

2017-18 Evaluation of Youth and Family Centers Program

Department of Evaluation and Assessment

*Michael Hinojosa, Ed.D.
Superintendent of Schools*



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Department of Evaluation and Assessment

H. B. Bell School Support Service Center

2909 N. Buckner Blvd.

Box 10

Dallas, TX 75228

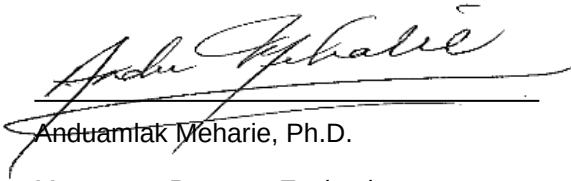
2017-18 Evaluation of Youth and Family Centers Program

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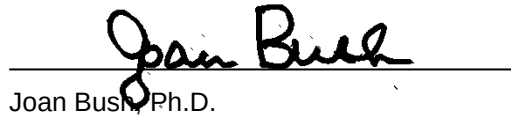
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Monique C. Mejan, M.A.



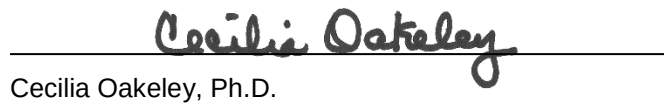
Anduamlak Meharie, Ph.D.

Manager – Program Evaluation



Joan Bush, Ph.D.

Executive Director – Program Evaluation



Cecilia Oakeley, Ph.D.

Assistant Superintendent – Evaluation and Assessment

*Michael Hinojosa, Ed.D.
Superintendent of Schools*



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2017-18 EVALUATION OF YOUTH AND FAMILY CENTERS PROGRAM

Project Evaluator: Monique C. Mejan, M.A.

ABSTRACT

This report on the evaluation of the Dallas Independent School District's (Dallas ISD) Youth and Family Centers (YFC) Program details the financial and human resources that enabled its operation in the 2017-18 school year, including budget sources and demographic characteristics of staff and student clients, the types and number of services provided, and, as introduced first in the 2016-17 program evaluation report on YFC, the most common mental health issues of student clients, based on data extracted from the program's Child and Adolescent Needs and Strengths (CANS) assessment tool. Findings from the program's Parent Satisfaction Survey are also examined in this report.

Evaluation findings include the following: The total budget for 2017-18 was \$6,114,857, \$1,478,885 of which came from Title 1 monies. Staff occupying a total of 75 positions operated out of 11 clinic locations plus one central administration office. Approximately half of YFC personnel were employed as psychotherapists; 42 percent of YFC psychotherapists were employed by the district part-time despite a level of demand by Dallas ISD students and families for psychotherapy services that outpaced supply – a phenomenon that has persisted across several years. Approximately 83 percent of all YFC staff were female and 48 percent of YFC staff were Hispanic. Nearly all (94%) YFC clinical staff held at least a master's degree. Professional development provided to YFC staff during 2017-18 focused on a variety of topics, including counselor self-care and mindfulness, school safety and crisis situations, and other clinically relevant themes.

A total of 4,855 students were served through 13 types of clinical service in 2017-18 (5,154 students served in 2016-17). The number of clinical services rendered by YFC staff equaled 38,247 for the year (7.9 visits per client, on average – up from 7.6 visits on average in 2016-17 when 39,027 total clinical services were recorded). Individual therapy lasting 45 minutes or more comprised roughly one-quarter of all clinical services rendered (by volume) (individual therapy was also the most common form of YFC clinical service in 2016-17). Males constituted approximately two thirds of all student clients in 2017-18; by race or ethnicity, Hispanic/Latino students constituted 63 percent and Black or African American students comprised 28 percent of students served. Woodrow YFC, West Dallas YFC, and Amelia Flores YFC recorded the highest number of clinical services provided among all 11 YFC clinics, with 4,823, 4,479, and 4,359 visits each, respectively. The most common primary diagnosis for student clients of YFCs in 2017-18 was Attention Deficit Hyperactivity Disorder (ADHD), constituting 40 percent of all primary diagnoses made by YFC clinicians. ADHD was also the most common primary diagnosis YFC clinicians made for student clients in 2016-17.

Recommendations for the program included the following: 1) 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, in order to systematically document the magnitude of the need for expanded YFC clinical services in the Dallas ISD community; 2) Administer the Parent Satisfaction Survey to each parent client at their last counseling session; 3) Work with the program evaluator to fine-tune the content of the Parent Satisfaction Survey.

PROGRAM DESCRIPTION

Background Information

Impetus for and History of the Youth and Family Centers Program

Impetus

Epidemiological studies suggest that eight to 18 percent of school-age children in first-world countries live with a psychiatric disorder, and that many more have lower but “still impairing levels of psychological distress” (Fazel, Hoagwood, Stephan, & Ford, 2014). Fazel and colleagues note that childhood psychiatric disorders “are associated with educational failure, which in turn is associated with increased rates of psychiatric disorders, and both are associated with a range of additional adverse outcomes, including risk-taking behavior and being more likely to enter the criminal justice system” (Fazel et al., 2014, p. 2). A student’s low school attainment also increases the likelihood of their raising their own children in poverty (Yoshikawa, Aber, & Beardslee, 2012), perpetuating a cycle that poses a society-wide social and economic burden.

There are also school-specific risk factors related to mental health during childhood, such as bullying, an experience that some empirical studies indicate 46 percent of students report having endured, and one which can affect children well into adulthood in the form of anxiety, depression, and self-harm (Fazel et al., 2014). Students struggling with mental health issues that are left untreated can also influence other students and teachers with whom they have contact in the form of increased class disruptions, which can impact classroom morale¹ and overall student achievement (Fazel et al., 2014; Jennings, Frank, Snowberg, Coccia, & Greenberg, 2013). Given the empirical evidence, it is in the interest of all students, teachers and other school personnel, as well as the local community to intervene proactively and provide support to students who struggle psychologically. The Dallas ISD has established the Youth and Family Centers program as a substantial step in this direction.

History

The Dallas Independent School District’s (Dallas ISD) Youth and Family Centers program began in 1993. Under an agreement between the Texas Department of Mental Health and Mental Retardation (MHMR) and two campus principals, psychiatrists from the University of Texas Southwestern Medical Center teamed with district personnel to deliver four hours of psychiatric services each week, from 2:00 p.m. to 6:00 p.m. at one Dallas ISD campus. Within six months, the program was expanded to serve 14 campuses at six additional sites.

As the number of students served increased, concerns grew about issues of equity if the informal collaboration was allowed to expand based on demand from local campuses rather than guided by districtwide policy. In 1995, to remedy the concern of equal access to behavioral health services, the district consolidated the informal collaboration by inviting both Parkland Health & Hospital System’s Community Oriented Primary Care (COPC) division and MHMR into the program (Oshitoye, 2007). By 2006-07 the YFC program was

¹ Fazel and colleagues note that disruptive classroom behavior is central to teacher burnout and to teachers leaving the profession (Fazel et al., 2014; Jennings et al., 2013).

providing centrally-coordinated services to students districtwide from 11 campus-based locations. Today, the Parkland COPC division provides acute physical illness care as well as management of chronic illnesses such as asthma. Parkland COPC also provides physicals, immunizations, specialty care referrals, STD and HIV testing², health education, Class D pharmacy services, Texas Department of Public Safety (DPS) programs, family therapy, family planning, and MHMR and social work services to Dallas ISD students and their families.

Present-Day Operations, Outreach, and Best Practices

Present-Day Operations

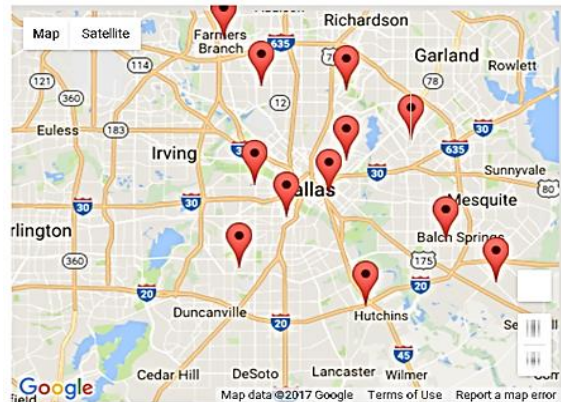
The Youth and Family Centers program has developed into an integral part of a multi-tiered support system within Dallas ISD serving students and their families. This system is administered through the district's Student Services Division, which coordinates the services of several departments including Counseling Services, Health Services, Psychological and Social Services, and Youth and Family Centers. Most referrals to Youth and Family Centers come through other programs within the Student Services Division. Students or parents seeking services are generally directed to a YFC site depending on the student's feeder pattern, but are free to go to any center of their choice.

Within the context of this larger framework, the YFC is charged with providing non-emergency mental health care on an ongoing basis to troubled youths and their families. Services include psychological evaluation and assessment, psychiatric consultation and psychiatric medication management, as well as group, individual, and family counseling. YFC is not equipped to deliver or manage immediate life-threatening or critical crisis services. Physical crisis services are managed by an appropriate hospital emergency room. Mental health crises that are not appropriate for an outpatient clinic are referred to an appropriate Psychological Emergency Room at an area hospital. Students and families seeking services from the YFC program are directed to the clinic location most convenient for them. A list of all 11 YFC clinic names and locations is provided in Table 1; Figure 1 shows the geographic distribution of the 11 clinics.

Table 1: Youth and Family Centers Locations

Youth and Family Center	Location
Adamson YFC	at Adamson HS
Amelia Flores YFC	at Bryan Adams HS
Balch Springs YFC	at Balch Springs MS
Eddie Bernice Johnson YFC	at Billy E. Dade MS
Fair Oaks YFC	at Conrad HS
Kisosco YFC	at Thomas Jefferson HS
Redbird YFC	at T. W. Browne MS
Seagoville YFC	at Seagoville MS
West Dallas YFC	at Pinkston HS
Wilmer-Hutchins YFC	at Wilmer Hutchins HS
Woodrow/Long YFC	at Woodrow Wilson HS

Figure 1: Map of YFC Center Locations



Note: Map markers include central administration office.

² STD stands for sexually transmitted disease; HIV stands for human immunodeficiency virus.

Outreach

The Youth and Family Centers staff communicated to Dallas ISD students, families, teachers and other stakeholders about services available through the YFC program through a variety of mechanisms and events. These included: health fairs, parent teacher association meetings, school fairs, community events, presentations at other parent meetings at schools, presentations through Prep U, “Coffee With the Principal,” staff development sessions for teachers, and pamphlets and flyers in school registration packets.³

Where presentations were made, topics ranged from an overview of YFC services to more focused presentations on drug use prevention, self-harming behaviors/suicidal ideation, anxiety and coping skills, violence prevention, identification of various mental health issues, as well as general training on helpful parenting practices. YFC clinicians also run various support groups throughout the year, including those for parents with a child with autism, behavior modification groups for parents, girls’ groups, substance abuse groups, and groups for parents of a child with attention deficit symptoms. Seagoville YFC in particular provided an extensive array of trainings to school staff and to parents during 2017-18. A list of topics that these trainings and presentations covered can be found in Appendix A of this report.

