

2019-20

Evaluation of the Youth and Family Centers Program

DEPARTMENT OF EVALUATION AND ASSESSMENT

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



2019-20

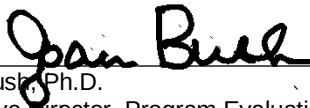
Evaluation of the Youth and Family Centers Program

Approved Report of the Department of Evaluation and Assessment

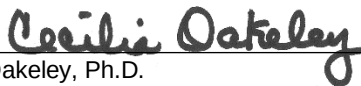
EA20-143-2
August 2020

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ACRONYMS AND ABBREVIATIONS

ADHD	Attention Deficit Hyperactivity Disorder
COPC	Community Oriented Primary Care
DAEP	District Alternative Education Program
DCAC	Dallas Children's Advocacy Center
EC	Early Childhood
Eco Dis	Economically Disadvantaged
EL	English Learner
EMR	Electronic Medical Record
HIV	Human Immunodeficiency Virus
HS	High School
IEP	Individualized Education Program
ISD	Independent School District
K	Kindergarten
MHS	Mental Health Services
MS	Middle School
PBIS	Positive Behavior Interventions and Supports
PEIMS	Public Education Information Management System
PHHS	Parkland Hospital Health System
PK	Prekindergarten
PSS	Psychological and Social Services
PTSD	Post-Traumatic Stress Disorder
STD	Sexually Transmitted Disease
YFC	Youth and Family Center

Evaluation of the Youth and Family Centers Program

DEPARTMENT OF EVALUATION AND ASSESSMENT

EXECUTIVE SUMMARY

The Dallas Independent School District (Dallas ISD) Youth and Family Centers (YFC) program began in 1993 to provide mental, behavioral, and physical health services to students in the district. The program goals were: 1) to reduce barriers to academic success for students and teachers; 2) to promote the wellness of families; and 3) to improve access to health care and education. During 2019-20, the YFC program received a total of \$6,716,013 from district general operating funds, Title I funds, and Medicaid revenue, an increase from \$6,114,857 in 2019-20.

On March 13, 2020, in alignment with federal recommendations, the Governor of Texas issued a disaster proclamation certifying that the novel coronavirus COVID-19 posed an imminent threat of disaster for all counties in the state of Texas. In response to the COVID-19 pandemic, Dallas ISD transitioned students to at-home learning on March 23 following spring break (March 16 – 20) until the end of the school year.

PURPOSE AND METHOD

The purpose of this evaluation was to provide information about the 2019-20 YFC program to district leadership, program administrators, and other stakeholders. The evaluation included characteristics of YFC staff members, demographic characteristics of students served, clinical services provided to students and families, most common mental health diagnoses of YFC students, attendance and discipline referral rates of students served, clinician survey results, and results from a YFC director questionnaire and follow-up interview.

Data on sources of program funding and budget, staff professional development, and clinical services provided to students and families were obtained from program staff. Data on characteristics of YFC staff and student clients, as well as attendance and discipline referrals were obtained from district data files. Primary data were obtained from an evaluator-designed clinician survey, a director questionnaire, and a follow-up interview. Frequency and crosstab analyses were computed. Open-ended responses and interview transcripts were analyzed qualitatively for common themes and patterns.

EVALUATION QUESTIONS/OUTCOMES

What were the characteristics and professional qualifications of YFC staff in 2019-20?

A total of 68 administrators, clinicians, and support staff operated out of 11 YFC service sites and one central administration office in 2019-20. The number of YFC clinical positions totaled 42 (62%) in 2019-20 and was comprised of counselors, psychiatrists, psychotherapists, and specialists (Table E1). The number of YFC administrative and support roles totaled 26 (38%) and included all other positions. Overall, psychotherapists ($n=33$) comprised the largest group of YFC staff at almost half (48.5%).

Table E1: 2019-20 YFC Staff Members

Job Title	<i>n</i>	%
Director	1	1.5
Coordinator	1	1.5
Administrative Assistant	12	17.6
Counselor	4	5.9
Manager	11	16.2
Psychiatrist	3	4.4
Psychotherapist	33	48.5
Specialist	2	2.9
Billing Assistant	1	1.5

Source: Dallas ISD 2019-20 personnel data file, 09/17/19.

Note: $N=68$.

Of the 68 YFC staff members, 50.0 percent were Hispanic, 22.1 percent were African American, and 85.3 percent were female. Seventy-two percent held a master's-level degree or higher. Almost 60 percent had between one to ten years of experience within the district.

What professional development opportunities were provided to YFC staff in 2019-20?

In addition to formal staff development opportunities that were open to all YFC staff, there were also seven professional development opportunities offered locally at individual clinics during 2019-20. These training sessions focused on a variety of topics, including child abuse reporting, telehealth services, and collaborative culture training. A total of 285 staff members attended professional development sessions from August 2019 through May 2020.

What were the characteristics of the students served in 2019-20?

YFC program staff provided 2019-20 data for students served between May 2019 and April 2020, which was different from 2017-18 (August 2017 through June 2018) and 2018-19 (July 2018 through April 2019). As a result, year-to-year comparisons should be viewed with caution.

A total of 4,704 students received clinical services from the YFC in 2019-20, a decrease from 5,745 in 2018-19; 270 students were missing in the district Public Education Information Management System (PEIMS) demographic file dated 10/28/19, leaving 4,434 students in the file for analyses. Of the 4,434 students served by YFCs in 2019-20, most were economically disadvantaged (75.6%), male (63.1%), and Hispanic (64.5%). Percentages for YFC students differed from district percentages in several areas: 1) the percentage of YFC male students (63.1%) was higher than for all district students (51.2%); 2) the percentage of Hispanic students (64.5 %) was slightly lower than for all district students (70.4%); 3) students who identified as English learners (EL) constituted 39.8 percent of those served by YFC clinics, slightly lower than districtwide (45.7%); 4) there were notably more special education students (28.3%) served in comparison to the district (9.4%); and 5) compared to districtwide enrollment, there were lower percentages of served students from early childhood (EC) through grade one and from grade nine to grade 12, whereas there were higher percentages of served students from grade two through grade eight as compared to districtwide enrollment.

What clinical services were provided to Dallas ISD students and families in 2019-20?

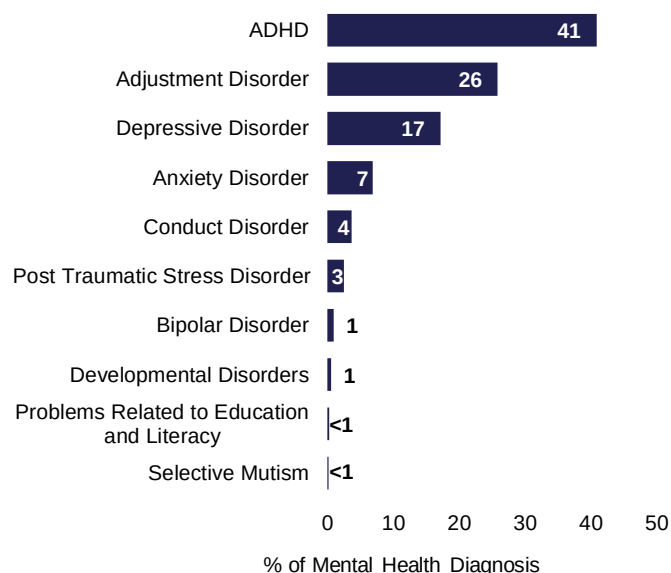
A total of 34,943 YFC contacts were made with Dallas ISD students and their families in 2019-20 (33,797 in 2018-19 and 38,247 in 2017-18), bringing the average number of visits per client to 7.4 (5.9 in 2018-19 and 7.9 in 2017-18). The YFC program provided 17 distinct types of clinical services to 4,704¹ Dallas ISD students and families in 2019-20. The three most common types of clinical services were psychotherapy sessions of 60 minutes with patient and/or family members, psychotherapy sessions of 45 minutes with the patient and/or family members, and psychiatrist evaluation sessions of 15 minutes for established patients. By volume, these three types of services together accounted for 19,873 (56.9%) of all clinical services provided to YFC clients in 2019-20. These three types of services combined also accounted for the majority of clinical services provided in 2017-18 (64.1%) and in 2018-19 (68.8%). West Dallas YFC received the highest number of visits overall (including repeat visitors) in

2019-20 at 4,829 total visits. Adamson YFC had the highest number of unique visitors ($n=596$) and Seagoville YFC had the fewest number of unique visitors ($n=249$).

What were the most common mental health diagnoses for YFC students in 2019-20?

The three most common primary mental health diagnoses made for Dallas ISD students in 2019-20 were Attention Deficit Hyperactivity Disorder or ADHD, adjustment disorder, and depressive disorder (Figure E1). The top seven most common diagnoses from 2019-20 were among the top 10 primary diagnoses in 2017-18 and 2018-19. The top 10 primary diagnoses accounted for 99 percent of all primary diagnoses in 2019-20. In 2017-18 and 2018-19, the top 10 primary diagnoses accounted for 96% of all primary diagnoses in each year.

Figure E1: 2019-20 Percentages of Most Common Mental Health Diagnoses Among YFC Students



Source: YFC 2019-20 data file from YFC manager, 07/06/20.

Note: Data include students and their visits from May 2019 through April 2020. The most common primary diagnoses accounted for 99 percent of all primary diagnoses. $N=4,704$

Differences for male and female YFC students differed for some diagnoses. In 2019-20, there were notably more male students than female students who received primary diagnoses of developmental disorders (86%), ADHD (76%), conduct disorder (67%), problems related to education and literacy (54%), post-traumatic stress disorder (53%), and adjustment disorder (52%). There were more female than male students for selective mutism (98%), depressive disorder (64%), bipolar disorder (59%), and anxiety disorder

¹ Includes 270 students who were not found in district PEIMS data file dated 10/28/19.

