

2017-18 Evaluation of the Youth and Family Centers Program

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At-a-Glance

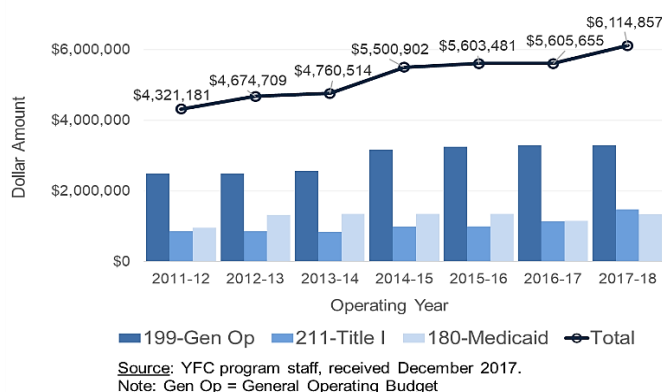
Recognizing the relationship between childhood psychiatric disorders and other social-emotional struggles and academic difficulty (see Fazel, Hoagwood, Stephan, & Ford, 2014), the Youth and Family Centers (YFC) program began in 1993 to offer mental, behavioral, and physical health services to students in the Dallas Independent School District (Dallas ISD). The main objectives of the program were: 1) to provide school-based physical and mental health support services to Dallas ISD students and families; 2) to reduce the barriers to academic success so students 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 2017-18 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 Child and Adolescent Needs and Strengths (CANS) assessment tool. CANS analysis focuses on trends in mental health diagnoses for students served by the YFC program in the 2017-18 school year. The evaluation also examines feedback from the program's Parent Satisfaction Survey and offers recommendations for improving future programming.

Program Budget

The total budget for the YFC program in 2017-18 equaled \$6,114,857. Of this, \$1,478,885 came from Title 1 monies. The program's two additional funding sources were General Operating funds (\$3,290,339 in 2017-18) and Medicaid revenue (\$1,345,633 in 2017-18). The overall budget for the program has increased each year over the past seven years (see Figure 1).

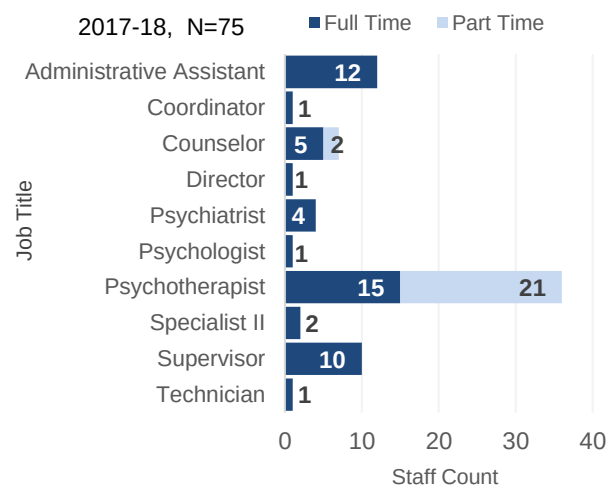
Figure 1: YFC Budget with 7-Year Trend Detail



Program Staff Characteristics

A total of 75 administrators, clinicians, and support staff operated out of 11 YFC service delivery sites and one central administration office in 2017-18. Psychotherapists (N=36) comprised the largest subgroup of YFC staff at almost half (48%); however, only 42 percent (N=15) of YFC psychotherapists were employed by the program full time (see Figure 2). The program director indicated that part-time psychotherapists have proven challenging to retain; bilingual psychotherapists have proven difficult to both recruit and retain owing to their unique skill set – despite a high demand by prospective Dallas ISD YFC clients for these professionals' services. A review of previous years' evaluation reports indicates that this has been a persistent challenge for the program for several years.

Figure 2: 2017-18 Youth and Family Centers Staff Counts by Full- and Part-Time



Source: Dallas ISD personnel database, November 17, 2017

Notes: Total YFC Staff Count N=75. In addition to staff counts shown here, the YFC program contracted with an additional 5 psychiatrists, all but one of whom worked for YFCs part time. Four interns were also contracted for service at YFCs in 2017-18.