Best Practices for School-Based Mental Health Services

Research on best practices for school-based mental health services indicates that a three-tiered approach has become the accepted model for such programs operating in first-world countries (Fazel, et al., 2014). The three tiers include: universal (and typically less-intensive) interventions that target the entire school or classroom; selective interventions that target subgroups of students who are at higher risk for developing a mental disorder; and indicated⁴ interventions that target students already showing clinical symptoms.

Considering the programmatic efforts that the Dallas ISD Youth and Family Centers program has instituted, it appears that a three-tier model is essentially in place. The YFC program in 2017-18 increased efforts to determine directly from classroom teachers – using a program-designed survey to be administered in 2018-19 – the types of services that would be most helpful for the YFC to provide at the school level. Such effort serves as a significant step toward provision of relevant “universal” and “selective” tier services. Further, in addition to offering various topical presentations and support groups for students and parents throughout the year, the YFC program has offered professional development to teachers in recent years focusing on identification, teaching strategies and other interventions for students showing signs of ADHD, efforts which offer “selective” tier level support. The YFC’s provision of ongoing individual and family counseling services to any student or parent seeking such support, aligns with both “selective” and “indicated” tier levels of service, and psychiatric services provision likewise aligns with an “indicated” level of support.

³ Information regarding communication efforts by YFC program staff to potential Dallas ISD student and family clients and to those who might refer them was provided by the YFC program director.

⁴ “Indicated” means that an individual is displaying symptoms (indicators) of a mental health problem. See <https://www.dshs.texas.gov/sa/Prevention/classifications.shtml>, for more information.

PURPOSE AND SCOPE OF THE EVALUATION

The purpose of this evaluation is to provide district leadership, program administrators and other stakeholders information regarding the Dallas ISD Youth and Family Centers program's efforts in 2017-18. This evaluation examines characteristics of YFC personnel using demographic and professional qualifications data; demographics characteristics of clients; the nature and quantity of services provided; and client perceptions of services rendered. As a feature first introduced in 2016-17, this report also communicates findings from analysis of data from the YFC program's recently-integrated Child and Adolescent Needs and Strengths (CANS) assessment tool. This tool was first used by the program in the 2014-15 school year. The CANS facilitates the tracking of client assessments, and will be used in this report to highlight patterns associated with the more commonly-diagnosed mental health issues among Dallas ISD student clients during the 2017-18 school year. The inclusion of CANS data in this report is intended to improve awareness of trends in client needs, inform program planning and resource allocation, and through these mechanisms, contribute to improved student academic performance.

MAJOR EVALUATION QUESTIONS AND RESULTS

What were the sources and amounts of funding provided for the Youth and Family Centers program in 2017-18?

Methodology

Youth and Family Centers program budget data were obtained from the YFC program specialist.

Results

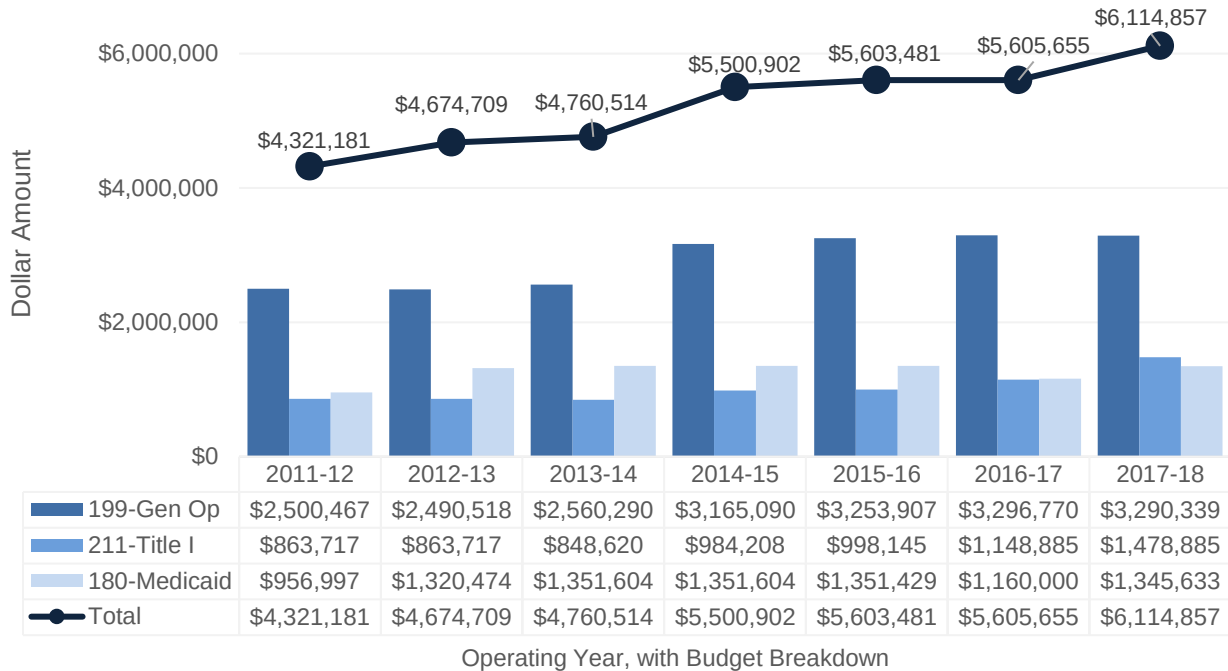
The total budget for the YFC program in 2017-18 was \$6,114,857. General Operating funds provided \$3,290,339 in 2017-18; Title 1 funds provided \$1,478,885, and Medicaid revenue provided \$1,345,663. Figure 2 details all three funding sources over the past seven years to show program budgetary changes over time.

Overall, the YFC operating budget has increased by \$1.8 million since 2011-12. General Operating funds (GOF) provided to the program totaled \$2,500,467 and have increased gradually most years since 2011-12. Title 1 monies have increased more substantially overall during the past seven years: the YFC program received \$863,717 in 2011-12 and \$1,478,885 in 2017-18. Revenue from Medicaid has remained fairly stable over the past seven years with one notable increase from 2011-12 to 2012-13 (see Figure 2 for further detail).

The YFC staff strive to improve their services to clients while working to keep budgets competitive with other Dallas area community mental health services. One such effort in recent years has been the acquisition of a new Electronic Medical Record (EMR) system. Implemented during the 2014-15 school year, the EMR system has facilitated electronic documentation and access to data on YFC clients and services rendered. The system also allowed YFC to identify revenue sources such as Value Options/Medicaid, private insurance, and

Family Cost Share Sliding Scale models. Overall, Medicaid-generated revenue for YFC services has increased substantially since 2008-09 when such revenue totaled \$223,723. The highest amount of Medicaid-based revenue the YFC received to date was \$1,351,604 in both the 2013-14 and 2014-15 school years, slightly above the amount generated in 2017-18. In 2018-19, the YFC hopes to implement a further-improved EMR system that will reduce the time required of YFC personnel to record and bill for services.

Figure 2: 2011-12--2017-18 Youth and Family Centers Budget Overview



Source: Youth and Family Centers staff, December 2017

Note: Gen Op = general operating funds

What were the demographic characteristics and professional qualifications of Youth and Family Centers staff in 2017-18?

Methodology

Data on YFC staff demographics and professional qualifications were obtained from Youth and Family Centers program office records and the Dallas ISD personnel database⁵. An interview with the program director provided supplemental information about YFC staff issues.

Results

YFC Staff Type, Counts and Levels of Employment

Eleven (11) YFC service delivery sites and one program administration office were staffed by a total of 75 personnel in 2017-18. This included administrative, clinical, and support staff. Psychotherapists (N=36, 48%) comprised the largest subgroup of YFC staff (Table 2); however, only 42 percent (N=15) of YFC psychotherapists were employed by the program full time (see Figure 3). The YFC program director indicated

⁵ Dallas ISD personnel data extracted from the November 17, 2017 district personnel file. Personnel data displayed were current as of that date.

that, as has been the case in previous years, demand for bilingual psychotherapeutic services outpaced supply in 2017-18. While turnover is low for full time YFC psychotherapists, part-time YFC psychotherapists have proven difficult to retain since many do not receive employment benefits such as health insurance; part-time bilingual therapists have proven even more difficult to recruit and retain due to the above issues as well as their unique skill set.

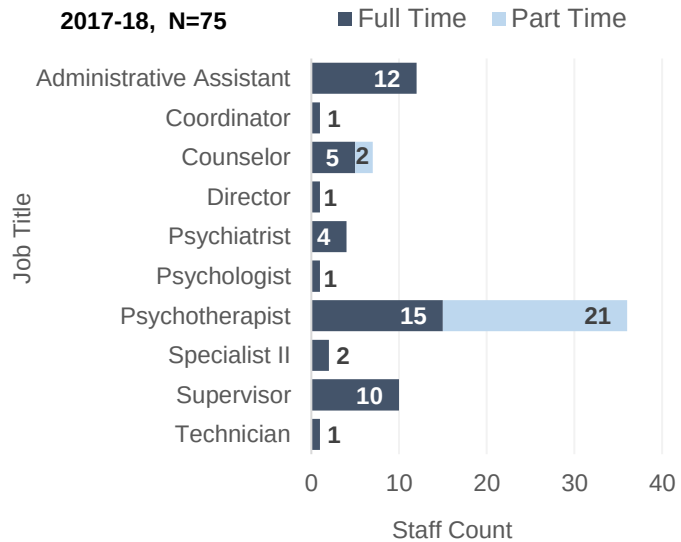
Table 2: 2017-18 YFC Staff Counts by Job Title

Staff Count by Job Title, 2017-18, N=75		
Job Title	N	%
Admin Assistant	12	16.0
Coordinator	1	1.3
Counselor	7	9.3
Director	1	1.3
Psychiatrist	4	5.3
Psychologist	1	1.3
Psychotherapist	36	48.0
Specialist II	2	2.7
Supervisor	10	13.3
Technician	1	1.3
Total	75	99.8

Note: Percentages may not add to 100.0 due to rounding.

Source: Dallas ISD personnel database, November 2017

Figure 3: 2017-18 YFC Staff Counts by Full- or Part-Time



Source: Dallas ISD personnel database, November 2017

In addition to those employed directly by the district, YFC contracted with five psychiatrists during the 2017-18 school year. These psychiatrists' hours ranged from 4.0 to 45.5 (average: 22.1) per week. There were also four contract-based therapist interns utilized by YFC centers in 2017-18. Demographic data were not available for contracted clinicians and therefore are not included in the following section on staff demographics.