(52%). In 2018-19, except for selective mutism, more female students than male students also accounted for each of the other three primary diagnoses. On the other hand, only primary diagnoses for ADHD, conduct disorder, post-traumatic disorder, and adjustment disorder were among the 10 most common primary diagnoses for male students in 2018-19 and 2019-20. The number of diagnoses in the top 10 most common primary diagnoses with more female students than male has increased over the last three years. In 2017-18, there were two diagnoses (depressive disorder and anxiety disorder, 56% and 51%, respectively). In 2018-19, there were three such diagnoses (depressive disorder, 64%; anxiety disorder, 54%; and bipolar disorder, 54%). As mentioned above, in 2019-20, there were four diagnoses with more female students than male.

What were the attendance and discipline referral rates of students served in 2019-20?

Due to the COVID-19 pandemic, attendance data and discipline data were limited to the first four six-week periods (08/19/19 through 02/21/20). Therefore, year-to-year comparisons should be viewed with caution.

The average attendance rate for YFC students was 94.2 percent in 2019-20, and the average attendance rate districtwide in 2019-20 was 95.4 percent. The attendance rate for 2018-19 (August 2018 to May 2019) was 93.5 percent, and the attendance rate for 2017-18 (August 2017 to May 2018) was 92.7 percent.

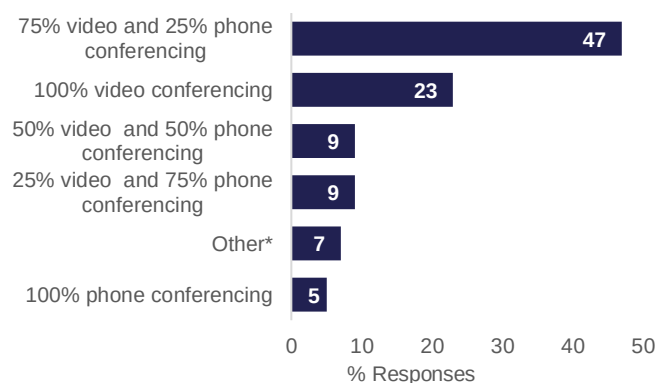
The discipline data file included 4,434 students.² Of the 4,434 YFC students in 2019-20, there were 823 discipline referrals recorded among 449 (10.1%) clients as compared to 15.4 percent in 2018-19 and 19.9 percent in 2017-18. One hundred and eighty-five of the 449 students (41.2%) were referred for more than one offense during the school year. Fighting and classroom disruptions were the two most common causes for a discipline referral among this group. Fighting was the top cause in 2019-20, and accounted for the largest share (29.5%, $n=243$) of discipline referrals among YFC student clients as compared to 576 (30.8%) in 2018-19 and 526 (21.1%) in 2017-18. There were 13 bullying incidents recorded among this group in 2019-20, a decrease from 32 in 2018-19 and 54 in 2017-18. Seagoville YFC had the highest number of discipline referrals among YFC student clients in 2019-20, followed by West Dallas YFC and Woodrow YFC. Balch Springs YFC and Kiosco YFC had the lowest number of student client discipline referrals in 2019-20.

How did YFC change how it provided services to students and parents during at-home learning?

A YFC clinician survey and a director questionnaire were developed by evaluators to solicit feedback about program staff experience during at-home learning. Evaluators also conducted a follow-up interview with the YFC director to get additional insight. The majority of clinicians (72.1%) reported their YFCs were open five days per week for students and families during at-home learning, and the largest percentage (47%) reported sessions were held through a 75/25 percent balance of video and phone conferencing (Figure E2).

Clinician survey results revealed additional findings related to the district's shift to at-home learning. Interestingly, 79.0 percent of respondents reported they spent 40 percent or less time during client sessions on COVID-19-related issues. Whereas 58 percent indicated using the same amount a time preparing for a therapy session/psychiatric appointment as they did prior to at-home learning, 40 percent stated that they needed more time to prepare. Fifty-one percent of clinicians stated they served fewer students during the pandemic compared to pre at-home learning, while 42 percent stated they served approximately the same number of students. Clinicians indicated that the most beneficial sources of support during at-home learning were from coworkers ($n=39$), YFC administration ($n=29$) and professional associations ($n=14$).

Figure E2: 2019-20 Percentage of Video and Telephone Conferencing During At-Home Learning



Source: YFC 2019-20 clinician survey file, 06/08/20.

Note: $N=43$. *Other=3 responses: 90% video and 10% phone conferencing; originally scheduled for 100% video and later switched to 50% video and 50% phone, and 95% video and 5% phone conferencing.

Clients' perceptions of tele-health revealed advantages and disadvantages. Almost half of clinicians (48.8%) believed that telehealth was as effective as face-to-face counseling. Clinicians believed that telehealth benefited clients because

² An additional 270 students could not be matched to the PEIMS file and were excluded from the analyses.

it was more convenient, especially for those who did not have reliable access to transportation. It provided clients easier access to clinicians, made scheduling easier, improved the likelihood that clients showed up for their appointment, and overall provided some flexibility to clients. On the other hand, some clinicians also indicated there were several challenges including internet connection issues for clients, keeping students focused, ensuring client privacy during sessions, no show/tardy clients, and lack of adequate resources for play therapy sessions. Clinicians indicated they needed resources such as art supplies, stress balls, and bubbles, a more stable digital platform for better connectivity and video conferencing, and upgraded digital equipment such as webcams, microphones, and laptops, so they can provide services via telehealth more effectively. More than one-third of clinicians hoped to keep telehealth as an option in 2020-21.

In the director questionnaire and follow-up interview, the director indicated that during the COVID-19 pandemic, YFCs quickly implemented a process for remote mental health services, created an electronic consent for telehealth, developed a new electronic client referral system, and identified a virtual platform to offer services to students and families. As a result, the work of YFCs remained largely unchanged during at-home learning. At the beginning of at-home learning, administrative staff at each YFC held weekly telehealth training providing clinicians, among others, suggestions and guidelines on how to ensure privacy and confidentiality and keep young students engaged. YFCs pivoted to address student and district needs by “pulling resources together to ensure processes were implemented for referrals, consents, and service delivery” and “shared resources on best practices for responding to COVID-19 as well as providing telehealth services”.

Starting in 2020-21, YFCs and PSS (Psychological and Social Services) will merge under a new department, Mental Health Services (MHS). The combined number of staff will increase by 57 fulltime employees. School-based clinicians (formerly PSS) will provide a variety of services to campus staff and students including behavior management and training in Positive Behavior Interventions and Supports (PBIS); staff consultation, training, and support; individual and group counseling; transition services for students returning the District Alternative Education Program (DAEP); individual and schoolwide crisis intervention and postvention; threat assessment support; and outreach and education. Clinic staff members (formerly YFC) will provide services including individual, group, and family therapy; psychiatric evaluation and consultation; outreach and education; and physical health services through a partnership with Parkland Hospital Health System (PHHS).

The merger is expected to benefit the district in many ways. In prior years, including 2019-20, caseloads for PSS staff were very high, with each clinician serving eight campuses. The merger is expected to reduce clinician caseloads with each clinician serving only four campuses, providing them with additional time they can spend at each campus. Additionally, staffing across YFC sites was not equitable in prior years, creating long waiting lists for clients at certain centers; MHS plans to address this issue. MHS will allocate funds for professional development opportunities to its staff, including specialized training. Funds will also be used to aid MHS employees in obtaining additional certifications.

MHS plans to create a handbook and subcommittees who will work to define policies and outline procedures and would also like to create a process for external referrals as many outside agencies contacted YFC to refer potential clients. Additionally, MHS will create an efficient data system to track data points and establish a tracking system in a new Electronic Medical Record (EMR) system in 2020-21. This approach is expected to enable MHS to efficiently review data at the end of the year to assess the extent to which it has reached its goals. According to the director, MHS will keep the telehealth service as an option for students and families during the 2020-21 school year.

RECOMMENDATIONS

Conduct a comprehensive needs assessment to find out what resources YFC clinicians need to provide services via telehealth in 2020-21

Provide technical support to students and families utilizing telehealth.

Ensure clinicians have on-going opportunities to communicate with colleagues and administrative staff during remote work arrangement.

2019-20

Evaluation of the Youth and Family Centers Program

DEPARTMENT OF EVALUATION AND ASSESSMENT

PROGRAM DESCRIPTION

The Dallas Independent School District (Dallas ISD) Youth and Family Centers (YFC) program began in 1993 to offer mental, behavioral, and physical health services to students in the district. Through the provision of health services at 11 school-based clinics, the program seeks to reduce barriers to academic success, promote the wellness of families, and improve access to health care and education. Students or parents seeking services are directed to the YFC location most convenient to them. Table 1 shows the locations of the clinics.

Table 1: 2019-20 YFC Locations

YFCs	Location
Adamson YFC	Adamson HS
Amelia Flores YFC	Bryan Adams HS
Balch Springs YFC	Balch Springs MS
Eddie Bernice Johnson YFC	Billy E. Dade MS
Fair Oaks YFC	Conrad HS
Kiosco YFC	Foster ES
Redbird YFC	T.W. Browne MS
Seagoville YFC	Seagoville HS
West Dallas YFC	Pinkston HS
Wilmer-Hutchins YFC	Wilmer-Hutchins HS
Woodrow/Long YFC	Wilson HS

Source: YFC file, 11/18/19.

