

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 1). 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 1: 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?

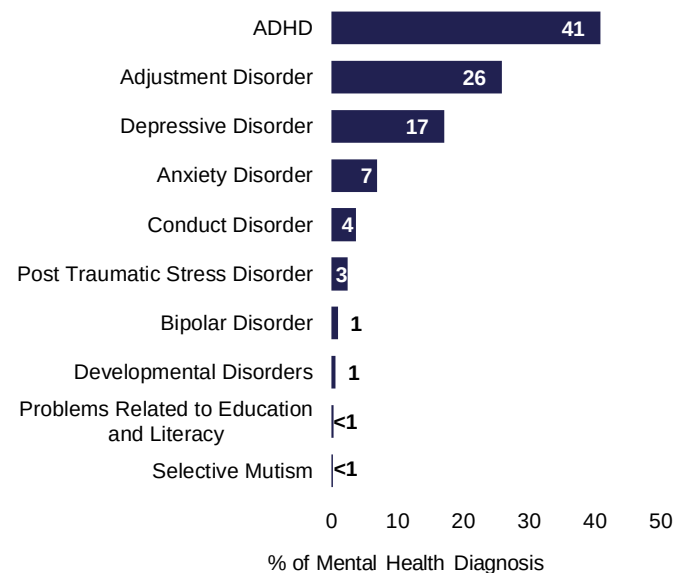
A total of 34,943 YFC contacts were made with Dallas ISD students and their families in 2019-20 (33,797 in 2018-19 and 38,247 in 2017-18), bringing the average number of visits per client to 7.4 (5.9 in 2018-19 and 7.9 in 2017-18). The YFC program provided 17 distinct types of clinical services to 4,704¹ 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 1). 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 1: 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 (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.

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

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.

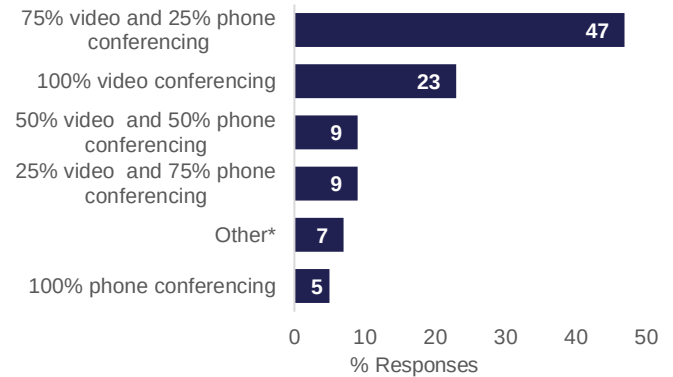
How did YFC change how it provided services to students and parents during at-home learning?

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 2).

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 2: 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 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

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

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. 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 the 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.

REFERENCES

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