YFC Staff Demographics

YFC staff demographic data were examined in the aggregate by race/ethnicity and gender. Females comprised 82.7 percent of all YFC staff members. Hispanic or Latino staff comprised the largest ethnic group across the program (48.0%). White as well as Black or African American staff each constituted roughly one-quarter of all YFC staff (Table 3).

Table 3: YFC Department-Wide Staff Demographics

2017-18 (N=75)		
Ethnicity	N	%
Asian	1	1.3
Black or African American	18	24.0
Hispanic or Latino	36	48.0
White	20	26.7
Gender		
Female	62	82.7
Male	13	17.3

Source: Dallas ISD personnel database, November 2017

Staff demographic data were further examined by role type (clinical or administrative). The number of YFC clinical positions totaled 48 in 2017-18 and comprised counselors, psychiatrists, psychologists, and psychotherapists. The number of YFC administrative and support roles totaled 27 in 2017-18 and comprised all other positions. Demographic data within these two groups were further disaggregated by sex, race/ethnicity, education level (highest degree earned), and years of professional experience. The following subsections detail demographic information on YFC clinical and administrative staff.

Clinical Staff

Women occupied 75.0 percent of all clinical roles (Table 4). By race/ethnicity, Hispanic or Latino staff comprised 41.7 percent, African Americans comprised 31.3 percent, whites 25.0 percent, and Asians 2.1 percent.

Nearly 94 percent of all clinical staff held a master's or doctoral-level degree (81.3 percent held a master's degree and 12.5 percent held a Ph.D. or other comparable terminal degree).

In terms of professional experience (defined within the district personnel database as professional experience within Dallas ISD), slightly less than 40 percent of clinicians possessed between one and five years of professional experience. Slightly less than one quarter (22.9%) possessed six to ten years of experience and 12.5 percent had less than one year of experience. Additional detail on each of these clinical staff demographic categories is provided in Table 4.

Table 4: YFC Staff Demographics – Clinical Staff

Youth and Family Centers: Clinical Staff Demographics, 2017-18 N=48										
	Counselor		Psychiatrist		Psychologist		Psychotherapist		Total	
	N	%	N	%	N	%	N	%	N	%
Sex										
Female	6	85.7	3	75.0	1	100.0	26	72.2	36	75.0
Male	1	14.3	1	25.0	0	0.0	10	27.8	12	25.0
<i>Total</i>	7	100.0	4	100.0	1	100.0	36	100.0	48	100.0
Race / Ethnicity										
Asian	0	0.0	1	25.0	0	0.0	0	0.0	1	2.1
Afr. American	2	28.6	1	25.0	0	0.0	12	33.3	15	31.3
Hisp or Latino	4	57.1	0	0.0	1	100.0	15	41.7	20	41.7
White	1	14.3	2	50.0	0	0.0	9	25.0	12	25.0
<i>Total</i>	7	100.0	4	100.0	1	100.0	36	100.0	48	100.1
Highest Degree Earned										
No deg. indic.	0	0.0	0	0.0	0	0.0	1	2.8	1	2.1
Bachelor's	1	14.3	0	0.0	0	0.0	1	2.8	2	4.2
MA	4	57.1	0	0.0	0	0.0	27	75.0	31	64.6
MS	2	28.6	0	0.0	0	0.0	6	16.7	8	16.7
PhD or equiv.	0	0.0	4	100.0	1	100.0	1	2.8	6	12.5
<i>Total</i>	7	100.0	4	100.0	1	100.0	36	100.1	48	100.1
Years Professional Experience (within DISD)										
<1 year	1	14.3	0	0.0	0	0.0	5	13.9	6	12.5
1-5 years	3	42.9	3	75.0	0	0.0	13	36.1	19	39.6
6-10 years	0	0.0	1	25.0	0	0.0	10	27.8	11	22.9
11-15 years	2	28.6	0	0.0	1	100.0	4	11.1	7	14.6
16+ years	1	14.3	0	0.0	0	0.0	4	11.1	5	10.4
<i>Total</i>	7	100.1	4	100.0	1	100.0	36	100.0	48	100.0

Note: Percentages may not add to 100.0 due to rounding. Afr. American=African American, Hisp or Latino=Hispanic or Latino, No deg. indic.=No degree indicated, MA=Master of Arts, MS=Master of Science, PhD or equiv.=PhD or equivalent

Source: Dallas ISD personnel database, November 2017

Administrative and Support Staff

Among YFC's administrative and support staff, women also comprised the majority at 96.3 percent (Table 5). Hispanics or Latinos comprised the largest administrative and support staff subgroup by race/ethnicity at 59.3 percent followed by whites at 29.6 percent. Master's degree-holders accounted for 33.3 percent of administrative and support staff. Approximately 30 percent of all administrative and support staff members had six to ten years of professional experience within Dallas ISD in their current role and 25.9 percent had one to five years of professional experience. Additional detail on administrative staff demographics is provided in Table 5.

Table 5: YFC Staff Demographics – Administrative and Support Staff

Youth and Family Centers: Administrative and Support Staff Demographics 2017-18 N=27														
	Admin Assistant		Coordinator		Director		Specialist		Supervisor		Technician		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Sex														
Female	12	100	1	100.0	1	100.0	2	100.0	9	90.0	1	100.0	26	96.3
Male	0	0.0	0	0.0	0	0.0	0	0.0	1	10.0	0	0.0	1	3.7
Total	12	100.0	1	100.0	1	100.0	2	100.0	10	100.0	1	100.0	27	100.0
Race / Ethnicity														
Asian	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
African American	1	8.3	0	0.0	0	0.0	0	0.0	2	20.0	0	0.0	3	11.1
Hispanic or Latino	10	83.3	0	0.0	0	0.0	1	50.0	4	40.0	1	100.0	16	59.3
White	1	8.3	1	100.0	1	100.0	1	50.0	4	40.0	0	0.0	8	29.6
Total	12	99.9	1	100.0	1	100.0	2	100.0	10	100.0	1	100.0	27	100.0
Highest Degree Earned														
No degree indicated	12	100.0	0	0.0	0	0.0	2	100.0	0	0.0	1	100.0	15	55.6
Bachelor's	0	0.0	1	100.0	0	0.0	0	0.0	0	0.0	0	0.0	1	3.7
Master of Arts	0	0.0	0	0.0	1	100.0	0	0.0	8	80.0	0	0.0	9	33.3
Master of Science	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
PhD or equivalent	0	0.0	0	0.0	0	0.0	0	0.0	2	20.0	0	0.0	2	7.4
Total	12	100.0	1	100.0	1	100.0	2	100.0	10	100.0	1	100.0	27	100.0
Years of Professional Experience (within DISD)														
<1 year	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1-5 years	2	16.7	0	0.0	0	0.0	0	0.0	5	50.0	0	0.0	7	25.9
6-10 years	4	33.3	0	0.0	1	100.0	0	0.0	2	20.0	1	100.0	8	29.6
11-15 years	3	25.0	1	100.0	0	0.0	0	0.0	2	20.0	0	0.0	6	22.2
16+ years	3	25.0	0	0.0	0	0.0	2	100.0	1	10.0	0	0.0	6	22.2
Total	12	100.0	1	100.0	1	100.0	2	100.0	10	100.0	1	100.0	27	99.9

Note: Percentages may not add to 100.0 due to rounding.

Source: Dallas ISD personnel database, November 2017

What professional development opportunities were provided to Youth and Family Centers staff in 2017-18?

Methodology

Information about professional development opportunities provided to Youth and Family Centers staff in 2017-18 was obtained through correspondence with the YFC program director, as well as documentation provided by YFC program clinical staff.

Results

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, as well as other clinically-relevant themes. The complete list of training session topics from 2017-18 is provided in Table 6.

Table 6: YFC Professional Development Session Topics, 2017-18

Professional Development Topics, 2017-18
• Work-Life Balance and Self-Care
• Self-Mutilation / Self-Injury
• Safety – Part 1 – Campus Emergency Operations
• Safety – Part 2 – Emergency Preparedness
• Safety – Part 3 – Work Place Violence Prevention
• School Safety and Crisis – Addressing Stress and Anxiety Issues due to Immigration Status
• Mindfulness
• Trauma and Crime Victims
• Child Trafficking in Texas
• Gender Diversity
• High Risk Youths
• Advanced Child Abuse Reporting
• Spectrums of Emotions
• Drug and Substance Abuse Training

Source: Youth and Family Centers staff, July 2018

What were the demographic characteristics of the students served by the Youth and Family Centers program in 2017-18?

Methodology

A record of all Dallas ISD students served by the Youth and Family Centers program in 2017-18 was obtained from the program's data manager. The evaluator merged this record with demographic data extracted from the district's student demographic database (Chancery). The June 4, 2018 demographic file was used to ensure that a higher percentage of student identification numbers would match with program

records from the entire school year. Descriptive statistical analyses (frequencies, means, and cross-tabulations) were conducted to examine student demographic data.

A total of 4,855 students received clinical services from the YFC program in 2017-18 (5,154 in 2016-17). Table 7 shows the process by which the evaluator arrived at the count for unique student clients.

Table 7: YFC Student Client Demographic Data Cleaning Tracker

		Cases N
Beginning Count:		38,247
Reason for Removal:	Lost N	Adjusted N
Invalid ID number in program-delivered data (too long or too short)	199	38,048
Duplicate ID numbers in program data file*	33,114	4,934
No ID number match with Chancery database	49	4,855
Final unique student ID count	33,362	4,855

*Duplicates due to multiple visits in school year

Notes: ID=Identification. Chancery file dated June 4, 2018.

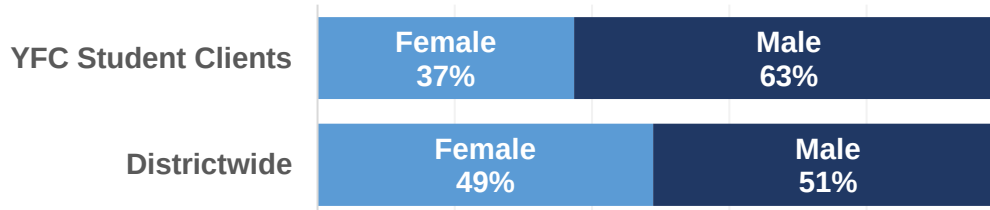
Results

YFC Student Client Gender, Ethnicity, and Grade Level Patterns

Of the 4,855 unique student clients served by YFCs in 2017-18, males were overrepresented in comparison to females by a ratio of slightly less than 2:1 (Figure 4). Districtwide, the ratio of male students to female students was approximately 1:1 in 2017-18.