Note: North Dallas YFC located at North Dallas HS will open in 2020-21.

The YFC program is an integral part of a multi-tiered support system in Dallas ISD. This program is coordinated by the Student Services department, which also coordinates the services of several departments including counseling services, health services, and psychological and social services. The YFC program is charged with providing non-emergency mental health care on an ongoing basis to students and their families. Services include psychological evaluation and assessment, psychiatric consultation and psychiatric medication management, as well as group, individual, and family counseling. Mental health crises that are not appropriate for an outpatient clinic are referred to a psychological emergency room at an area hospital. Physical crisis services are managed by a hospital emergency room.

Through a partnership with the Parkland Health & Hospital System (PHHS), Dallas County children between the ages of four and 21 can receive immunizations, routine, and preventive care, sports physicals, and health education. These services as well as other medical appointments can be scheduled through a YFC or by calling PHHS medical appointment phone line. In addition to services listed above, the Community Oriented Primary Care (COPC) division of PHHS also provides acute physical illness care, chronic illness management, specialty care referrals, sexually transmitted disease (STD) and human immunodeficiency virus (HIV) testing, pharmacy services, family therapy, and family planning services.

On March 13, 2020, in alignment with federal recommendations, the Governor of Texas issued a disaster proclamation certifying that the novel coronavirus COVID-19 posed an imminent threat of disaster for all counties in the state of Texas. In response to the COVID-19 pandemic, Dallas ISD transitioned students to at-home learning on March 23 following spring break (March 16 – 20) until the end of the school year.

PURPOSE AND SCOPE OF THE EVALUATION

The purpose of this evaluation was to provide information about the 2019-20 YFC program for district leadership, program administrators, and other stakeholders. The evaluation included demographic and qualification data of YFC staff members, demographic characteristics of students served, clinical services provided to students and families, most common mental health diagnoses of YFC students, attendance and discipline referral rates of students served, clinician survey results, and results from a YFC director questionnaire and follow-up interview.

EVALUATION QUESTIONS AND RESULTS

What were the sources and amounts of YFC funding in 2019-20?

Methodology

The YFC program budget data were obtained from the YFC program staff and Title I worksopes for 2017-18, 2018-19, and 2019-20.

Results

The total budget for the YFC program in 2019-20 was \$6,716,013 (Table 2). Of this, \$1,579,918 came from Title 1 funding. The program's two additional funding sources were district general operating funds (\$3,784,776) and Medicaid revenue (\$1,351,319). Overall, the total amount of funding for YFC services has increased by \$601,156 from 2017-18 through 2019-20.

Table 2: 2017-18 through 2019-20 YFC Funding

School Year	Title I	General Funds	Medicaid Revenue	Total
2017-18	\$1,478,885	\$3,290,339	\$1,345,633	\$6,114,857
2018-19	\$1,579,918	\$3,301,080	\$1,345,955	\$6,226,953
2019-20	\$1,579,918	\$3,784,776	\$1,351,319	\$6,716,013

Source: Title I workscope and information from program staff members (November 2017 and 2018). 2019-20 funding information was obtained from the Special Revenue Funds Management department as of 02/28/20.

What were the characteristics and professional qualifications of YFC staff in 2019-20?

Methodology

Data on YFC staff demographics and professional qualifications were obtained from the district personnel data file (09/17/19). 2019-20 staffing information was compared to the previous two years

(Zhang, 2019 and Mejan, 2018). The evaluator interviewed the program director in September 2019 to obtain supplemental information about the YFC program.

Results

A total of 68 administrators, clinicians, and support staff operated out of 11 YFC service sites and one central administration office in 2019-20. The number of YFC clinical positions totaled 42 (62%) in 2019-20 and was comprised of counselors, psychiatrists, psychotherapists, and specialists (Table 3). The number of YFC administrative and support roles totaled 26 (38%) and included all other positions. Overall, psychotherapists ($n=33$) comprised the largest group of YFC staff at almost half (48.5%). Psychotherapists accounted for 49.3 percent ($n=36$) in 2018-19 and 48.0 percent ($n=36$) in 2017-18.

Table 3: 2019-20 YFC Staff Members by Role

Job Title	<i>n</i>	%
Director	1	1.5
Coordinator	1	1.5
Administrative Assistant	12	17.6
Counselor	4	5.9
Manager	11	16.2
Psychiatrist	3	4.4
Psychotherapist	33	48.5
Specialist	2	2.9
Billing Assistant	1	1.5

Source: Dallas ISD 2019-20 personnel data file, 09/17/19.

Note: $N=68$.

Of the 68 YFC staff members, 50.0 percent were Hispanic, 22.1 percent were African American, and 85.3% were female (Table 4). Seventy-two percent held a master's-level degree or higher. Almost 60 percent had between one to 10 years of experience within the district, and 35.3 percent had 11 or more years of experience. In comparison, during the 2017-18 and 2018-19 school years, 63 percent of clinical staff had between one to 10 years of professional experience within the district. Twenty-five percent in 2017-18 and 27 percent in 2018-19 had more than 11 years of experience.

Table 4: 2019-20 YFC Staff Member Characteristics

	<i>n</i>	%
Gender		
Female	58	85.3
Male	10	14.7
Ethnicity		
African American	15	22.1
Hispanic	34	50.0
White	18	26.5
Asian	1	1.5
Education Level		
Bachelor's	2	2.9
Master's	43	63.3
Doctorate	6	8.8
Other	17	25.0
Local Experience		
< 1 year	3	4.4
1-5 years	21	30.9
6-10 years	20	29.4
11-15 years	9	13.2
16-20 years	9	13.2
21+ years	6	8.9

Source: Dallas ISD 2019-20 personnel data file, 09/17/19.

Note: *N*=68. Percentages may not add up to 100 due to rounding.

What professional development opportunities were provided to YFC staff in 2019-20?

Methodology

Information about professional development opportunities provided to YFC staff in 2019-20 was obtained through correspondence with the YFC program director.

Results

In addition to formal staff development opportunities that were open to all YFC staff, there were also seven professional development opportunities offered locally at individual clinics during the 2019-20 school year (Table 5). These training sessions focused on a variety of topics, including child abuse reporting, telehealth services, and collaborative culture training. A total of 285 staff members attended professional development sessions from August 2019 through May 2020.

Table 5: 2019-20 YFC Professional Development Sessions by Topic

Professional Development Topics	<i>N</i>
Child Abuse Reporting	60
Homeless Education Services	40
Trafficking	25
District Technology Systems (My Data Portal, Easy IEP)	60
Telehealth Services	60
Collaborative Culture Training	20
"Daring to Lead" (book study by Brene Brown)	20
Total	285

Source: YFC professional development data file 06/03/20.

What were the characteristics of the students served in 2019-20?

Methodology

YFC program staff provided 2019-20 data for students served between May 2019 and April 2020, which was different from 2017-18 (August 2017 through June 2018) and 2018-19 (July 2018 through April 2019). As a result, year-to-year comparisons should be viewed with caution. The evaluator merged these data with the 2019-20 district demographic data (10/28/19) and conducted frequency and cross-tabulation analyses.

A total of 4,704 students received clinical services from the Dallas ISD YFC in 2019-20 (5,745 in 2018-19 and 4,855 in 2017-18). However, 270 students were missing in the district Public Education Information Management System (PEIMS) demographic file dated 10/28/19, leaving 4,434 students in the file for analyses.

Results

As seen in Table 6, of the 4,434 students served by YFCs in 2019-20, most were economically disadvantaged (75.6%), male (63.1%), and Hispanic (64.5%). Percentages for YFC students differed from district percentages in several areas. First, the percentage of YFC male students (63.1%) was higher than for all district students (51.2%) and lower for females than for district students (39.6% vs. 48.8%). Second, the percentage of Hispanic students (64.5 %) was slightly lower than for all district students (70.4%). Third, students who identified as English learners (EL) constituted 39.8 percent of those served by YFC clinics, slightly lower than districtwide (45.7%). Fourth, there were notably more special education students (28.3%) served in comparison to the district (9.4%). Finally, compared to districtwide enrollment, there were lower percentages of served students from early childhood (EC) through grade one (range: 0.2% to 6.5% vs. 0.3% to 7.3%) and served students from grade nine to grade 12 (range: 3.6% to 7.3% vs. 5.4% to 8.4%), whereas there were higher percentages of served students from grade two through grade eight as compared to districtwide enrollment (range: 7.8% to 8.8% vs. 6.7% to 7.2%).

Table 6: 2019-20 YFC and District Student Characteristics

	YFC Students (N=4,434*)		District Students (N=153,494)	
	N	%	N	%
Gender				
Female	1,638	36.9	74,976	48.8
Male	2,796	63.1	78,518	51.2
Ethnicity				
African American	1,104	24.9	32,627	21.3
Hispanic	2,858	64.5	108,063	70.4
White	325	7.3	7,826	5.1
Other	147	3.3	4,978	3.2
Grade Level				
EC	10	0.2	531	0.3
PK	81	1.8	11,788	7.7
K	178	4.0	10,938	7.1
1	288	6.5	11,229	7.3
2	388	8.8	11,063	7.2
3	375	8.5	11,135	7.3
4	435	9.8	11,364	7.4
5	471	10.6	11,974	7.8
6	453	10.2	11,089	7.2
7	426	9.6	10,974	7.1
8	348	7.8	10,300	6.7
9	323	7.3	12,860	8.4
10	259	5.8	10,666	6.9
11	238	5.4	9,258	6.0
12	161	3.6	8,325	5.4
Student Groups				
English Learner	1,765	39.8	70,171	45.7
Special Education	1,256	28.3	14,478	9.4
At Risk	2,431	54.8	76,226	49.7
Eco Dis	3,351	75.6	129,443	84.3

Source: YFC 2019-20 student data file, 07/06/20 and district PEIMS data file, 10/28/19.

