do not receive employment benefits, including health insurance and eventually pursue opportunities where they can realize such benefits. Moreover, given the high percentage of Spanish-speaking families in the district, the demand for bilingual psychotherapists in particular has continued to outpace the effective supply of these professionals. This has been a trending problem for several years (see the Dallas ISD Youth and Family Centers program evaluation reports of 2013-14 and 2014-15 by Ledezma and Lucas, respectively).
- **Consider moving the Parent Satisfaction Survey administration window to later in the semester, such as November or December (for fall) and April or May (for spring).** This would allow semester-representative clients taking the survey to have had more experience (with YFC services) on which they can reflect and then provide more thoughtful responses, particularly on survey items that received fewer positive responses in 2016-17, such as item 8 which inquired about

positive changes made since receiving services, and item 9: "Do you feel you met your goals during your counseling sessions at the Youth and Family Centers?." Lower scores on these items could be related to not having had enough experience with YFC services on which to reflect, or it could indicate actual lower satisfaction, but a later survey administration window may prove helpful in clarifying this confounding issue. Alternatively, the survey could be administered at each client's last session.

- **Work with the program evaluator to fine-tune the content of the Parent Satisfaction Survey.** Some of the survey's items are presented as "double barreled" statements or questions ("you and your family..."), which can make for more nebulous interpretation, first for the survey respondent and then also for the analyst. Separating questions about self from those about the student or family is recommended; improved survey design in this area will allow for more straightforward feedback.

References

Ledezma, L. (2014). Evaluation of the Youth and Family Centers Program: 2013-14 (EA14-143-2). Dallas, TX: Dallas Independent School District, Department of Evaluation and Accountability.

Lucas, M. (2015). Evaluation of the Youth and Family Centers Program: 2014-15 (EA15-143-2). Dallas, TX: Dallas Independent School District, Department of Evaluation and Accountability.

The full 2016-17 report can be found at www.dallasisd.org/Page/888. For more information, please contact Program Evaluation at evaluation@dallasisd.org.

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