Figure 4: YFC Student Client Gender

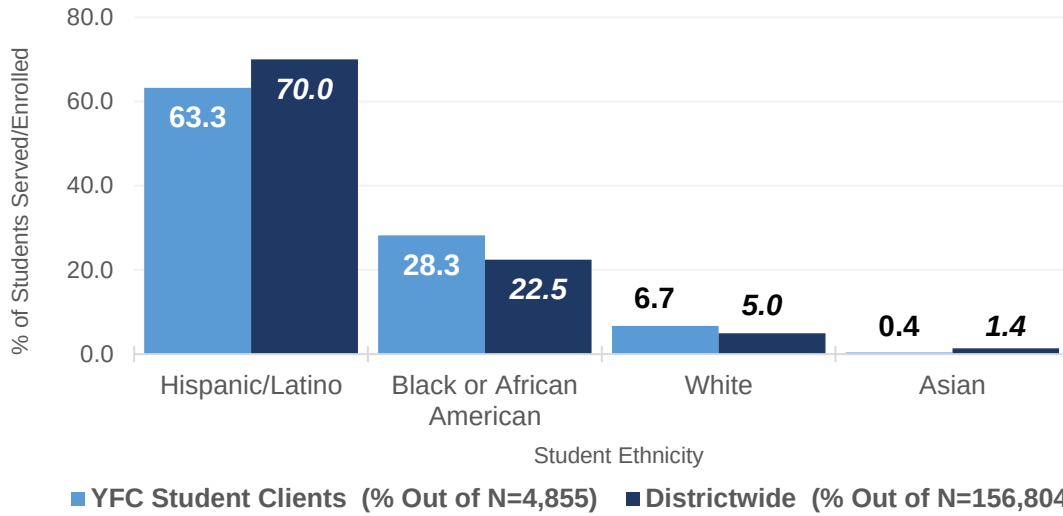
YFC N=4,855, District N=156,804, 2017-18



Source: YFC program records and district Chancery file dated June 4, 2018.

Figure 5 shows the ethnic/racial breakdown of students served by the YFC program in 2017-18. Though slightly underrepresented compared to the districtwide enrollment percentage, Hispanic students still constituted the largest racial/ethnic group served by YFC clinics at 63.3 percent. Black or African American students were slightly overrepresented in 2017-18, constituting 28.3 percent of YFC student clients, and Whites comprised 6.7 percent of all student clients. Districtwide in 2017-18, Hispanic students constituted 70 percent of all those enrolled; Black or African American students: 22.5 percent; White students: 5.0 percent.

Figure 5: YFC Student Client Ethnicity

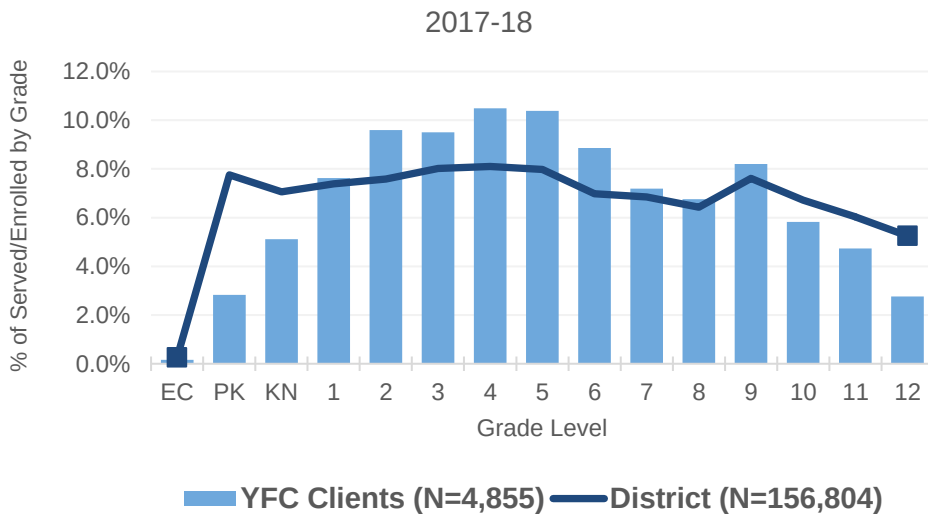


Note: YFC student clients who identified as American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, Two or More Races each constituted 1 percent or less of all YFC clients in 2017-18. These percentages were comparable to districtwide enrollment percentages in these subcategories.

Source: YFC program records and district Chancery file dated June 4, 2018.

Figure 6 shows percentage of students served by YFC clinics by grade level in 2017-18 (light blue bars) with a comparison to districtwide enrollment percentages by grade level (dark blue line). Prekindergarten and kindergarten students were underrepresented among elementary grade level students served compared to districtwide enrollment percentages while those in grades two through six were overrepresented compared to districtwide enrollment percentages by grade level. The percentages of students served who were in grades seven through nine were comparable to districtwide enrollment percentages, while those in grades 10 through 12 were underrepresented.

Figure 6: Percentage of Students Served by Grade Level, with Districtwide Enrollment Comparisons by Grade Level

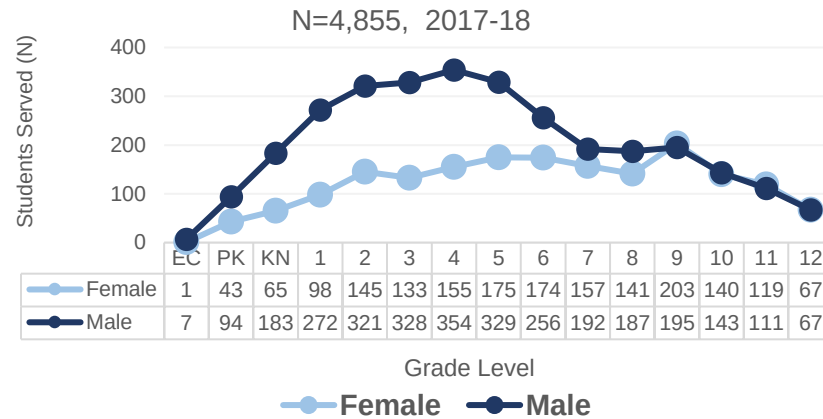


Notes: EC=Early childhood, PK=Prekindergarten, KN=Kindergarten

Source: YFC program records (June 2018) and Chancery file dated June 4, 2018.

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 7). Boys consistently outnumbered girls as YFC student clients across all elementary school grades; however, by eighth grade and into high school, male and female student clients were more evenly matched in terms of number of students served by gender.

Figure 7: Students Served (N) by YFCs, by Grade Level

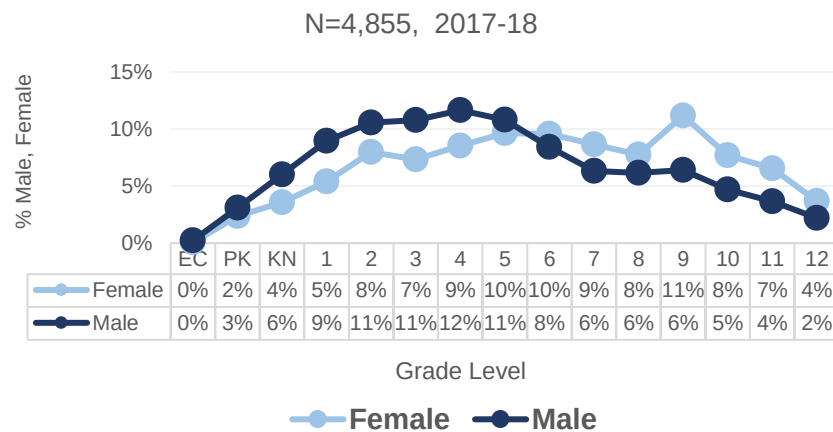


Notes: EC=Early childhood, PK=Prekindergarten, KN=Kindergarten

Source: YFC program records (June 2018) and Chancery file dated June 4, 2018.

YFC student client demographics were also examined within each gender as a percentage across all grade levels. Figure 8 displays these findings. Compared to boys, female student clients of YFCs were more commonly seen beginning in middle school (grade 6); the highest percentage of female student clients were ninth graders. Conversely, male student clients of YFCs were more commonly seen during the elementary school grades with percentages of male student clients dipping beginning around middle school and continuing in a downward trend through the high school grades.

Figure 8: YFC Student Client Gender Across all Grade Levels



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

Percentages may not add to 100 due to rounding.

Source: YFC program records (June 2018) and Chancery file dated June 4, 2018.

A table detailing all counts of YFC student client demographics by gender, race/ethnicity and grade level follows (Table 8).

Table 8: YFC Student Client Demographics by Grade Level, 2017-18

Grade Level	Asian			Black or African American			Hispanic/Latino			American Indian or Alaska Native			Two or More Races			White			Total		
	Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male	Total
EC	-	-	-	-	4	4	-	3	3	-	-	-	-	-	-	1	-	1	1	7	8
PK	-	-	-	16	31	47	23	58	81	-	-	-	-	-	-	4	5	9	43	94	137
KN	1	-	1	24	83	107	37	86	123	-	1	1	1	-	1	2	13	15	65	183	248
1	-	3	3	30	78	108	57	176	233	-	-	-	1	4	5	10	11	21	98	272	370
2	1	-	1	48	105	153	79	188	267	2	2	4	-	5	5	15	21	36	145	321	466
3	-	6	6	42	93	135	79	205	284	1	1	2	1	2	3	10	21	31	133	328	461
4	2	-	2	44	100	144	93	225	318	-	-	-	1	9	10	15	20	35	155	354	509
5	-	1	1	43	84	127	121	222	343	-	2	2	2	6	8	9	14	23	175	329	504
6	1	1	2	44	66	110	116	171	287	1	1	2	2	1	3	10	16	26	174	256	430
7	-	-	-	35	43	78	110	131	241	1	-	1	2	2	4	9	16	25	157	192	349
8	-	1	1	32	47	79	95	126	221	-	-	-	1	3	4	13	10	23	141	187	328
9	1	-	1	43	56	99	143	124	267	-	1	1	2	4	6	14	10	24	203	195	398
10	-	-	-	32	42	74	96	84	180	-	-	-	-	3	3	11	14	25	140	143	283
11	-	-	-	34	33	67	75	68	143	1	-	1	-	-	-	9	10	19	119	111	230
12	-	1	1	19	21	40	43	39	82	-	-	-	-	-	-	5	6	11	67	67	134
Total	6	13	19	486	886	1,372	1,167	1,906	3,073	6	8	14	13	39	52	137	187	324	1,816	3,039	4,855

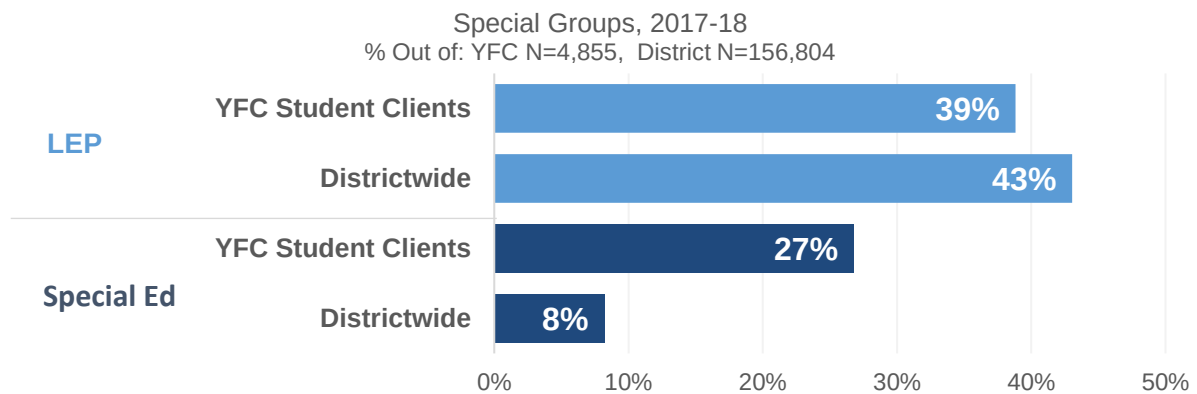
Notes: EC=Early Childhood, PK=Prekindergarten, KN=Kindergarten. Counts for Pacific Islander student clients not shown in order to protect privacy as counts for each sex were less than five each.