Note: Percentages may not add up to 100 due to rounding. An overlap occurs among student groups. *N=4,434 and excludes 270 YFC clients who were not found in the PEIMS data file.

YFC student demographics were also examined by gender across all grade levels (Table 7). For both groups, percentages tended to increase as grade level increased until the percentages peaked, and then percentages tended to gradually decrease as grade level increased. The peak (highest percentage) for served male students was at grade five (11.7%), whereas the peak (highest percentage) for female students was for grade seven (10.6%).

Table 7: 2019-20 YFC Students by Grade Level and Gender

Grade	Male (N=2,796)		Female (N=1,638)	
	n	%	N	%
EC	9	0.3	1	0.1
PK	61	2.2	20	1.2
K	127	4.5	51	3.1
1	208	7.4	80	4.9
2	270	9.7	118	7.2
3	275	9.8	100	6.1
4	286	10.2	149	9.1
5	327	11.7	144	8.8
6	283	10.1	170	10.4
7	252	9.0	174	10.6
8	196	7.0	152	9.3
9	185	6.6	138	8.4
10	151	5.4	108	6.6
11	100	3.6	138	8.4
12	66	2.4	95	5.8

Source: YFC 2019-20 student data file, 07/06/20 and district PEIMS data file, 10/28/19.

Note: N=4,434 and excludes 270 YFC clients who were not found in the PEIMS data file. Percentages do not add up to 100 due to rounding.

What clinical services were provided to Dallas ISD students and families in 2019-20?

Methodology

Data on types and number of clinical mental health services provided to Dallas ISD students and families in 2019-20 were obtained from the YFC program manager. As mentioned previously, the time frame for 2019-20 students served was different from 2017-18 and 2018-19; therefore, year-to-year comparisons should be viewed with caution. The evaluator merged these data with the district's 2019-20 PEIMS data file (10/28/19) and conducted frequencies and cross tabulation analyses.

Results

Client Contacts by YFC Clinic Site

As noted earlier in this report, the 11 YFCs provided mental and behavioral health services to 4,704³ unique student clients in 2019-20 (5, 745 in 2018-19 and 4,855 in 2017-18). A total of 34,943 YFC contacts were made with Dallas ISD students and their families in 2019-20 (33,797 in 2018-19 and 38,247 in 2017-18), bringing the average number of visits per client to 7.4 (5.9 in 2018-19 and 7.9 in 2017-18).

Table 8 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 2019-20. West Dallas YFC received the highest number of visits overall (including repeat visitors) in 2019-20 at 4,829 total visits. Woodrow/Long YFC, Adamson YFC, and Fair Oaks YFC each followed closely behind with 4,539, 4,173, and 3,552 total visits, respectively. Adamson YFC had the highest number of

³ Includes 270 students who were not found in district PEIMS data file dated 10/28/19 and excluded from student demographic tables.

unique visitors ($n=596$), and Seagoville YFC had the fewest number of unique visitors ($n=249$) in 2019-20. The average number of recorded visits per client at Seagoville YFC was the highest among all YFCs, at 12.1 visits per client. Redbird YFC had the lowest average number of visits per client (4.9 per client).

Table 8: 2019-20 Number of Unique Visitors and Visits by YFC Clinic Site

Clinic Site	Unique Visitors <i>N</i>	Total Visits <i>n</i>	Average Visits <i>n</i>
Adamson YFC	596	4,173	7.0
Amelia Flores YFC	508	3,235	6.4
Balch Springs YFC	434	2,537	5.8
Eddie Bernice Johnson YFC	311	2,229	7.2
Fair Oaks YFC	491	3,552	7.2
Kiosco YFC	312	2,267	7.3
Redbird YFC	433	2,109	4.9
Seagoville YFC	249	3,004	12.1
West Dallas YFC	515	4,829	9.4
Wilmer-Hutchins YFC	288	2,469	8.6
Woodrow/Long YFC	567	4,539	8.0
Total	4,704	34,943	7.4

Source: YFC 2019-20 student data file, 07/06/20.

Note: Data included students and their visits from 05/01/19 through 04/30/20. $N=4,704$.

Types and Frequency of Clinical Services Provided

Program records indicated that the YFC program provided 17 distinct types of clinical service to Dallas ISD students and families in 2019-20 (22 types in 2018-19 and 13 types in 2017-18). The three most common types were psychotherapy sessions of 60 minutes with patients and/or family members ($N=8,900$ visits, accounted for 25.5 percent of all recorded services), psychotherapy sessions of 45 minutes with patients and/or family member ($N=7,201$, comprised 20.6 percent), and psychiatrist evaluation sessions of 15 minutes for established patients ($N=3,772$, accounted for 10.8 percent). By volume, these three types of services together accounted for 19,873 (56.9%) of all clinical services provided to YFC clients in 2019-20 (Table 9). Similarly, these three types of services combined accounted for the majority of clinical services provided in 2017-18 (64.1%) and in 2018-19 (68.8%).

Table 9: 2019-20 YFC Types of Clinical Services Provided

Type of Clinical Service	<i>N</i>	%
Psychotherapy, 60 minutes with Patient and/or Family Member	8,900	25.5
Psychotherapy, 45 minutes with Patient and/or Family Member	7,201	20.6
Evaluation of an Established Patient- Psychiatrist 15 minutes	3,772	10.8
Evaluation of an Established Patient- Psychiatrist 20 minutes	3,018	8.6
Psychotherapy, 30 minutes with Patient and/or Family Member	2,755	7.9
Phone Consultation	2,724	7.8
Family Therapy 60 minutes	2,357	6.7
Psychiatric Diagnostic Evaluation	1,584	4.5
In-Person Consultation	793	2.3
Psychiatric Diagnostic Evaluation with Medical Services	772	2.2
Family Psychotherapy (without the patient) 45-60 minutes	522	1.5
Evaluation of an Established Patient- Psychiatrist 30 minutes	269	0.8
Group Therapy 60 minutes	177	0.5
Evaluation for an Established Patient- Psychiatrist 10 minutes	65	0.2
Crisis Intervention	21	0.1
Evaluation of an Established Patient- Psychiatrist 5 minutes	7	<0.1
Group Therapy 30 minutes	6	<0.1
Total	34,943	100.0

Source: YFC 2019-20 student data file, 07/06/20.

Note: Data include students visits from 05/01/19 through 04/30/20. $N=4,704$.

What were the most common mental health diagnoses for YFC students in 2019-20?

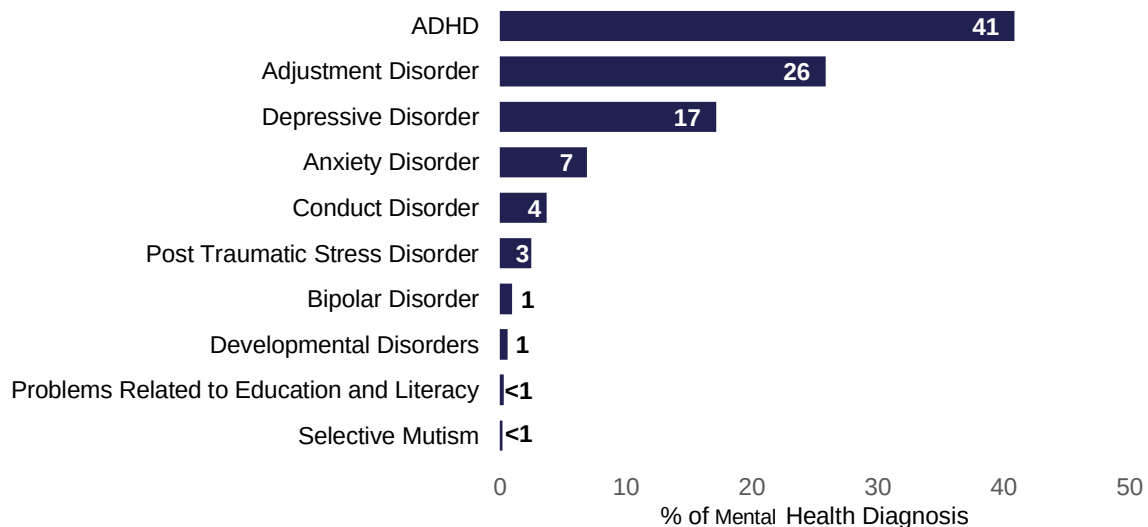
Methodology

Data on mental health diagnoses were provided by the YFC program manager, who extracted data from the program's electronic record system. As mentioned previously, the time frame for 2019-20 students served was different from 2017-18 and 2018-19; therefore, year-to-year comparisons should be viewed with caution. Primary mental health diagnoses were identified following consultation with the YFC director regarding clinicians' diagnosis data entry practices. Diagnosis data were merged with the district's PEIMS data file dated October 28, 2019 and analyzed using frequencies and crosstabulations.