Approximately 83 percent of all YFC staff members (both administrative and clinical) were female; 48 percent were Hispanic, 28 percent were white, and 24 percent were Black or African American. Ninety-four percent of all clinical staff held a master's-level degree or higher. Roughly 40 percent of clinical staff possessed between one and five years of professional experience within the district and 23 percent possessed between six and ten years of such experience.

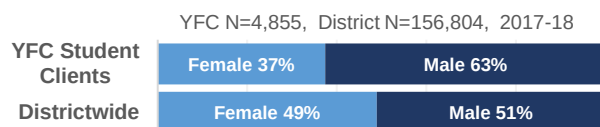
Professional Development for YFC Staff

A total of 14 formal professional development opportunities were provided to YFC staff during the 2017-18 school year. These teaching and training sessions focused on a variety of topics, including work-life balance and self-care, school safety and crisis situations, and other clinically-relevant themes.

Student Client Characteristics

A total of 4,855 students received clinical mental or behavioral health services through the YFC program in 2017-18 (5,154 in 2016-17). Overall, males constituted approximately two-thirds of student clients (63%) in 2017-18; districtwide, the ratio of male to female students is approximately 1:1 (Figure 3).

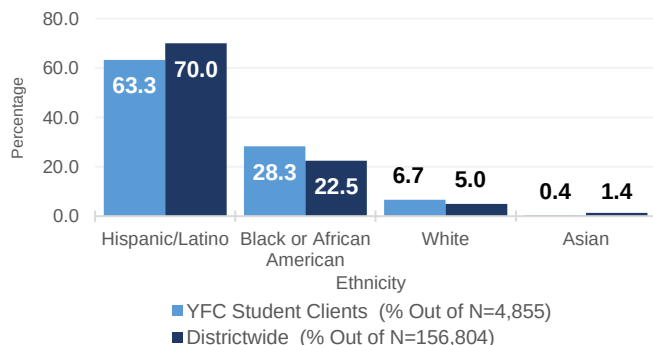
Figure 3: Gender of Student Clients



Source: Dallas ISD YFC records and Chancery file, June 2018.

Compared to districtwide figures, Hispanic/Latino students were slightly underrepresented among YFC student clients (63.3 percent of all YFC student clients were Hispanic/Latino) while Black or African American were somewhat overrepresented compared to the districtwide percentage (Figure 4). White students comprised 6.7 percent of all students served.

Figure 4: YFC Student Client Ethnicity

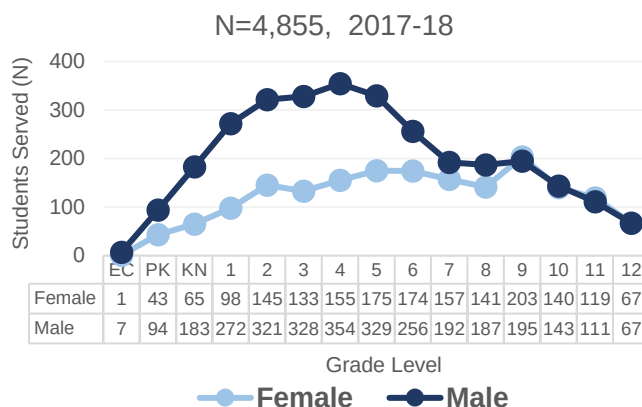


Source: Dallas ISD YFC records and Chancery file, June 2018.

Student clients of YFCs identified as Limited English Proficient (LEP) constituted 38.8 percent of all students served in 2017-18 (districtwide, the percentage of students identified as LEP in 2017-18 was 43.0%). Special Education students were overrepresented among YFC student clients in 2017-18: approximately one quarter (26.8%) of YFC student clients participated in the district's Special Education program; districtwide the percentage of students participating in the Special Education program in 2017-18 was 8.2 percent.

By grade level and gender, YFC clinics saw fourth grade boys (N=354) more than any other gender/grade level subgroup in 2017-18 (Figure 4). Boys consistently outnumbered girls as YFC student clients across all elementary school grades; however, by seventh grade and into high school, male and female student clients were more evenly matched in terms of number of students served by gender.

Figure 4: Student Client Gender N Across Grades



Source: Dallas ISD YFC records and Chancery file, June 2018.