Source: YFC program records and district student demographic file (Chancery) dated June 4, 2018.

YFC Student Clients: Special Populations

Student clients of YFCs identified as Limited English Proficient (LEP) constituted 39 percent of those served by YFC clinics in 2017-18. This percentage was slightly lower than the percentage of students districtwide identified as LEP (43%, Figure 9). Those enrolled in the district's Special Education program were overrepresented among YFC student clients: slightly more than one in four (27%) YFC student clients participated in the district's Special Education program. Districtwide, student enrollment in the district's Special Education program was slightly above 8 percent (Figure 9).

Figure 9: YFC Student Clients: Special Groups



Source: Youth and Family Centers program data and Dallas ISD Chancery student demographics database, June 2018

Notes: LEP=Limited English Proficient, Special Ed=Special Education

What were the nature and number of clinical services provided by the Youth and Family Centers to Dallas ISD students and families in 2017-18?

Methodology

Data on the types and number of clinical mental health services provided to Dallas ISD students and families in 2017-18 were obtained from the Youth and Family Centers data manager, who extracted information from the program's electronic medical records system. The evaluator then cleaned and merged these data with the district's June 4, 2018 demographic (Chancery) file⁶ and analyzed using frequencies, means, and cross-tabulations.

Results

Client Contacts by YFC Clinic Site

As noted earlier in this report, 11 service sites across Dallas ISD were used to provide mental and behavioral health services to 4,855 unique student clients in 2017-18. The number of client contacts that YFC clinicians made with Dallas ISD students and their families totaled 38,247 in 2017-18, bringing the

⁶ The June 4, 2018 student demographic file (Chancery) was used in order to ensure that a higher percentage of student identification numbers would match with program records from across the entire school year.

average number of visits per client to 7.9. (In 2014-15 and 2016-17⁷ total visits equaled 39,346 and 39,027 respectively; average visits for those years equaled 9.6 and 7.6, respectively). Table 9 details the total number of recorded visits (which includes all substantive clinical client contacts), number of unique visitors, and average number of visits per client for each YFC clinic during 2017-18. Woodrow YFC received the highest number of visits overall (including repeat visitors) in 2017-18 at 4,823 total visits. West Dallas YFC, Amelia G. Flores YFC, and Adamson YFC each followed close behind with 4,479, 4,359, and 3,900 total visits, respectively. Red Bird YFC had the highest number of unique visitors (N=819), and the lowest average number of visits per client (4.8 average per client) in 2017-18. While Seagoville had the fewest unique visitors in 2017-18, the average number of recorded visits each client made to Seagoville YFC was the highest among all YFCs, at 11.5 visits on average per client (Table 9).

Table 9: Number of Unique Visitors, Total Visits, and Average Visits, by YFC Clinic Site, 2017-18

Number of Unique Visitors, Total Visits, and Average Visits, by YFC Clinic Site, 2017-18			
Clinic Site	Unique Visitors	Total Visits	Average Visits N
Seagoville	263	3,025	11.5
Kiosco	300	3,382	11.3
Wilmer Hutchins	309	3,060	9.9
West Dallas	461	4,479	9.7
Woodrow	570	4,823	8.5
Amelia G Flores	539	4,359	8.1
Adamson	517	3,900	7.5
Eddie Bernice Johnson	229	1,676	7.3
Balch Springs	400	2,668	6.7
Fair Oaks	448	2,981	6.7
Red Bird	819	3,894	4.8
Total	4,855	38,247	7.9

Source: YFC program records, June 2018 and Chancery file dated June 4, 2018

Types and Frequency of Clinical Services Provided

Program records indicated that the Youth and Family Centers program provided 13 distinct types of clinical service to Dallas ISD students and families in 2017-18. The three most common types were 45-minute individual therapy sessions (N=9,824 visits, which accounted for one quarter of all recorded services; Table 10), 60-minute individual psychotherapy sessions (N=7,441, comprising approximately one fifth of all clinical services for the year), and psychiatric follow-up appointments – which frequently focused on psychiatric medication management (N=7,241 visits, and also comprising approximately one-fifth of all clinical services for the year). By volume, these three types of services together accounted for two-thirds (64%) of all clinical services provided to YFC clients in 2017-18.

⁷ No evaluation was conducted on the YFC program in 2015-16.

Table 10: Types of Clinical Services Provided, with Visit Counts, 2017-18

Type of Clinical Service, 2017-18	N	%
Individual therapy, 45 or more minutes	9,824	25.7
Individual therapy, 60 or more minutes	7,441	19.5
Psychiatric follow up appointments (often medication mgmt.)	7,241	18.9
Individual therapy 30 minutes or less	3,343	8.7
Family therapy with client present	2,920	7.6
Psychosocial evaluation	1,909	5.0
Significant clinical collaboration in person	1,406	3.7
Significant, clinical collaboration by phone	1,324	3.5
Psychiatric evaluation	1,131	3.0
Group therapy	1,003	2.6
Family therapy without client present	521	1.4
Multi-family group therapy	158	0.4
Unspecified	20	0.1
Psychological testing	6	0.0
Total	38,247	100.0

Source: YFC program records, June 2018 and Chancery file dated June 4, 2018

What were the attendance and discipline referral rates of the students served by the Youth and Family Centers program in 2017-18?

Methodology

To examine attendance data on YFC student clients, the evaluator used student identification numbers for YFC clients obtained from the YFC data manager. These data were then merged with district's student demographic file (Chancery) dated June 4, 2018. These data were then merged with the district's attendance file dated June 11, 2017.

To examine discipline referral data on YFC student clients, the evaluator merged student identification numbers of YFC clients with the June 4, 2018 student demographic file, then merged these data with the district's discipline file dated July 19, 2018. Frequencies and crosstabulations were run and analyzed to arrive at the following attendance rate and discipline referral findings.

Results

Attendance

The average attendance rate for the 4,855 Youth and Family Center student clients was 92.7 percent in 2017-18 (93.1% in 2016-17). The average attendance rate districtwide in 2017-18 was 95.0 percent.

Discipline Referrals

Of the 4,855 student clients of Youth and Family Centers in 2017-18, there were 2,489 discipline referrals recorded among 965 of YFC's student clients (these 965 constituted 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). Table 11 provides a list of the top 10 offenses leading to a discipline referral in this group.

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 bullying incidents recorded among this group leading 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.

Table 11: Discipline Referrals (Top 10) Among YFC Student Client Group

Offense Description	N	%
Classroom disruption	545	21.9
Fighting	526	21.1
Profanity/obscene gesture towards personnel	380	15.3
Drugs (non-felony)	279	11.2
Assault Class C (student on student)	208	8.4
Assault Class C (student on personnel or volunteer)	85	3.4
Threats (student on personnel/facility)	62	2.5
Bullying	54	2.2
Repetitive Level I Offenses	46	1.8
Vandalism/criminal mischief (non-felony)	40	1.6

Note: Percentages shown are out of all 2,489 referrals for this group. The top 10 offenses shown here account for 89% of all discipline referrals for this group in 2017-18.

Source: Chancery file, June 4, 2018, YFC student records, June 2018, Dallas ISD discipline file, July 19, 2018

Distribution of discipline referrals by YFC clinic site was also examined. Red Bird YFC, located in southwest Dallas, was associated with the highest number of YFC student client discipline referrals in 2017-18 (N=971, or 39.0 percent of all referrals among YFC student clients) - approximately five times the number of referrals associated with the next two highest clinic sites, Woodrow YF C (N=212) and Amelia G. Flores YFC (N=207). Kiosco YFC was associated with the lowest number of student client discipline referrals in 2017-18, at 60 referrals (Table 12). Red Bird YFC was also associated with the highest number of discipline referrals in 2016-17, with N=1,083, accounting for 30.7% of all referrals among YFC student clients that year.

Table 12: N Discipline Referrals by YFC Site, 2017-18

Clinic Site	N	%
Red Bird	971	39.0
Woodrow	212	8.5
Amelia G Flores	207	8.3
Seagoville	189	7.6
West Dallas	167	6.7
Eddie Bernice Johnson	155	6.2
Wilmer Hutchins	143	5.7
Adamson	135	5.4
Balch Springs	126	5.1
Fair Oaks	124	5.0
Kiosco	60	2.4
Total	2,489	100.0

Source: YFC student records, June 2018, Dallas ISD discipline file, July 19, 2018

What were the most common mental health issues that Dallas ISD student clients of Youth and Family Centers presented with in 2017-18?

In 2016-17, the program evaluation of the Youth and Family Centers began to include an examination of primary mental health diagnoses for Youth and Family Center student clients. This task was undertaken to provide stakeholders with a better sense of which issues these student clients are facing, and to help identify areas of professional development for YFC staff, teachers, and other school personnel. These data were examined again for the 2017-18 school year.