Results

The three most common primary mental health diagnoses made for Dallas ISD students visiting a YFC for clinical services in 2019-20 were Attention Deficit Hyperactivity Disorder (ADHD; 14,277, 41% of all primary diagnoses), adjustment disorder (9,054, or 26%), and depressive disorder (6,009 or 17%). Figure 1 displays a full breakdown by overall percentage of the top 10 most common primary diagnoses made for student clients which accounted for 99 percent of all primary diagnoses in 2019-20. The top seven most common diagnoses from 2019-20 were among the top 10 primary diagnoses in 2017-18 and 2018-19. The remaining three most common diagnoses in 2017-18 were oppositional defiant disorder, autism spectrum disorder, and schizophrenia psychosis, whereas in 2018-19 they were oppositional defiant disorder, mood disorder, and autistic disorder. The top 10 primary diagnoses accounted for 96% of all primary diagnoses in each of the last two years, 2017-18 and 2018-19. Additional primary diagnoses data are provided in Appendices A and B.

Figure 1: 2019-20 Most Common Mental Health Diagnoses Among YFC Students

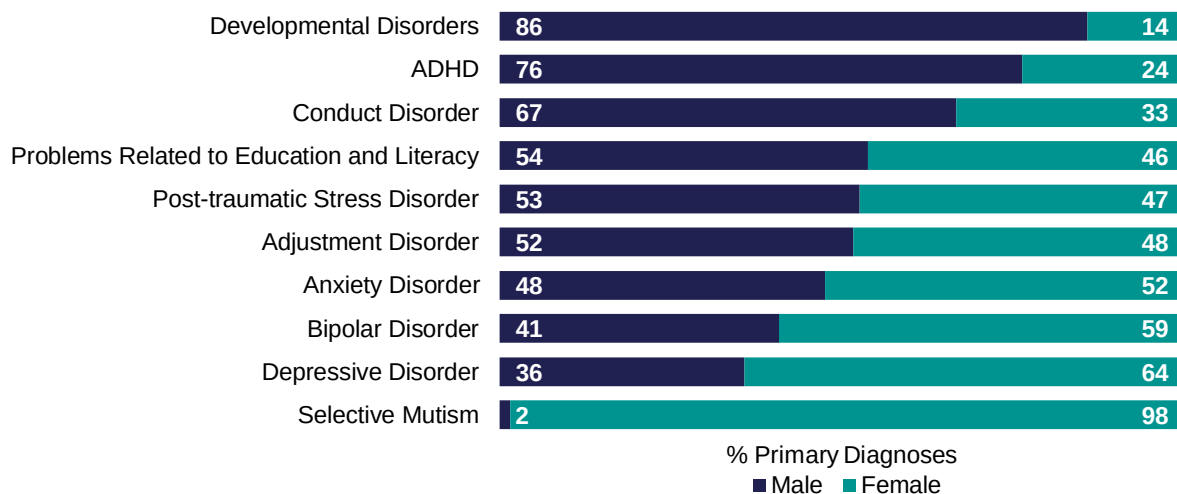


Source: YFC 2019-20 data file from YFC data manager, 07/06/20.

Note: Data include students and their visits from May 2019 through April 2020. The most common primary diagnoses accounted for 99 percent of all primary diagnoses. $N=4,704$.

Primary diagnosis patterns were also examined by gender (Figure 2). There were notably more male students than female students who received primary diagnoses of developmental disorders (86%), ADHD (76%), conduct disorder (67%), problems related to education and literacy (54%), post-traumatic stress disorder (53%), and adjustment disorder (52%). There were more female than male students diagnosed for selective mutism (98%), depressive disorder (64%), bipolar disorder (59%), as well as anxiety disorder (52%). In 2018-19, except for selective mutism, more female students than male students also accounted for each of the other three primary diagnoses. On the other hand, only primary diagnoses of ADHD, conduct disorder, post-traumatic disorder, and adjustment disorder were among the 10 most common primary diagnoses for male students in 2018-19 and 2019-20. The other 10 most primary diagnoses with more male students than female students in 2018-19 were autistic disorder (89%, the most common primary diagnoses), oppositional disorder (66%), mood disorder (63%), and post-traumatic stress disorder (58%). It is worth mentioning that the number of diagnoses in the top 10 most common primary diagnoses with more female students than male has increased over the last three years. In 2017-18, there were two diagnoses (depressive disorder and anxiety disorder, 56% and 51%, respectively). In 2018-19, there were three such diagnoses (depressive disorder, 64%; anxiety disorder, 54%; and bipolar disorder, 54%). In 2019-20, there were four diagnoses, including selective mutism, with more female students than male.

Figure 2: 2019-20 10 Most Common Primary Diagnoses by Gender



Source: YFC 2019-20 data file, 07/06/20 and 2019-20 PEIMS data file, 10/28/19.

Note: Data include students and their visits from May 2019 through April 2020. N=4,434 and excludes 270 YFC clients who were not found in the PEIMS data file.

On average, students made 7.4 clinic visits each to a YFC during 2019-20 school year in comparison to 5.9 in 2018-19 and 7.9 in 2017-18. Students with a primary diagnosis of obsessive-compulsive disorder (19.5 visits per client) averaged more than twice as many visits as post-traumatic stress disorder (9.5 visits per client), selective mutism (9.1 visits per client), anxiety disorder (8.8 visits per client), conduct disorder (7.8 visits per client), and adjustment disorder (7.5 visits per client).

Other primary diagnoses associated with more frequent YFC clinic visits included unspecified behavior/emotional disorder (15.0 visits per client), bipolar disorder (11.1 visits per client), depressive disorder (10.7 visits per client), and eating disorder (10.3 visits per client). Table 10 displays average visits for the 15 primary diagnoses associated with the most visits on average per student.

Additional findings showing the distribution of the top ten most common primary diagnoses by ethnicity and grade level can be found in Appendices A and B respectively.

Table 10: 2019-20 Average Number of Visits for Top 15 Primary Mental Health Diagnoses

Primary Diagnosis	Primary Diagnosis N	Total Visits N	Average Visits N
Obsessive-Compulsive Disorder	2	39	19.5
Unspecified Behavioral/Emotional Disorder	2	30	15.0
Bipolar Disorder	31	345	11.1
Depressive Disorder	563	6,009	10.7
Eating Disorders	3	31	10.3
Post-traumatic Stress Disorder	94	890	9.5
Selective Mutism	7	64	9.1
Anxiety Disorder	273	2,401	8.8
Conduct Disorder	164	1,286	7.8
Adjustment Disorder	1,206	9,054	7.5
Impulse Disorders	9	62	6.9
Problems Related to Education/Literacy	17	110	6.5
ADHD	2,267	14,277	6.3
Developmental Disorders	43	225	5.2
Autistic Disorders	9	30	3.3

Source: YFC 2019-20 data file, 07/06/20.

Note: Data include students and their visits from May 2019 through April 2020. Data were sorted by average number of visits. N=4,704.

What were the attendance and discipline referral rates of students served in 2019-20?

Methodology

To examine attendance and discipline referral data on YFC student clients, the evaluator merged student identification numbers of YFC clients with the district PEIMS data file (October 28, 2019), the district attendance data file (06/09/20), and the district discipline referral data file (02/27/20). The evaluator then conducted frequency and crosstabulation analyses to determine attendance and discipline referral rates.

Results

Attendance

Due to the COVID-19 pandemic, attendance data were limited to the first four six-week periods (08/19/19 through 02/21/20). As a result, year-to-year comparisons should be viewed with caution. The average attendance rate for the YFC students was 94.2 percent in 2019-20, slightly lower than the average attendance rate districtwide in 2019-20 (95.4%). The attendance rate for 2018-19 (August 2018 to May 2019) was 93.5 percent, and the attendance rate for 2017-18 (August 2017 to May 2018) was 92.7 percent, which showed improved attendance for YFC students in 2019-20 (94.2).

Discipline Referrals

Discipline data were limited to the first four six-week periods (08/19/19 through 02/21/20) due to the COVID-19 pandemic. Therefore, year-to-year comparisons should be viewed with caution. The discipline data file included 4,434 students.⁴ Of the 4,434 YFC student clients in 2019-20, there were 823 discipline referrals recorded among 449 (10.1%) clients as compared to 15.4 percent in 2018-19 and 19.9 percent in 2017-18. One hundred and eighty-five of the 449 students (41.2%) were referred for more than one offense during the school year; the average number of discipline referrals for students in this group was 1.8 (range: 1 to 12). This compares to an average of 2.1 in 2018-19 (range: 1 to 14) and an average of 2.6 in 2017-18 (range: 1 to 21).

Table 11 provides a list of the top 10 offenses leading to discipline referrals in this group. Fighting, classroom disruptions, and profanity/obscene gestures towards personnel were the three most common causes for a discipline referral among this group. Fighting was the top cause in 2019-20 and accounted for the largest share (29.5%, $n=243$) of discipline referrals among YFC student clients as compared to 576 (30.8%) in 2018-19 and 526 (21.1%) in 2017-18. There were 13 bullying incidents recorded among this group in 2019-20, compared with 32 in 2018-19 and 54 in 2017-18.

Table 11: 2019-20 Discipline Referrals (Top 10) Among YFC Student Clients

Offense Description	<i>n</i>	%
Fighting	243	29.5
Classroom disruption	144	17.5
Profanity/obscene gesture towards personnel	103	12.5
Assault Class C (student on student)	88	10.7
Drugs (non-felony)	60	7.3
Assault Class C (student on personnel or volunteer)	36	4.4
Threats (student on personnel/facility)	29	3.5
Vandalism/criminal mischief (not a felony)	20	2.4
Stealing/theft	17	2.1
Bullying	13	1.6

Source: YFC student data file, 07/06/20. District discipline data file, 02/27//20.

Note: The top 10 offenses account for 91.5 percent of all discipline referrals for this group in 2019-20.

