

Youth and Family Centers program: 2005-2006

EA06-143-4

At a Glance

The Youth and Family Centers served 30,737 students and their families in 2004-2005 and 2005-2006. Clients made 37,800 visits in 2004-2005 and 37,407 visits in 2005-2006. Dallas Independent School District (Dallas ISD) students accounted for 70.6% of all clients in 2004-2005 and 66.8% of all clients in 2005-2006. In both years, the typical client served by the centers was Hispanic, male, and enrolled in elementary school.

Budget

In 2004-2005, the Youth and Family Centers operated on a budget of \$1.9 million, which increased to \$2.4 million in 2005-2006. Approximately 69.5% of the budget for the 2004-2005 year was allocated to wages and salaries with an additional 14.5% allocated to consulting and professional services. During the 2005-2006 year these same categories had 58.3% and 15.6%, respectively. Fixed costs for 2004-2005 amounted to \$229,748. They increased to \$327,121 in 2005-2006, a 42% increase.

Data Collection Issues

As in previous years the Youth and Family Centers program experienced significant problems with data collection. In 2004-2005, 6.7% of all records had missing behavioral health diagnosis codes, and 15.6% had no procedure code. By 2005-2006, the proportion of records with no diagnosis code had increased to 20.7%, but the proportion with missing procedure codes had decreased to 5.7%. In both years, the Seagoville Center led all centers with the greatest number of records without a procedure code; 41.1% in 2004-2005 and 14.6% in 2005-2006.

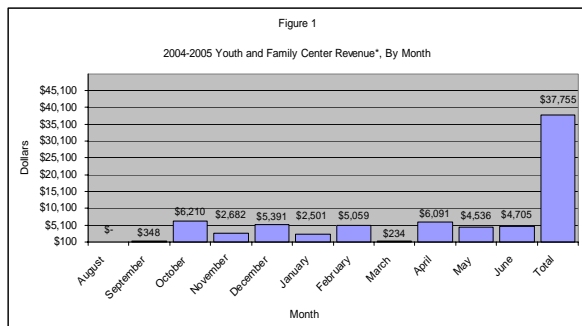
Parkland Health & Hospital System Diagnosis Codes

The last time physical health diagnoses were provided to Dallas ISD was in 2002-2003. The reason that diagnoses codes were no longer shared was due to decisions made by the former Parkland Community Oriented Primary Care administrator because of a misinterpretation of Health Insurance Portability and Accountability Act regulations. In 2005-2006 diagnosis codes were requested and received by the evaluator. However, these data were unnecessarily stripped of all identifying demographic information. cursory analysis of these codes showed that the leading diagnoses fell into two main systems, the respiratory and the uro-genital system. Analysis of the V codes (codes for circumstances other than a disease or injury) used indicated that clients were using the centers as their primary care provider, receiving services such as immunizations, routine-medical and child-health examinations. This is a positive indicator of the need for the centers.

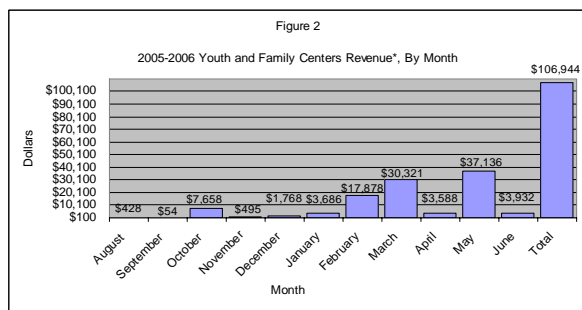
In addition to well-child services, the centers also provided 1,830 contraceptive visits and 1,497 V codes related to well-woman visits. Further analysis of these codes showed that the West Dallas and Red Bird Centers provided most of these services. However, these centers also accounted for a disproportionate number of screenings for venereal disease. Red Bird had 255 well-woman health V codes, 56.5% of which were for venereal disease screenings. E.B. Johnson Center had the fourth largest number of V codes (141), although it was the second smallest center. Sixty-nine percent of the V codes at this center were for venereal disease screenings.

Medicaid Billing

In 2003-2004, the centers began billing as Medicaid providers. During 2004-2005, the Medicaid billing process was disjointed. Despite these obstacles, the Youth and Family Centers collected \$37,755 in Medicaid revenue in 2004-2005 and \$106,943 in 2005-2006 (Figures 1 and 2). The majority of these monies were used to buy supplies for the centers. In 2005-2006, a portion of the monies were used to send several center managers to the Crimes against Children Conference, which was held in Dallas.



*Amounts have been rounded to the nearest dollar.



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Student, Parent, and School Personnel Satisfaction

Surveys administered to students, parents, and school personnel revealed high satisfaction with the staff and services provided at the Youth and Family Centers. Respondents also reported that the centers were a valuable resource.

Outcomes

Regardless of the year in which services were sought, level of use, or the grade level of the client, all clients showed a decrease in attendance rates from the second six week cycle to the fifth six week cycle. This was not unique to those clients using the Youth and Family Centers, but was evident in the entire

Dallas ISD student population's attendance rates.

Promotion rates for all clients regardless of service component declined from 2004-2005 to 2005-2006. In both years, high-frequency users of physical health services had lower promotion rates than low-frequency physical health users. This shows the need of the Youth and Family Centers which can help high-frequency physical health users improve their disease management skills and migrate from the high-frequency user group to the low-frequency user group.

In regards to behavioral health services, high-frequency users had higher promotion rates than the low-frequency users. This finding indicates that the behavioral services provided may be having a positive effect by allowing individuals to attain the similar rates of promotion as those individuals not requiring behavioral health services.

Passing rates were higher in 2005-2006 than 2004-2005 for those students who had taken the reading component of the *Texas Assessment of Knowledge and Skills (TAKS)*. In 2004-2005, physical health clients who were low-frequency users passed the reading portion at higher rates than their high-frequency counterparts. While differences were apparent in passing rates between the high- and low-frequency users, there was no statistically significant difference in the rates between those students using the Youth and Family Centers and the general student population despite the increased disease burden of the Youth and Family Center clients.

Comparisons between physical health and behavioral health cohorts and matched control groups were made for attendance. In both years the control group had higher attendance rates than the behavioral health users. This was statistically significant but had a negligible effect size.

Similar analysis showed that physical health clients showed no difference in promotion rates compared to the control group. Physical health clients also showed no difference between themselves and the control group in regards to *TAKS* reading. However in 2005-2006 the physical health clients taking the *TAKS* reading showed a significantly positive difference in passing rates.

These outcomes show that the Youth and Family Centers are having a positive impact on the academic performance of the students they serve.