Methodology

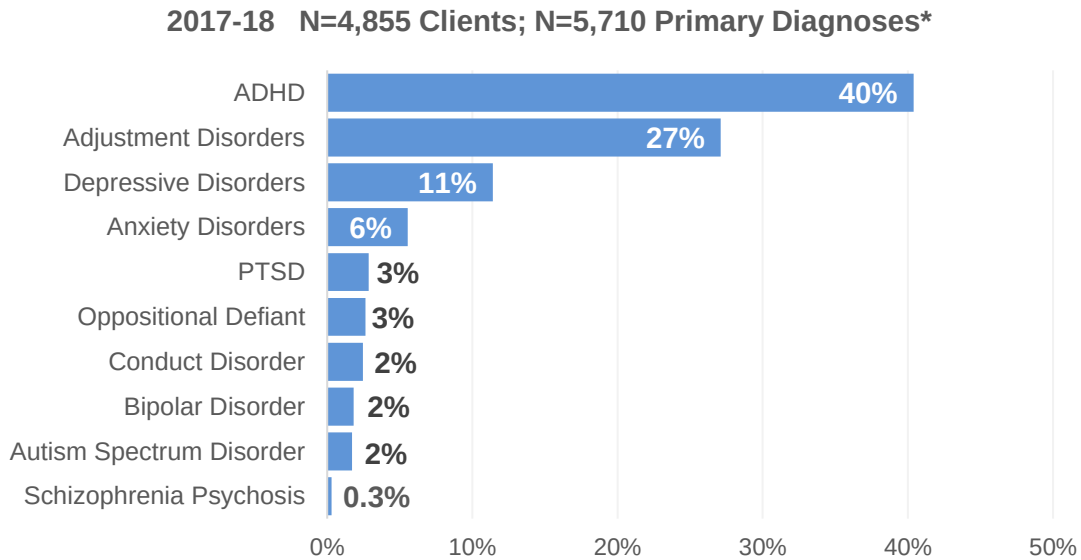
Data on mental health diagnoses were provided by the YFC program's data manager, who extracted such data from the program's Child and Adolescent Needs and Strengths (CANS) electronic records system. Primary mental health diagnoses were identified following the evaluator's consultation with the YFC program data manager regarding clinicians' diagnosis data entry practices. Diagnosis data were merged with the district's June 4, 2018 student demographic data file (Chancery) and analyzed using frequencies and crosstabulations.

Results

The three most common primary mental health diagnoses made for Dallas ISD students visiting a Youth and Family Center for clinical services in 2017-18 were Attention Deficit Hyperactivity Disorders (ADHD, 40% of all primary diagnoses), Adjustment Disorders (27%), and Depressive Disorders (11%). These were also the three most common diagnoses YFC clinicians made for student clients in 2016-17, with ADHD also leading at 44% that year. Figure 10 displays a full breakdown by overall percentage of the top 10 most common primary diagnoses made for student clients of YFCs in 2017-18. These top 10

diagnoses accounted for 96 percent of all primary diagnoses (N=5,710⁸) made for Dallas ISD student clients of YFCs in 2017-18.

Figure 10: Most Common Mental Health Issues Among YFC Student Clients, 2017-18



Source: YFC CANS database via YFC data manager, June 2018

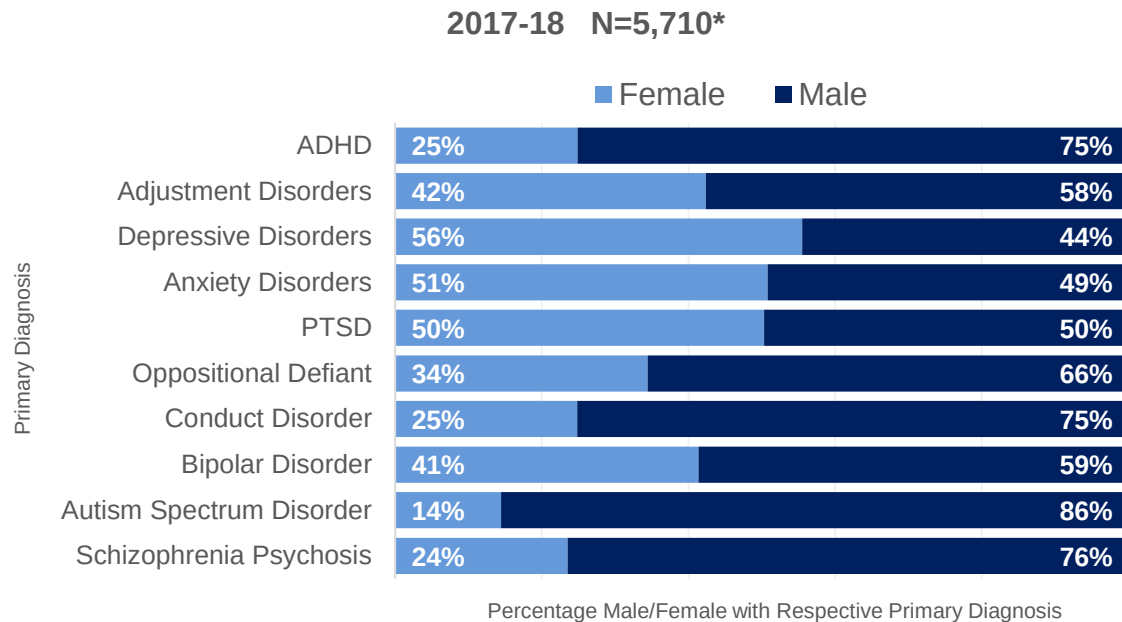
Notes: ADHD=Attention Deficit Hyperactivity Disorder, PTSD=Post Traumatic Stress Disorder

*Some students were assigned more than one primary diagnosis. Percentages shown are out of all 5,710 recorded Primary diagnoses.

Primary diagnosis patterns were also examined by gender. Although overall, male student clients outnumbered female student clients by a ratio of slightly less than 2:1 (see prior section on student demographics), males were somewhat overrepresented among those whose primary diagnosis was ADHD: males accounted for 75 percent of all ADHD primary diagnoses (Figure 11). Males were also overrepresented among those with a primary diagnosis of Conduct Disorder, Autism Spectrum Disorder, and Schizophrenia Psychosis. Female students were overrepresented among those whose primary diagnosis was a Depressive Disorder, Anxiety Disorder, as well as Post Traumatic Stress Disorder (PTSD) (Figure 11).

⁸ Among 4,855 unique student clients of YFCs in 2017-18, 5,710 primary diagnoses were assigned within the diagnosis database. The primary diagnosis N is greater than the student client N because some students were assigned more than one primary diagnosis. Percentages shown are out of all 5,710 assigned primary diagnoses.

Figure 11: Primary Diagnosis by Gender (10 most common), 2017-18



Notes: *N=5,710 Primary diagnoses among 4,855 student clients. 378 of 4,855 student clients had no recorded primary diagnosis. Top 10 N of 5,496 accounts for 96 percent of the 5,710 students with a recorded primary diagnosis.

Some students had more than 1 primary diagnosis, often because some mental health conditions are comorbid with other mental health conditions. Primary diagnosis variables determined from evaluator's consultation with YFC data manager, June 2018. ADHD=Attention Deficit Hyperactivity Disorders, PTSD=Post Traumatic Stress Disorder.

Source: YFC CANS database via YFC data manager, June 2018 and Chancery student demographic data file June 4, 2018

On average, student clients made 7.9 clinic visits each to a YFC during the 2017-18 school year. Student clients with a primary diagnosis of ADHD averaged 8.1 total visits to a YFC clinic in 2017-18, while those 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]) - though 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 included Bipolar Disorder (14.9 visits on average per client), Intermittent Explosive Disorder (13.6 visits on average per client) and Anxiety Disorders (12.5 visits on average per client). Table 13 details average visits data in descending order for the 15 primary diagnoses associated with the most visits on average per client. Frequency counts for the total number of student clients assigned each of these respective primary diagnoses along with the total number of respective visits are also provided for additional context.

Table 13: Average Visits for Top 15 Primary Mental Health Diagnoses, 2017-18

Primary Diagnosis	Primary Diagnosis N	Total Visits N	Average Visits N
Obsessive Compulsive Disorder	5	133	26.6
Bipolar Disorder	104	1,545	14.9
Intermittent Explosive Disorder	8	109	13.6
Anxiety Disorders	321	4,008	12.5
Depressive Disorders	652	7,129	10.9
PTSD	163	1,742	10.7
Conduct Disorder	141	1,488	10.6
Schizophrenia Psychosis	17	168	9.9
Oppositional Defiant	151	1,364	9.0
Autism Spectrum Disorder	97	791	8.2
ADHD	2,306	18,720	8.1
Adjustment Disorders	1,548	12,348	8.0
Impulse Control Disorder	15	115	7.7
Selective Mutism	7	53	7.6
Substance Abuse Disorder	11	80	7.3

Source: YFC CANS database via YFC data manager, June 2018, and Chancery file dated June 4, 2018

Notes: ADHD=Attention Deficit Hyperactivity Disorders, PTSD=Post Traumatic Stress Disorder.

Additional findings showing the distribution of the top ten most common primary diagnoses made for Dallas ISD student clients by race/ethnicity (three largest racial/ethnic groups) as well as by grade level (Early Childhood through grade 12) can be found respectively in Appendices B and C of this report.

How satisfied were the families served by the Youth and Family Centers program in 2017-18?

Parents or alternative primary caretakers have a unique and significant influence on the academic success of their child (Ramsdal, et al, 2015). Youth and Family Center mental and behavioral health services therefore are offered not only to Dallas ISD students but also to their parents. To gauge the perceived helpfulness of their mental health services to these families, YFC program administrators designed a client satisfaction survey which they administer to parent clients each school year. The following information details the nature of this survey and its administration, as well as findings from the 2017-18 school year.

Methodology

The Youth and Family Center's Parent Satisfaction Survey is administered to individuals who are parents of student clients and who have themselves received clinical mental health services from YFC. The Parent Satisfaction Survey, a one-page, ten-item paper-based (Scantron) form is typically administered by the 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 2017-18, the YFC program administered this survey only during the fall of 2017. In addition, due to staff turnover at some clinic sites, only 7 of the 11 sites returned completed survey forms to the YFC central administration office.

Therefore, findings from the Parent Satisfaction detailed in this report represent feedback from parent clients who completed a survey about YFC services during fall 2017 at the following clinic sites: Adamson YFC, Balch Springs YFC, Kiosco YFC, Red Bird YFC, Wilmer-Hutchins YFC, and Woodrow YFC.

Because of the large population of Spanish-speaking families in the district, each survey form contained the complete set of items in both English and Spanish so that respondents could complete the survey in the language with which they were most comfortable. All completed surveys were collected by YFC site managers who returned surveys to the YFC program director. These hard copies were then transferred to the Dallas ISD Evaluation and Assessment (E&A) department, where they were converted into a digital file to enable efficient analysis.

Results

The ten items comprising the YFC Parent Satisfaction Survey inquired about various aspects of clients' visits and are shown in Table 14 along with the full range of response options (presented as a five-point Likert-type scale ranging from "Strongly Agree" to "Strongly Disagree"). Client responses, also shown in Table 14 were aggregated from across all seven YFC sites that provided completed surveys (N=218 surveys returned). A breakdown of client responses by each YFC site from fall 2017 can be found in Appendix D of this report.