The distribution of discipline referrals by YFC clinic site was examined. Seagoville YFC, located in southeast Dallas, was associated with the highest number of YFC student client discipline referrals in 2019-20 ($n=100$; 12.2% of all referrals among YFC student clients), followed by West Dallas YFC and Woodrow YFC ($n=90$; 10.9%). Balch Springs YFC ($n=56$; 6.8%) and Kiosco YFC ($n=32$; 3.9%) had the lowest numbers of student client discipline referrals in 2019-20. (Table 12).

⁴ An additional 270 students could not be matched to the PEIMS file and were excluded from the analyses.

Table 12: 2019-20 Discipline Referrals by YFC Site

YFC Site	<i>n</i>	%
Seagoville	100	12.2
West Dallas	90	10.9
Woodrow	90	10.9
Amelia G Flores	89	10.8
Wilmer Hutchins	83	10.1
Red Bird	76	9.2
Adamson	75	9.1
Fair Oaks	72	8.7
Eddie Bernice Johnson	60	7.3
Balch Springs	56	6.8
Kiosco	32	3.9
Total	823	99.9

Source: District PEIMS data file, 10/28/19. YFC 2019-20 student data file, 07/06/20. District 2019-20 discipline data file, 02/27/20.

Note: Percentage may not add up to 100 due to rounding. *N*=4,434 and excludes 270 YFC clients who were not found in the PEIMS data file.

The distribution of discipline referrals by gender was also examined. Both male and female students had higher percentages for fighting (28.3% vs. 32.4%) and classroom disruptions (17.2% vs. 18.5%). Male students had a much higher percentage than female students for student-on-student assault class C (12.7% vs. 5.1%) (Table 13).

Table 13: 2019-20 Discipline Referrals (Top 10) Among YFC Student Clients by Gender

Offense Description	Male		Female	
	<i>n</i>	%	<i>n</i>	%
Fighting*	171	28.3	70	32.4
Classroom disruption	104	17.2	40	18.5
Assault Class C (student on student)	77	12.7	11	5.1
Profanity/obscene gesture towards personnel*	75	12.4	27	12.5
Drugs (non-felony)	42	7.0	18	8.3
Assault Class C (student on personnel or volunteer)	24	4.0	12	5.6
Threats (student on personnel/facility)	21	3.5	8	3.7
Stealing/theft	16	2.6	1	0.5
Vandalism/criminal mischief (not a felony)	15	2.5	5	2.3
Bullying	11	1.8	2	0.9

Source: District PEIMS data file, 10/28/19. YFC student data file, 07/06/20. District discipline data file, 02/27/20.

Note: The top 10 offenses shown account for 91.5 percent of all discipline referrals for this group in 2019-20. * Two students in the offense category of "fighting" and one student in the offense category of "Profanity/obscene gesture towards personnel" were not found in the PEIMS data file.

How did YFC change the ways in which it provided services to students and parents during at-home learning?

Methodology

YFC Clinician Survey

A YFC clinician survey was developed to solicit feedback about clinicians' experiences during at-home learning. The survey included 11 close-ended questions and six open-ended questions and was hosted on SurveyMonkey (an online survey platform) from May 25 through June 5, 2020. Forty-three out of 48 clinicians (90%) from all 11 YFC sites completed the online survey. The evaluator used frequency

analyses to determine the number and percentages of response options for each survey item. Open-ended responses were analyzed qualitatively to determine common themes and patterns.

YFC Director Questionnaire and Follow-up Interview

A YFC director questionnaire was developed and hosted on SurveyMonkey. The invitation to complete the questionnaire was sent to the director on June 22, and the questionnaire remained open until June 26, 2020. The instrument included four open-ended questions. In order to get additional insight, a follow-up interview was conducted on July 14, 2020 via Zoom. The follow-up interview lasted for an hour and was digitally recorded with the participant's consent and then transcribed verbatim. Open-ended responses and interview transcripts were analyzed for common themes and patterns. Questions for the YFC director are provided in Appendix D.

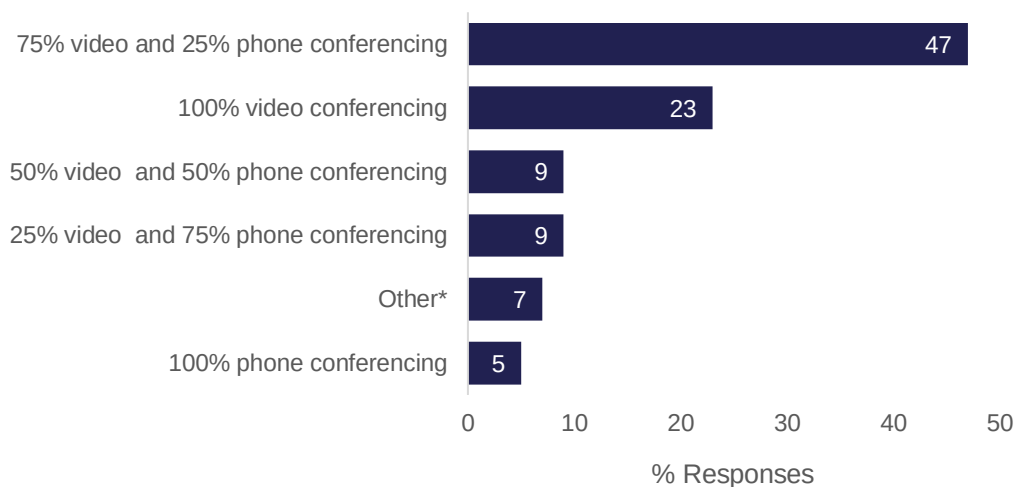
Results

COVID-19 Programmatic Change

As mentioned previously, in response to the COVID-19 pandemic, Dallas ISD transitioned students to at-home learning on March 23 following spring break (March 16 – 20) through the end of the school year. In order to support students and parents during this difficult time, YFCs continued to provide therapeutic and psychiatric services remotely.

Clinician Survey Results

Results of the clinician survey related to work schedule, conferencing, and client load after the transition to at-home learning follow. The majority of clinicians (72.1%) reported their YFCs were open five days per week for students and families during at-home learning, and the largest percentage (47%) reported sessions were held through a 75/25 percent balance of video and phone conferencing (Figure 3). Interestingly, 79.0 percent of respondents reported they spent “0-20%” (48.8%) or “21-40%” (30.2%) of session time on COVID-19-related issues. Whereas 58 percent indicated using the same amount a time preparing for a therapy session/psychiatric appointment as they did prior to at-home learning, 40 percent stated that they needed more time to prepare. While fifty-one percent of clinicians stated they served fewer students during the pandemic compared to pre at-home learning, 42 percent stated they served approximately the same number of students.

Figure 3: 2019-20 Percentage of Video and Telephone Conferencing During At-Home Learning

Source: YFC 2019-20 clinician survey file, 06/08//20.

Note: N=43. *Other=3 responses: 90% video and 10% phone conferencing; originally scheduled for 100% video and later switched to 50% video and 50% phone conferencing due to technology issues, and 95% video and 5% phone conferencing.

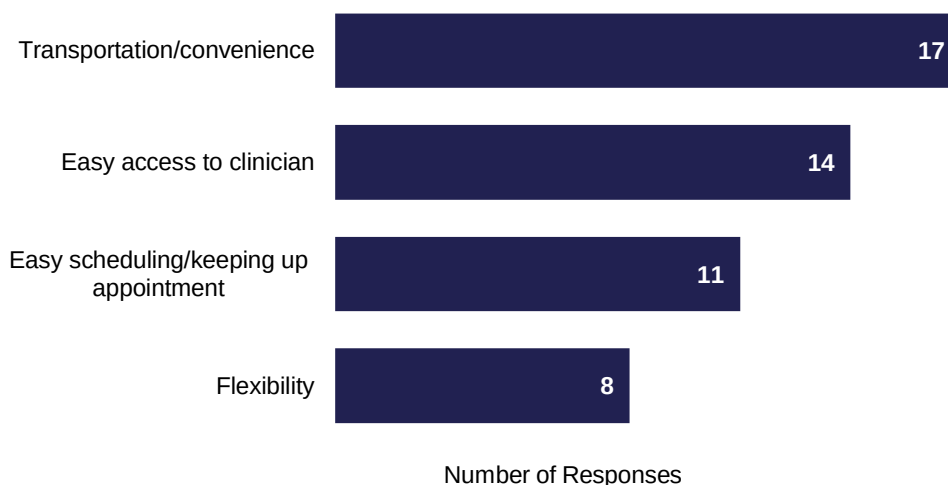
Providing counseling services to students and parents during at-home learning can be challenging in many ways. One of the open-ended questions asked about challenges clinicians encountered during this time. Clinicians (total respondents=40) listed several challenges including internet connection issues for clients ($n=18$), keeping students focused ($n=10$), ensuring client privacy during sessions ($n=8$), no show/tardy clients ($n=4$), and lack of adequate resources for play therapy sessions ($n=4$).

Clinicians were asked what resources they needed to provide services via telehealth more effectively, and 15 clinicians provided substantive feedback. Overall, feedback indicated that what clinicians need most are family resources to facilitate play therapy online, such as art supplies, stress balls, and bubbles ($n=7$) and a more stable digital platform for better connectivity and video conferencing ($n=7$). Two mentioned the need to upgrade digital equipment such as webcams and microphones and laptops.

In regard to professional support during at-home learning, clinicians indicated that the most beneficial sources of support were from coworkers ($n=39$), YFC administration ($n=29$) and professional associations ($n=14$). Eighty-four percent of clinicians mentioned they had adequate or somewhat adequate resources for therapeutic and psychiatric services.