Notes: EC=Early Childhood, PK=Prekindergarten, KN=Kindergarten

Services Provided

The YFC program provided 13 types of clinical service to district students and families in 2017-18. The total number of clinical services rendered by YFC staff between August 2017 and June 2018 was 38,247 (39,027 in 2016-17). On average, each student client made 7.9 visits to a YFC clinic in 2017-18 (7.6 in 2016-17). Individual therapy lasting 45 minutes or more constituted approximately one quarter of all clinical services rendered (by volume). Individual therapy lasting either 30 minutes, 45 minutes, or 60 minutes constituted more than half (54%) of all YFC clinical services in 2017-18. Psychiatric follow-up appointments (often entailing medication management) comprised the second-most common type of clinical service provided, and constituted 20 percent of all YFC visits. Other clinical services provided by YFCs included family therapy with the student present, psychosocial evaluations, psychiatric evaluations, and group therapy.

By clinic site, Woodrow YFC, West Dallas YFC, and Amelia Flores YFC received the most visits at 4,823, 4,479, and 4,359 visits each, respectively. At the site level, the average number of visits per client in 2017-18 ranged from 4.8 (Red Bird YFC) to 11.5 (Seagoville YFC).

Attendance and Discipline Referrals

The average school attendance rate for YFC student clients was 92.7 percent in 2017-18 (93.1% in 2016-17).

The average attendance rate districtwide was 95.0 percent in 2017-18.

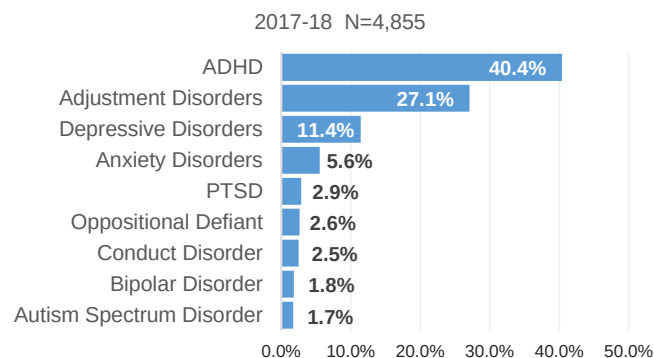
Of the 4,855 student clients of YFCs in 2017-18, there were 2,489 discipline referrals recorded among 965 (19.9% of YFC student clients in 2017-18; in 2016-17, records showed 3,526 discipline referrals among 1,265 students, which constituted 24.5% of YFC student clients). Many of the 965 students were referred for more than one offense during the school year; the average number of discipline referrals for students in this subgroup was 2.6 (range: 1 to 21) (2.8 average in 2016-17, range: 1 to 22).

Classroom disruption, fighting, and profanity or use of an obscene gesture towards school personnel were the three most common causes for a discipline referral among this group. There were 54 recorded bullying incidents among this group that led to a discipline referral in 2017-18. Classroom disruption as cause for a discipline referral was also the top cause in 2016-17, but accounted for a larger share (26%, N=915) of discipline referrals among YFC student clients that year.

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 adoption of this diagnostic tool. To determine diagnostic trends for YFC student clients, primary diagnoses were examined. Analysis of the 4,855 cases available showed that the most common diagnoses made for student clients were Attention Deficit Hyperactivity Disorders (ADHD) (40.4% of all primary student diagnoses), Adjustment Disorders (27.1%), and Depressive Disorders (11.4%) (Figure 5). These were also the three most common diagnoses made in 2016-17, with ADHD leading at 44 percent of all diagnoses that year.

Figure 5: Top 9 Most Common Diagnoses



Source: Youth and Family Centers Electronic Medical Records database and Chancery student demographics file dated June 4, 2018.

Although ADHD far-surpassed in number all other primary diagnoses made for students, those with a primary diagnosis of ADHD averaged 8.1 total visits to a YFC clinic in 2017-18. Student clients with a primary diagnosis of Obsessive Compulsive Disorder averaged more than three times as many visits as ADHD clients: 26.6 visits per client whose primary diagnosis was Obsessive Compulsive Disorder (OCD); these OCD clients accounted for less than 1 percent of all student clients of YFCs in 2017-18. Other primary diagnoses associated with more frequent YFC clinic visits per client included Bipolar Disorder (14.9 visits), Intermittent Explosive Disorder (13.6 visits) and Anxiety Disorders (12.5 visits).