According to the Workscope submitted by YFC administrators seeking Title 1 funding, one stated goal for 2017-18 was to obtain at least a 70 percent overall satisfaction score on the Parent Satisfaction Survey. To calculate this score, the number of "Agree" and "Strongly Agree" responses from across all surveys' 10 items was summed (N=2,068) and then divided by the total number responses to all surveys' 10 items (N=2,157).⁹ This calculation provided an overall "Satisfaction" score of 95.9 percent. Based on this metric, the YFC exceeded their goal of a 70 percent satisfaction score for fall 2017. For comparison, in 2016-17 YFC clinics received an overall satisfaction score of 92.3 percent, although the 2016-17 score was representative of parent clients at all 11 sites rather than the seven sites represented in the 2017-18 score.

One hundred percent of parent clients responding to the Parent Satisfaction Survey indicated that they found the YFC staff friendly and helpful during their visits. Survey item 1, which received the highest marks from parent clients of YFCs, inquired about perceived helpfulness and friendliness of YFC staff: "The staff is friendly and helpful at the Youth and Family Centers." Ninety-one percent of respondents indicated that they "Strongly Agreed" with this statement and 9 percent indicated that they "Agreed." Item 10, "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" (Table 14).

The Parent Satisfaction Survey item receiving the lowest marks (comparatively) was item 2, which inquired about the ease with which clients found they could obtain an appointment with a counselor. Item 2's relatively lower positive response rate corresponds with other comments that the YFC program director

⁹ Not all clients answered all 10 survey items, therefore 2,157 (N of all received survey items containing a response) divided by 218 (N of surveys processed) will not equal 10.

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.

The survey item receiving the second-lowest marks (relatively speaking) was item 9 which asked, “Do you feel you met your goals during your counseling sessions at the Youth and Family Centers?” Sixty-eight percent of respondents indicated that they strongly agreed with this statement; 23 percent “Agreed” with it. This may be because some of these clients were surveyed before their set of counseling sessions had concluded.

Table 14: Fall 2017 Parent Satisfaction Survey Results From Across all Participating Sites

Overall, Youth and Family Centers Parent Satisfaction Survey Results, Fall 2017 (N=218)					
Survey Items	%				
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. The staff is friendly and helpful at the Youth and Family Centers.	91	9	0	0	0
2. It was easy to get an appointment with a counselor.	67	24	7	2	0
3. Did you find your visits with the counselor helpful?	85	12	3	0	0
4. The counselor was able to relate to your needs.	80	18	2	0	0
5. The suggestions given by the counselor were helpful?	79	20	1	0	0
6. You were satisfied with the counseling services you received at the Youth and Family Centers.	82	16	2	0	0
7. Did the counseling have a positive impact on you and your family?	75	22	3	0	0
8. You or your family made changes as the result of The counseling you received at the Center?	65	27	8	0	0
9. Do you feel you met your goals during your counseling sessions at the Youth and Family Centers?	68	23	9	0	0
10. You are likely to recommend Youth and Family Center service to a friend or family member?	85	15	0	0	0

Source: Youth and Family Centers program staff, January 2018

SUMMARY AND RECOMMENDATIONS

Summary

Budget and Staff

The total budget for the Youth and Family Centers program for 2017-18 was \$6,114,857; of this amount, \$1,478,885 came from Title 1 funding. Title 1 funding for the YFC program has consistently increased since 2013-14 when it received \$848,620 from Title 1 monies. The program operated out of 11 clinic locations and one central administration office in 2017-18. Staff counts (both administrative and clinical) totaled 75. Approximately half (48%) of all YFC personnel served as psychotherapists; of these psychotherapists, fewer than half (42%) were employed in the program full time. 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 clinical clients. By gender, approximately 83 percent of all YFC staff members (both administrative and clinical) were female; by race or ethnicity, 48 percent of all YFC staff members were Hispanic; 27 percent were white, and 24 percent were Black or African American. Approximately 94 percent of all clinical staff held a master's-level degree or higher. Approximately 40 percent of clinical staff possessed between one and five years of professional experience within the district; 23 percent possessed between six and ten years of such experience.

Professional Development for YFC Staff

Professional development for YFC staff focused on a variety of topics during the 2017-18 school year, including clinician self-care, mindfulness, school safety and child trafficking.

Students and Services

A total of 4,855 students were served in 2017-18 through 13 types of clinical service (5,154 students were served in 2016-17). The total number of clinical services rendered by YFC staff equaled 38,247 for the year (39,027 in 2016-17). Individual therapy lasting 45 minutes or 60 minutes constituted the most common type of clinical service provided (more than 45% of all clinical services in 2017-18; Individual therapy was also the most common type of clinical service in 2016-17); psychiatric follow-up appointments (often entailing medication management) constituted the second-most common type of clinical service provided (20% of all clinical services). Males comprised 63 percent of student clients in 2017-18; by race or ethnicity, Hispanic/Latino students constituted 63 percent and Black or African American students comprised 28 percent of students served. By grade level, male student clients outnumbered female student clients by a notable margin until middle school, when the gender gap narrowed. Woodrow YFC, West Dallas YFC, and Amelia Flores YFC, received the most visits at 4,823, 4,479, and 4,359 visits each, respectively.

Diagnostic Trends

Data from the Child and Adolescent Needs and Strengths assessment tool were incorporated into the YFC program evaluation for the first time in 2016-17; these were examined again in 2017-18. To determine diagnostic trends for YFC student clients, primary diagnoses were examined. Analysis of the 5,710 primary diagnoses made (some student clients had more than one primary diagnosis) showed that the most common were ADHD (accounting for 40% of all primary student diagnoses), Adjustment Disorders (27% of such diagnoses), and Depressive Disorders (11% of such diagnoses – an increase from 9% in 2016-17). These three diagnoses were also the most common three in 2016-17, with ADHD accounting for 44 percent of all diagnoses made by YFCs clinicians in 2016-17. Student clients diagnosed with either ADHD or an Adjustment Disorder – the two most common primary diagnoses – averaged approximately 8 visits each (up slightly from 7.55 and 7.1, respectively in 2016-17). Those with a Bipolar Disorder diagnosis (2% of all primary diagnoses) averaged almost twice as many visits each (14.9; up from 14.05 in 2016-17).

Parent Satisfaction with Service

Analysis of the YFC's Parent Satisfaction Survey indicated an overall "Satisfaction" score of 95.9 percent from the fall 2017 administration of the survey. This satisfaction score represented feedback from

parent clients of 7 of the 11 YFC clinic sites. The YFC program director indicated that this lower return rate was related to staff turnover issues at the (four nonresponsive) sites. In 2016-17, YFCs received an overall satisfaction score of 92.3, though this score represented feedback from all 11 sites rather than the seven sites represented in the 2017-18 score.

Survey items receiving the highest marks included those inquiring about the friendliness and helpfulness of YFC staff, and whether these clients would recommend YFC services to a friend for family member. Items receiving relatively lower marks included those asking about the ease with which clients found they could make an appointment for YFC services, and whether these clients felt they had met their goals for their counseling experience.

Recommendations

- **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 Mejan, M. respectively), and demand has been particularly strong for bilingual (Spanish-speaking) therapists. Documenting the demand 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 lower scores observed on item number 2 of the Parent Satisfaction Survey, which asked about the ease with which these clients were able to 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 this feedback. 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.
- Jennings, P., Frank J., Snowbird K., Coccia M., & Greenberg M. (2013). Improving classroom learning environments by Cultivating Awareness and Resilience in Education (CARE): results of a randomized controlled trial. *School Psychology. Q.* 2013; 28:374–90.
- 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.
- Mejan, 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.
- Oshitoye, J. (2007). Evaluation of the Youth and Family Centers Program: 2006-2007 (EA07-143-2). Dallas, TX: Dallas Independent School District, Department of Evaluation and Accountability.
- Ramsdal, G., Bergvik, S., & Wynn, R. (2015). Parent-child attachment, academic performance and the process of high-school dropout: a narrative review. *Attachment & Human Development*, 17(5), 522-545. doi:10.1080/14616734.2015.1072224.
- Yoshikawa, H., Aber, J. L., & Beardslee, W. R. (2012). The effects of poverty on the mental, emotional, and behavioral health of children and youth: Implications for prevention. *American Psychologist*, 67(4), 272-284.

APPENDICES

Appendix A

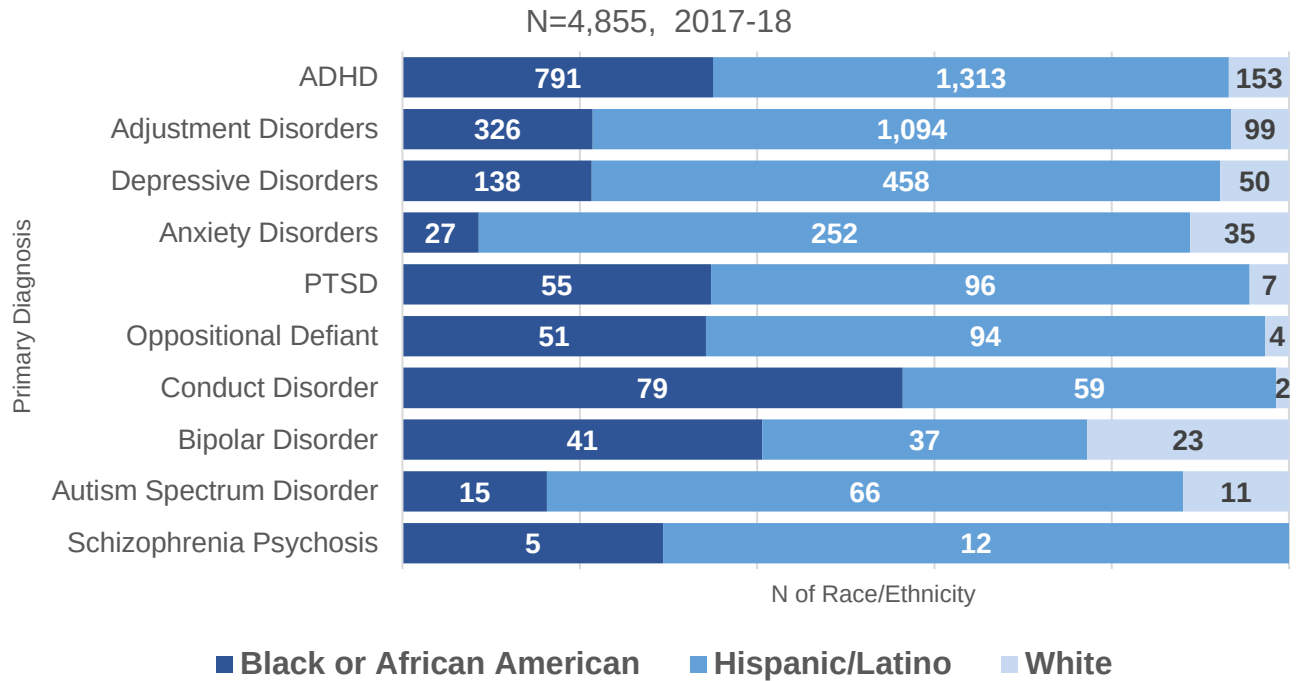
Appendix A: Trainings Provided by YFCs, 2017-18