Almost half of clinicians (48.8%) believed that telehealth was as effective as face-to-face counseling. Clinicians (total respondents=41) believed that telehealth benefited students and parents because it was more convenient, especially for those who did not have reliable access to transportation. Also, it provided clients easier access to the clinician, made scheduling easier, improved the likelihood that clients showed up for their appointment, and overall provided some flexibility to clients. (Figure 4).

Figure 4: 2019-20 Number of Response on Benefits of Telehealth for Students and Families During At-Home Learning



Source: YFC 2019-20 clinician survey file, 06/08//20.

Note: N=43. A clinician could select more than one item.

Clinicians (total respondents=41) stated that they also benefited from telehealth because it provided work flexibility ($n=13$), eliminated commute time to work ($n=13$), improved clients' "show-up" rate ($n=8$), provided an opportunity to see students' homes and meet students' family members ($n=7$), and offered easy access to clients ($n=4$). More than one-third of clinicians ($n=15$) hoped to keep the telehealth an option in the 2020-21 school year. Detailed results from the clinician survey can be found in Appendix C.

YFC Director Questionnaire and Follow-up Interview Results

The YFC director questionnaire included four open-ended questions. The first open-ended question asked how the YFC changed the way it provided services to students and families during at-home learning. The director indicated YFC implemented a process for remote mental health services, created an electronic consent for telehealth and a new electronic client referral system, and identified a virtual platform to offer services to students and families. As a result, the work of YFCs remained largely unchanged during at-home learning.

The director listed several challenges the YFC program encountered including creating an electronic and virtual service system in a short amount of time, engaging young children/clients via virtual platform, and spreading the word that YFCs were still able to serve students and families during at-home learning. YFCs continued to reach out to existing clients to set up appointments. Additionally, YFCs created an online referral system for potential clients.

When asked what YFCs did well during at-home learning and what could be improved upon, the director indicated that YFCs quickly pivoted to address student and district needs by "pulling resources together to ensure processes were implemented for referrals, consents, and service delivery" and "shared resources on best practices for responding to COVID-19 as well as providing telehealth services." At the

beginning of at-home learning, administrative staff of each YFC held weekly telehealth training providing clinicians, among others, suggestions and guidelines on how to best ensure privacy and confidentiality and to keep young students engaged. The director indicated that providing therapeutic service and engaging with four- or five-year-olds in a confined, private, confidential YFC office was very different from keeping a young child fully engaged at home, especially in early days of at-home learning. At the YFC clinic, the client could be given a stress ball, sit still and be engaged, and talk freely to clinicians. But at home, with other family members present, it was difficult for the client to talk freely about how they felt due to privacy concerns.

Moving forward, the YFC director would like to create a process for external referrals as many outside agencies contacted YFCs to refer potential clients. YFC central staff members communicated regularly with agencies and community partners serving families such as Parkland Hospital and Dallas Children's Advocacy Center (DCAC). For example, DCAC works with children who are physically, sexually, and emotionally abused. However, once a child is discharged from Dallas Children's Advocacy Center, and a certain amount of time passes, "the child may no longer fit the criteria as a client." The creation of an external referrals process for YFCs enables outside agencies such as DCAC to refer children enrolled in Dallas ISD to the YFC so that they can receive much need services.

Starting in the 2020-21 school year, YFCs and PSS (Psychological and Social Services) will merge under a new department, Mental Health Services (MHS). The combined number of staff will increase by 57 fulltime employees. Both school-based clinicians (formerly PSS) and clinic staff members (formerly YFC) will promote the academic, emotional, and behavioral wellbeing of students through a variety of services to campus staff and students. Services provided by school-based clinicians will include:

- Behavior management and training in Positive Behavior Interventions and Supports (PBIS)
- Staff consultation, training, and support
- Individual and group counseling
- Transition services for students returning from the District Alternative Education Program (DAEP) and inpatient facilities, as needed
- Individual and schoolwide crisis intervention and postvention
- Threat assessment support (SRA and RVQ)⁵
- Outreach and education

Services provided by clinic staff members will include:

- Individual, group, and family therapy
- Psychiatric evaluation and consultation
- Outreach and education
- Physical health services through a partnership with Parkland Hospital Health System (PHHS)

⁵ SRA=Suicide Risk Assessment; RVQ=Risk for Violence Questionnaire

The merger is expected to benefit the district in many ways. In prior years, including 2019-20, caseloads for PSS staff were very high, with each clinician serving eight campuses. The merger is expected to reduce clinician caseloads with each clinician serving only four campuses, providing them with additional time they can spend at each campus. Additionally, staffing across YFC sites was not equitable, creating long waiting lists for clients at certain centers. Some clinic centers had 200 clinical hours a week, while other centers had 60 clinical hours a week. MHS plans to balance the caseloads across the board. Additionally, MHS will allocate funds for professional development opportunities to its staff, including specialized training. Funds will also be used to aid MHS employees in obtaining additional certifications.

MHS plans to create a handbook and subcommittees who will work to define policies and outline procedures. Subcommittees will include managers, clinicians, administrative assistants, and staff members from both sides. Subcommittees will review evaluation metrics to ensure they are meaningful. Additionally, MHS will create an efficient data system to track data points and establish a tracking system in a new Electronic Medical Record (EMR) system in 2020-21. The system will enable MHS to track the number of clients it serves, how it serves them, and share these data between the two sides. This approach is expected to enable MHS to efficiently review data at the end of the year to assess the extent to which it has reached its goals.

According to the director, MHS will keep the telehealth service as an option for students and families during the 2020-21 school year for several reasons. First, due to the continual impact of COVID-19, MHS expects to start the new school year offering services via telehealth only. Second, because clinic centers are spread out across the district, the lack of reliable transportation for some families creates a challenge for them to attend sessions in person. However, most clients have devices, personal or provided by the district, which allows them to attend sessions remotely. Third, telehealth allows clinicians to engage some family members who previously were not able to attend sessions due to conflicting work schedules and the lack of adequate time to attend sessions in person during the work week. Lastly, telehealth allows MHS to better utilize clinic staff members because clinicians will no longer be geographically limited. Each clinician will be able to serve clients from various parts of the district.

2019-20 YFC Parent Survey

During the last several years, in order to solicit parents' feedback about services they received, YFC developed a client survey to be given to parents at the end of each school year. Due to the COVID-19 pandemic, Dallas ISD transitioned students to at-home learning on March 23 until the end of the school year. Therefore, the 2019-20 YFC parent survey was cancelled. Data for previous years can be found in the 2018-19 report (Zhang 2019, pages 14-15).

KEY FINDINGS AND RECOMMENDATIONS

Key Findings

Funded through the district's general operating funds, Title I, Part A, and Medicaid revenue, the total budget for the YFC program in 2019-20 was \$6,716,013, an increase from \$601,156 in 2017-18 and \$6,114,857 in 2019-20. These funds were used to provide mental health services to Dallas ISD students and families. The evaluation focused on professional development of YFC staff members, characteristics of students served, clinical services provided to students and families, the most common mental health diagnoses of YFC students, attendance and discipline referral rates of students served, clinician survey results, as well as director questionnaire and follow-up interview results. Key findings for 2019-20 included the following:

- A total of 4,704 students received clinical services from the YFC in 2019-20, a decrease from 5,745 in 2018-19. Of the 4,434 students that could be matched to the PEIMS snapshot file, most were economically disadvantaged (75.6%), male (63.1%), and Hispanic (64.5%). The percentage of YFC students served was higher than the district for males (63.1% vs. 51.2%) and special education students (28.3 vs. 9.4%) but lower for Hispanic (64.5% vs. 70.4%) and EL (39.8 vs. 45.7%) students.
- The most common primary mental health diagnoses for Dallas ISD students in 2019-20 were ADHD (41% of all primary diagnoses), adjustment disorder (26%), depressive disorder (17%), anxiety disorder (7%), and conduct disorder (4%). These five primary diagnoses accounted for 95 percent of the total mental health diagnoses compared to 89 percent in 2018-19 and 86 percent in 2017-18.
- On average, students made 7.4 clinic visits to a YFC during the 2019-20 school year compared to 5.9 in 2018-19 and 7.9 in 2017-18. Students with obsessive-compulsive disorder (19.5 visits), unspecified behavior/emotional disorder (15.0 visits), bipolar disorder (11.1 visits), depressive disorder (10.7 visits) and eating disorder (10.3 visits) had, on average, the highest number of 2019-20 visits to YFC clinics.
- Fighting and classroom disruptions were the two most common causes for a discipline referral among YFC student clients in 2019-20.
- During at-home learning, YFC implemented a process for providing remote mental health services, created an electronic consent for telehealth services and a new electronic client referral system, and identified a virtual platform to Dallas ISD students and families.
- Most surveyed clinicians (72.1%) indicated YFCs were open five days per week for students and families. Clinicians used either video conferencing or/and phone conferencing during counseling sessions. Eighty-four percent of clinicians indicated they had adequate or somewhat adequate resources for therapeutic and psychiatric services. Almost half of the clinicians (48.8%) indicated that telehealth was as effective as face-to-face counseling.
- Starting in 2020-21, YFCs and PSS will merge under a new department, Mental Health Services (MHS). The combined number of staff will increase by 57 fulltime employees. School-based clinicians (formerly PSS) will provide a variety of services to campus staff and students including behavioral management

and training in PBIS; staff consultation, training and support; individual and group counseling; individual and schoolwide crisis intervention and postvention; threat assessment support; and transition services for students returning from the DAEP. Clinic staff members (formerly YFC) will provide a variety of services to campus staff and students including individual, group, and family therapy; psychiatric evaluation and consultation; outreach and education; and physical health services through a partnership with PHHS.

- MHS plans to integrate telehealth services into the program as an option for students and families in 2020-21.

