

Youth and Family Centers: 2004-2005

REIS05-143-4

At a Glance

The main objectives of the Youth and Family Centers are constructed with the understanding that by providing services, which provide social, emotional, and physical support, students can make consistent academic progress and both family and student can achieve optimal health status.

DISD currently has nine Youth and Family Centers located throughout the district to meet the health needs of students (Table 1). The newest site, Eddie Bernice Johnson opened in the fall of the 2003-2004 school year.

Table 1
Youth and Family Centers' Locations

Center Site	Location
Kiosco	Edward H. Cary Middle School
Eddie B. Johnson	Lincoln High School
North Oak Cliff	W.E. Greiner Middle School
Red Bird	T.W. Browne Middle School
Seagoville	Seagoville High School
Spruce	H. Grady Spruce High School
West Dallas	L.G. Pinkston High School
White Rock	Bryan Adams High School
Woodrow/Long	Woodrow Wilson High School

Medical teams from Parkland's Community Oriented Primary Care provide:

- ❖ Acute health care
- ❖ Chronic health care
- ❖ Laboratory work
- ❖ Nutrition counseling
- ❖ Sports physicals
- ❖ Health maintenance services
- ❖ Medication administration

Mental health professionals from DISD provide:

- ❖ Screening
- ❖ Assessments
- ❖ Counseling
- ❖ Psychiatric consultation
- ❖ Medication
- ❖ Case management
- ❖ Family/home involvement

Client Characteristics

During the 2004-2005 school year, Youth and Family Centers served 11,412 DISD students and 4,570 family members, who were seen for 37,800 visits. Of the 11,412 DISD students seeking services, 9,691 were new clients to the centers. Of all DISD students served in the centers, 54% were male and 46% were female. Hispanics (61%) and African-Americans (30%) comprised the majority of the student population served by the centers. Approximately 44% of the centers' clients were in the elementary grades, while 23% were in middle school, and 34% in high school.

Students were seen for over 12,962 physical health care visits and over 24,838 behavioral health services.

Types of Services

Of the nine centers, Kiosco provided services to 17% of all district students served; this was the highest number of services provided to district students by any one center. Eddie Bernice Johnson, which was the newest center and the only one with only a part time COPC team, provided the fewest number of services to district students. This center provided services to 4% of all district students served. The West Dallas center provided services to 20% of all families served in the district; this was the highest number of services provided to families by any one center. The Eddie Bernice Johnson Center served the smallest percentage of families (2.5%).

In terms of type of service, Kiosco provided the greatest percentage of physical health visits (20%) and Red Bird provided the greatest percent of behavioral health visits (17%). Overall, Kiosco provided the largest proportion of both types of visits (16%). It was followed closely by Red Bird, which provided 15% of all visits provided by the centers. The Eddie Bernice Johnson Center provided the smallest

proportion of visits for both physical health (3%) and behavioral health (4%). This center provided 4% of all visits offered.

Principal, School Personnel, Student, Family Satisfaction

Surveys administered to principals, school personnel, students, and families during the 2004-2005 school year revealed high levels of satisfaction with the staff and services provided at the Youth and Family Centers. Over 95% of the school personnel who responded to the survey indicated the centers were a valuable resource and provided quality services. Over 80% of students who responded reported their personal and/or family situation had improved. Almost 80% of families indicated that they noticed improvement in their children's schoolwork and 95% were satisfied with the progress made by their child or family since coming to the centers.

New Activities

Youth and Family Centers' underlying academic objective is to impact students' progress directly by decreasing the need for absences. With health centers located on or near school grounds, students' time spent traveling to and from doctors' offices is reduced. With easy access to health care, students' can receive care before illness progresses to unmanageable levels requiring them to remain at home.

In keeping with this mindset, the providers of COPC have implemented use of shared medical appointments to facilitate the delivery of services to students with uncontrolled asthma. Shared medical appointments, often referred to as group visits, occur when multiple patients are seen as a group for follow-up or routine care. The first of these groups was established at the Kiosco center. This is the first time that such groups have been utilized in a school-based health care setting. The groups consist of a maximum of 15-20 students who along with their parents attend a group appointment to address their asthma. A physician, nurse practitioner or physician's assistant and a team of licensed vocational nurses, social workers, and counselors facilitate the groups.

By hosting these groups, the COPC team hopes that students will become more accepting of their asthma, decrease the stigmatization surrounding asthma, and therefore become more compliant with treatment plans, resulting in improved attendance, classroom performance, and decreased disciplinary incidents. Next year, analysis will be undertaken to determine whether these arrangements are meeting these goals.

Medicaid Billing

Both Parkland COPC and DISD bill for the services they provide to students and their families. Historically, Parkland has provided services either for free or for a small fee based on a sliding scale. The DISD component, which provides behavioral health services, began billing for services in the 2003-2004 school year. This year, the DISD component received approximately \$37,000 in receipts from claims submissions to Value Options.

Cultural Competency

In keeping the federal initiative to eliminate health disparities by the year 2010, delivery of culturally competent care is of the highest importance to the center managers. They are aware there are differences, based on culture, in the patients that they serve and that these difference need to be addressed individually. They accomplish this goal by making sure that the staffs hired represent the clients served. In addition, attention is placed on the décor within the center to make sure it also reflects the cultural heritage of those being served. By focusing attention on these issues, center managers believe that clients will be more willing to seek services at the centers and adhere to treatment plans.