Trainings Provided by YFC, 2017-18
Cigna Insurance Children and Families Seminars
The Adolescent World: Unlocking the Pieces - Webinar Calming Worried Minds After a School Trauma.
HIPPY Program
Just Say "No" to Bullying – Staff Training Developmental Concerns and Brain Development: Putting the Pieces Together Discipline Developmental Red Flags for Children Ages 3 to 5 years Old
Ebby Halliday Elementary School – 4th and 5th graders
Just Say "No" to Bullying – Student Version
Special Education Department – Parent Meetings and Special Education Conferences
Attachment and Parenting a Child with a Disability Dealing with Grief and Loss: A Personal Journey Strengthening the Family: Siblings Issues of Families with Children with Special Needs Courageous Conversations of Couples with Children with Special Needs The Adolescent World: Unlocking the Pieces Sexuality and Children with Disabilities ADHD – Putting the Pieces Together ADHD and Autism – Putting the Pieces Together Mindfulness and Self-care for Parents
Seagoville Middle School
The Adolescent World: Unlocking the Pieces Mental Health Presentation ADHD – Putting the Pieces Together Mindfulness and Self-care for Staff
Psychological Services
Genogram – Psych Interns Narrative Therapy with Families
Lancaster ISD – School Nurses (All Grade Levels)
Mindfulness and the Importance of Self-Care
Multiple DISD Schools – Elementary to High School
Drug and Substance Use Abuse DISD Gun Violence Training and Conference – See Something, Say Something, Do Something Career Development Trainings Mental Health Presentation for School Leadership Student Forums Grief Group

Source: Youth and Family Centers staff, July 2018

Appendix B

Appendix B: Primary Diagnosis by Race/Ethnicity (10 most common), 2017-18



Notes: Numbers in colored bars= N of diagnoses. Top 10 N of 5,478 accounts for 96% of primary diagnoses made for the 4,855 student clients in 2017-18. Some students had more than one primary diagnosis; therefore, primary diagnosis count is higher than student client count.

Source: YFC Child and Adolescent Needs and Strengths (CANS) database, June 2018

Appendix C

Appendix C: Frequencies of YFC Student Client Primary Diagnoses, by Grade Level, 2017-18

Primary Diagnosis (10 most common) by Grade Level, 2017-18																
Primary Diagnosis	Grade Level															Total
	EC	PK	KN	1	2	3	4	5	6	7	8	9	10	11	12	
ADHD	7	55	129	209	296	299	324	303	199	141	131	97	62	35	19	2,306
Adjustment Disorders	-	58	81	120	137	142	155	163	149	121	101	137	82	58	44	1,548
Anxiety Disorders	1	5	8	9	23	19	28	40	24	22	20	38	32	40	12	321
Autism Spectrum Disorder	3	1	9	10	10	8	9	12	9	4	7	4	7	3	1	97
Bipolar Disorder	-	-	1	9	7	7	10	9	14	8	6	8	12	7	6	104
Conduct Disorder	1	-	7	14	15	15	13	19	8	13	16	7	6	5	2	141
Depressive Disorders	-	2	4	8	17	22	34	41	68	71	75	106	82	81	41	652
Impulse Control Disorder	-	-	-	2	3	-	2	2	-	2	-	1	-	2	1	15
Oppositional Defiant Disorder	2	3	8	11	8	14	11	11	20	19	18	11	8	4	3	151
PTSD	-	3	6	10	10	15	22	13	10	8	14	14	13	13	12	163
Total	14	127	253	402	526	541	608	613	501	409	388	423	304	248	141	5,498

Notes: ADHD=Attention Deficit Hyperactivity Disorder; PTSD=Post-Traumatic Stress Disorder.

EC=Early Childhood; PK=Pre-Kindergarten; KN=Kindergarten

Source: YFC CANS database, June 2018 and Chancery file dated June 4, 2018

Appendix D

Appendix D: Site-by-Site Detail of Parent Satisfaction Survey Results, Fall 2017

Adamson YFC: Parent Satisfaction Survey (N=45)					
Survey Items	%				
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. The staff is friendly and helpful at the Youth and Family Centers.	93	7	0	0	0
2. It was easy to get an appointment with a counselor.	69	18	4	7	2
3. Did you find your visits with the counselor helpful?	84	14	2	0	0
4. The counselor was able to relate to your needs.	74	24	0	0	2
5. The suggestions given by the counselor were helpful?	75	25	0	0	0
6. You were satisfied with the counseling services you received at the Youth and Family Centers.	80	20	0	0	0
7. Did the counseling have a positive impact on you and your family?	73	25	2	0	0
8. You or your family made changes as the result of the counseling you recieved at the Center?	60	35	5	0	0
9. Do you feel you met your goals during your counseling sessions at the Youth and Family Centers?	58	29	13	0	0
10. You are likely to recommend Youth and Family Center service to a friend or family member?	84	16	0	0	0

Balch Springs YFC: Parent Satisfaction Survey (N=38)					
Survey Items	%				
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. The staff is friendly and helpful at the Youth and Family Centers.	92	8	0	0	0
2. It was easy to get an appointment with a counselor.	56	39	5	0	0
3. Did you find your visits with the counselor helpful?	82	15	3	0	0
4. The counselor was able to relate to your needs.	74	23	0	3	0
5. The suggestions given by the counselor were helpful?	78	19	3	0	0
6. You were satisfied with the counseling services you received at the Youth and Family Centers.	86	14	0	0	0
7. Did the counseling have a positive impact on you and your family?	63	34	3	0	0
8. You or your family made changes as the result of the counseling you recieved at the Center?	63	34	3	0	0
9. Do you feel you met your goals during your counseling sessions at the Youth and Family Centers?	71	24	5	0	0
10. You are likely to recommend Youth and Family Center service to a friend or family member?	92	8	0	0	0

Source: Youth and Family Centers program staff, January 2018

table continues

Table (continued)

Eddie Bernice Johnson YFC: Parent Satisfaction Survey (N=1)					
Survey Items	%				
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. The staff is friendly and helpful at the Youth and Family Centers.	100	0	0	0	0
2. It was easy to get an appointment with a counselor.	0	100	0	0	0
3. Did you find your visits with the counselor helpful?	100	0	0	0	0
4. The counselor was able to relate to your needs.	100	0	0	0	0
5. The suggestions given by the counselor were helpful?	100	0	0	0	0
6. You were satisfied with the counseling services you received at the Youth and Family Centers.	100	0	0	0	0
7. Did the counseling have a positive impact on you and your family?	100	0	0	0	0
8. You or your family made changes as the result of the counseling you recieved at the Center?	0	0	0	0	0
9. Do you feel you met your goals during your counseling sessions at the Youth and Family Centers?	0	100	0	0	0
10. You are likely to recommend Youth and Family Center service to a friend or family member?	100	0	0	0	0

Kiosco YFC: Parent Satisfaction Survey (N=55)					
Survey Items	%				
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. The staff is friendly and helpful at the Youth and Family Centers.	89	11	0	0	0
2. It was easy to get an appointment with a counselor.	60	22	14	4	0
3. Did you find your visits with the counselor helpful?	83	11	4	2	0
4. The counselor was able to relate to your needs.	79	17	4	0	0
5. The suggestions given by the counselor were helpful?	80	18	2	0	0
6. You were satisfied with the counseling services you received at the Youth and Family Centers.	78	16	4	2	0
7. Did the counseling have a positive impact on you and your family?	73	22	5	0	0
8. You or your family made changes as the result of the counseling you recieved at the Center?	60	23	17	0	0
9. Do you feel you met your goals during your counseling sessions at the Youth and Family Centers?	58	27	13	0	2
10. You are likely to recommend Youth and Family Center service to a friend or family member?	76	22	0	0	2

Source: Youth and Family Centers program staff, January 2018

table continues

Table (continued)

Red Bird YFC: Parent Satisfaction Survey (N=34)					
Survey Items	%				
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. The staff is friendly and helpful at the Youth and Family Centers.	94	6	0	0	0
2. It was easy to get an appointment with a counselor.	94	6	0	0	0
3. Did you find your visits with the counselor helpful?	94	6	0	0	0
4. The counselor was able to relate to your needs.	94	6	0	0	0
5. The suggestions given by the counselor were helpful?	82	18	0	0	0
6. You were satisfied with the counseling services you received at the Youth and Family Centers.	97	3	0	0	0
7. Did the counseling have a positive impact on you and your family?	88	12	0	0	0
8. You or your family made changes as the result of the counseling you received at the Center?	79	21	0	0	0
9. Do you feel you met your goals during your counseling sessions at the Youth and Family Centers?	94	6	0	0	0
10. You are likely to recommend Youth and Family Center service to a friend or family member?	100	0	0	0	0

Wilmer-Hutchins YFC: Parent Satisfaction Survey (N=21)					
Survey Items	%				
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. The staff is friendly and helpful at the Youth and Family Centers.	76	24	0	0	0
2. It was easy to get an appointment with a counselor.	67	29	4	0	0
3. Did you find your visits with the counselor helpful?	81	19	0	0	0
4. The counselor was able to relate to your needs.	76	24	0	0	0
5. The suggestions given by the counselor were helpful?	76	24	0	0	0
6. You were satisfied with the counseling services you received at the Youth and Family Centers.	76	24	0	0	0
7. Did the counseling have a positive impact on you and your family?	81	19	0	0	0
8. You or your family made changes as the result of the counseling you received at the Center?	76	24	0	0	0
9. Do you feel you met your goals during your counseling sessions at the Youth and Family Centers?	76	24	0	0	0
10. You are likely to recommend Youth and Family Center service to a friend or family member?	71	29	0	0	0

Source: Youth and Family Centers program staff, January 2018

table continues

Table (continued)

Woodrow YFC: Parent Satisfaction Survey (N=24)					
Survey Items	%				
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. The staff is friendly and helpful at the Youth and Family Centers.	96	0	4	0	0
2. It was easy to get an appointment with a counselor.	63	29	8	0	0
3. Did you find your visits with the counselor helpful?	75	13	12	0	0
4. The counselor was able to relate to your needs.	79	13	8	0	0
5. The suggestions given by the counselor were helpful?	83	13	4	0	0
6. You were satisfied with the counseling services you received at the Youth and Family Centers.	74	17	9	0	0
7. Did the counseling have a positive impact on you and your family?	75	17	8	0	0
8. You or your family made changes as the result of the counseling you recieved at the Center?	52	31	17	0	0
9. Do you feel you met your goals during your counseling sessions at the Youth and Family Centers?	65	18	13	4	0
10. You are likely to recommend Youth and Family Center service to a friend or family member?	82	14	4	0	0

Source: Youth and Family Centers program staff, January 2018