Recommendations

Conduct a comprehensive needs assessment to find out what resources YFC clinicians need to provide services via telehealth in 2020-21. In the 2019-20 clinician survey, some clinicians indicated that resources were inadequate when providing therapeutic and psychiatric services via telehealth. A comprehensive needs assessment conducted early in 2020-21 will allow MHS to ensure that clinicians have adequate resources to provide the best service possible to their clients.

Provide technical support to students and families utilizing telehealth. Based on survey feedback, clinicians indicated that students and families encountered technology-related issues during telehealth sessions in 2019-20. Since telehealth will continue to be an option in 2020-21, MHS should consider developing a step-by-step telehealth user guide or an online tutorial for students and families in order to make telehealth sessions efficient and productive.

Ensure clinicians have on-going opportunities to communicate with colleagues and administrative staff during remote work arrangement. Feedback from the clinician survey indicated that the most beneficial support clinicians received during the remote work arrangement was from their colleagues and YFC administration. During a challenging time (impact of COVID-19) and a time of transition (merger), it will be important for clinicians to communicate regularly with peers who face similar challenges in order to give and receive support based on shared experience.

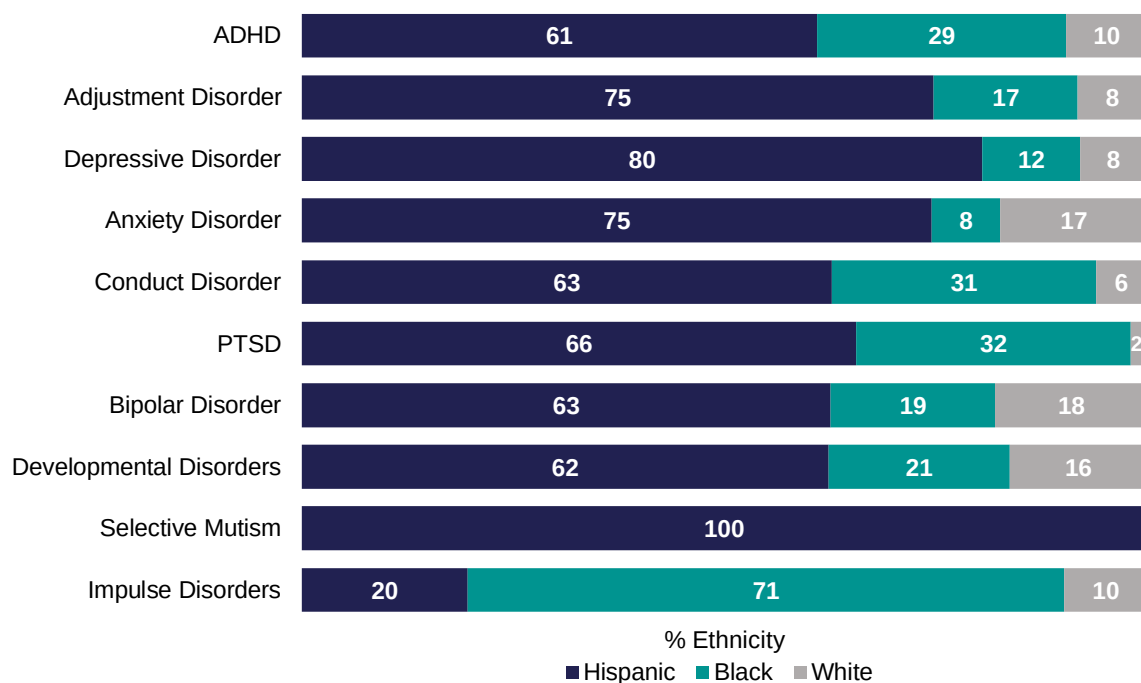
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- Mejan, M. (2018). 2017-18 Evaluation of the Youth and Family Centers Program. Dallas, TX: Dallas Independent School District.
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APPENDICES

Appendix A

Appendix A: 2019-20 Primary Diagnoses by Ethnicity (10 Most Common)



Source: YFC 2019-20 data file from YFC data manager, 07/06/20 and 2019-20 PEIMS data file, 10/28/19.

Note: N=4,248. Data include student visits from May 2019 through April 2020. Percentages do not add up to 100 due to rounding.

Appendix B

Appendix B: 2019-20 YFC Student Client Top 10 Primary Diagnoses by Grade Level

	Grade Level															Total
	EC	PK	K	1	2	3	4	5	6	7	8	9	10	11	12	
ADHD	2	27	95	163	231	227	279	273	242	201	152	114	88	55	28	2,177
Adjustment Dis	2	31	61	86	90	94	84	111	125	118	92	75	63	67	36	1,135
Depressive Dis	0	0	1	8	13	9	15	25	44	54	66	70	66	79	57	507
Anxiety Disorder	2	7	4	6	15	20	20	21	16	21	14	26	27	20	22	241
Conduct Disorder	1	8	7	14	21	15	16	19	15	11	9	12	5	3	2	158
PTSD	0	1	3	5	5	5	9	10	5	13	6	10	3	7	7	89
Dev. Disorders	3	5	5	1	5	3	4	3	2	3	1	4	1	0	0	40
Bipolar Disorder	0	0	0	0	1	0	1	3	2	1	4	5	3	2	8	30
Impulse Disorders	0	0	0	0	1	1	1	2	0	1	0	0	1	2	0	9
Selective Mutism	0	0	0	2	1	0	2	0	1	0	0	1	0	0	0	7
Total	10	79	176	285	383	374	431	467	452	423	344	317	257	235	160	4,393

Source: YFC data file, 07/06/20 and PEIMS data file, 10/28/19.

Note: N=4,393. Data include students and their visits from May 2019 through April 2020. Dev. Disorders=developmental disorders. Dis=disorder.

Appendix C

Appendix C: YFC Clinician Survey Responses

Survey Question	n	%
At which YFC do you work? (Mark all that apply.)		
Adamson YFC	5	11.6
Amelia Flores YFC	5	11.6
Balch Springs YFC	4	9.3
Eddie Bernice Johnson (EBJ) YFC	3	7.0
Fair Oaks YFC	6	14.0
Kiosco YFC (Foster Elementary School)	4	9.3
Red Bird YFC	5	11.6
Seagoville YFC	2	4.7
West Dallas YFC	6	14.0
Wilmer-Hutchins YFC	4	9.3
Woodrow/Long YFC	5	11.6
During at-home learning, YFCs provide services to students and parents via video conferencing and/or phone conferencing. Approximately what percentage of your counseling use video conferencing and/or phone conferencing?		
100% video conferencing	10	23.3
75% video conferencing and 25% phone conferencing	20	46.5
50% video conferencing and 50% phone conferencing	4	9.3
25% video conferencing and 75% phone conferencing	4	9.3
100% phone conferencing	2	4.7
Other (please specify)	3	7.0
During at-home learning, how many days a week does your clinic offer services to students and parents via telehealth?		
One day per week	1	2.3
Two days per week	0	0.0
Three days per week	0	0.0
Four days per week	7	16.3
Five days per week	31	72.1
Six days per week	1	2.3
Closed temporarily	0	0.0
Other (please specify)	3	7.0
How easy has it been for you to schedule an appointment with students and parents during at-home learning?		
It has been easier than pre at-home learning	15	34.9
About the same as pre at-home learning	20	46.5
It has been more difficult than pre at-home learning	8	18.6
During at-home learning, approximately what percentage of your sessions are focused on issues related to COVID-19?		
0-20%	21	48.8
21-40%	13	30.2
41-60%	6	14.0
61-80%	1	2.3
81-100%	2	4.7
Other (please specify)	0	0.0
Compared to normal therapy before at-home learning, how much time do you need to prepare for a therapy session/psychiatric appointment during at-home learning?		
More time to prepare now than before at-home learning	17	39.5
Same amount of time as before at-home learning	25	58.1
Less time to prepare now than before at-home learning	1	2.3

table continues

Appendix (continued)

Survey Question	<i>n</i>	%
During at-home learning, how is your caseload affected?		
I have more clients than pre at-home learning	3	7.0
I have approximately the same number of clients as pre at-home learning	18	41.9
I have fewer clients compared to pre at-home learning	22	51.2
During at-home learning, how is communication with your colleagues and leadership affected?		
It is easier than pre at-home learning	11	25.6
It is the same as pre at-home learning	23	53.5
It is a bit more difficult than pre at-home learning	9	20.9
What sources of support are most beneficial to your practice during at-home learning?		
Peer support from coworkers	39	90.7
YFC administration	29	67.4
Professional association	14	32.6
Other (please specify)	7	16.3
During at-home learning, how adequate are your resources when providing therapeutic and psychiatric services via telehealth?		
Resources are adequate	17	39.5
Resources are somewhat adequate	19	44.2
Resources are inadequate	7	16.3
Resources are severely inadequate	0	0.0
Table continues		
Based on your therapy experience, how effective is telehealth compared to face-to-face therapy?		
It is less effective than face-to-face therapy	21	48.8
It is the same as face-to-face therapy	21	48.8
It is more effective than face-to-face therapy	1	2.3

Source: YFC 2019-20 clinician survey, 06/08//20

Note: *N*=43. A clinician could work at multiple campuses. Percentages may not add up to 100 due to rounding.

Appendix D

Appendix D: YFC Director Questionnaire

1. How did YFC change how it provides services to students and parents during at-home learning?
 2. What are some of the challenges you encountered or continue to encounter during this difficult time?
 3. What did YFC do well, and what could be improved?
 4. What plans does YFC have in place before schools reopen in fall 2020?
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