Parent Satisfaction with Services

The YFC-designed Parent Satisfaction Survey, which solicits feedback from parent clients about their experience with YFC services, is typically administered by the program's central office twice per year at all 11 YFC 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 2017-18, due to staff turnover, only seven of the 11 YFC clinics administered this survey, and it was not administered during the spring semester at any YFC sites.

Each Parent Satisfaction Survey form included both English-language and Spanish-language versions of all 10 items so that clients could respond in the language with which they were most comfortable.

Analysis of feedback from the seven clinics that returned completed survey forms (N=218) indicated an overall "Satisfaction" score of 95.9 percent from the fall 2017 administration (YFC clinics received a 92.3% satisfaction score in 2016-17, though this score represented client feedback from all 11 sites rather than the seven in 2017-18). Survey item 1, which asked about the helpfulness and friendliness of YFC staff, received the highest marks from parent clients: 91 percent of respondents indicated that they "Strongly Agreed" that YFC program staff were friendly and helpful; 9 percent indicated that they "Agreed" that this was so. Item 10, which stated, "You are likely to recommend Youth and Family Center service to a friend or family member," received the second-highest marks with 85 percent selecting "Strongly Agree" and 15 percent selecting "Agree."

Survey items that received lower marks (comparatively) were item 2, which inquired about the ease with which the client found they could obtain an appointment with a counselor, and item 9, which asked whether the client felt they had met their goals for the counseling experience. Item 2's relatively lower positive response rate corresponds with other comments that the YFC program director made in interviews with the program evaluator. The director noted that clinics in 2017-18

again found themselves in the predicament of needing to create (informal) waitlists for those wanting to be seen but who could not quickly be seen due to demand for counseling services outpacing counselor supply. Relatively lower ratings on item 9 may be due to genuinely lower satisfaction with this aspect of YFC services, or it may be explained by the fact that the Parent Satisfaction Survey is not necessarily administered at the final counseling session, which would prevent these clients from having a complete counseling experience on which to reflect. Complete findings from the 2017-18 administration of the YFC Parent Satisfaction Survey, including a breakdown by clinic site can be found in the 2017-18 full report on the Youth and Family Centers program.

Recommendations

Recommendations for the program included the following:

- Create waitlists of clients who cannot be seen in a timely fashion at each YFC clinic, and include the language (Spanish, English, etc.) in which they would need to be treated, to systematically document the magnitude of the need for expanded YFC clinical services in the Dallas ISD community.** The evaluator's interviews with the YFC program director indicated that demand for psychotherapy services has outpaced supply across several of the past years (see the Dallas ISD Youth and Family Centers program evaluation reports of 2013-14, 2014-15 and 2016-17 by Ledezma, L., Lucas, M., and Meján, M. respectively), and demand has been particularly strong for bilingual (Spanish-speaking) therapists. Documenting the need that cannot be adequately met with current resources will likely prove helpful when requesting additional funding for these additional (and likely, to promote improved staff retention,) full-time clinical positions. This recommendation is also based in part on the lower scores observed on item number 2 of the Parent Satisfaction Survey, which asked about the ease with which these clients could make an appointment with a YFC counselor.
- Administer the Parent Satisfaction Survey to each parent client at their last counseling session.** This would provide these clients with more experience (with YFC services) on which they can reflect and then provide more thoughtful responses. This may particularly affect survey items that received fewer positive responses in 2017-18, 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?"
- Work with the program evaluator to fine-tune the content of the Parent Satisfaction Survey.** Some survey items are "double barreled" statements or questions ("you *and* your family..."), which can make for more nebulous interpretation, first for the survey respondent as well as for anyone assessing responses to this item. Separating questions about self from those about the student or family is recommended; improved survey design in this area would allow for more straightforward feedback.

References

- Fazel, M., Hoagwood, K., Stephan, S., & Ford, T. (2014). Mental health interventions in schools 1: Mental health interventions in schools in high-income countries. *The Lancet. Psychiatry*, 1(5), 377-387.
- 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.
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- Meján, M. (2017). 2016-17 Evaluation of the Youth and Family Centers Program (EA17-143-2). Dallas, TX: Dallas Independent School District, Department of Evaluation and Accountability.

An electronic version of this report as well as the full 2017-18 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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