Youth and Family Centers Program: 2006-07

At a Glance

The Youth and Family Centers began formally offering behavioral health services to students in the Dallas Independent School District in 1995. In 2006-2007 the Executive Director requested that the evaluation determine which operational practices have been utilized by each of the centers, and how uniform was their application. The executive director also specified that a literature review of best practices in relation to school-based health centers be conducted.

Youth and Family Staff Survey

In order to capture information on how the Youth and Family Centers were operating, a survey was developed through collaboration with Youth and Family Centers staff and staff from the Special Projects department of Evaluation and Accountability. The full survey was administered to all 10 Youth and Family Centers managers; a partial survey was administered to five administrative assistants and six center therapists. The intention of the survey was to determine how the centers operated. Questions about the operation of the centers were asked across 10 areas, including:

- hours of operation,
- billing and health insurance,
- appointments and referrals,
- client intake handling,
- behavioral health delivery procedures,
- records, charting, and related services,
- client discharge,
- staffing,
- Achenbach and other instruments, and collaboration efforts.

Survey Findings

Hours of Operation. Results indicate that core hours in which the Youth and Family Centers are open are from 8:00 a.m. to 4:30 p.m., Monday through Friday. Although some centers open earlier or close later than these hours, all centers operate within this time frame. In addition to the core hours, the Seagoville Center hosts Saturday hours every two weeks between 11:00 a.m. and 5:00 p.m. All centers remain open during lunch. If a staff meeting is scheduled, the meeting is typically held at lunch time, so that there is limited disruption during the work day. As a routine procedure, anytime Dallas ISD staff is unavailable, the center’s phone lines are answered by the Parkland hospital staff.

Billing and Health Insurance. Clients are not required to have health insurance to receive services at the Youth and Family Centers. However, centers do enroll families in the NorthStar system, the behavioral health and substance abuse component of Medicaid. All centers maintain written procedures, distributed by the administration, for enrolling students and/or families into NorthStar.

Appointments and Referrals. The preferred method for student referrals to the Youth and Family Centers is through the Student Support Team. The Student Support Team (SST) is a regular education function of the Dallas ISD. SST provides a place to discuss student concerns in a supportive open environment. The members of the SST share a common mission to strengthen and support students who are having difficulty in the school environment. The SST intervenes as early as possible when there is concern about a student’s success. Although the preferred path of referral is through the SST, students may be referred by any school personnel or campus liaison. They may also be referred to the centers by their parents and/or the judicial system.

Client Intake Handling. When a referral is received from schools, parents, or courts, the general procedure is that the center manager reviews and logs the referral, then assigns the client to a therapist to conduct the intake procedure. The majority of staff responding to the surveys indicated that written procedures are available for these intake procedures. Additionally, if a client must be transferred to another center, staff members at the receiving center are notified, a transfer form is prepared,
Behavioral Health Delivery Procedures. Clients seeking behavioral health services are assigned by the center manager to a therapist after taking into consideration time, date, language, and the issue for which the client is seeking services. Those clients who are referred for psychiatric services are assigned by the center manager. In determining which therapist will receive a particular client, availability of the therapist, skill level, and family needs are generally considered. When asked if there are written procedures for assigning clients for psychiatric services, the majority of respondents indicated "no".

Records, Charting, and Related Services. Generally all contacts between the client and center are charted in progress notes. Contacts with family and school collaboration are also recorded. The center manager and administrative assistant are responsible for maintaining a database in which all transactions are logged. When asked whether there are written procedures that outline the processes for what should be logged and charted, most respondents, regardless of group, indicated there were none. However almost all respondents indicated there were unwritten procedures for their particular center. They also indicated that if a client receives services from the center and was referred by the school, feedback that does not violate HIPAA (Health Insurance Portability and Accountability Act) is provided.

Client Discharge. Normally, clients are discharged for two reasons — (1) they reached their established goal and/or (2) they stopped coming to the center for services. To discharge a client, a letter and discharge summary must be completed. Both are sent to the school and filed with the client’s chart. The client’s chart is then placed in the closed case file. Both the school and client’s family are orally notified that the case is closed. Some centers reported having, and others reported not having formal written discharge procedures.

Staffing. Most managers have advanced training that enhances their preparedness. Currently, two center managers have terminal degrees—one a doctor of psychology and the other a doctor of philosophy in school psychology. All managers are licensed to deliver counseling services.

The centers also employ support staff critical to the operations of the center. They perform both clerical and administrative duties. The centers also employ supplemental or part-time staff. These staff members provide counseling services, clerical services, and/or security services. Some centers reported having, and others reported not having formal written staff operations procedures.

Achenbach and Other Instruments. The Achenbach is completed by the client, the client’s parent, and the client’s homeroom teacher. All three instruments are then scored by the administrative assistant using a software program. A report is generated and filed with the client’s chart for the clinician to review. Only one manager indicated that their center had written procedures for gathering and processing the assessment data. Seven managers indicated there were no written procedures, and one manager was unfamiliar with the terminology used in the question.

Summary

The main findings of the survey were (1) many of the center managers had independently created written procedures for many of the required duties in the centers and (2) some managers were not aware of written procedures that had been developed and disseminated by the Youth and Family Centers administration.

Based on these findings, it is recommended that the Youth and Family Centers administration and all the Youth and Family Centers managers assemble and jointly review written policies and procedures developed by individual center staff, and those developed by the Youth and Family Centers administration. Using the information gathered, the Youth and Family Centers administration and center managers should develop an official document outlining the procedures for all critical duties in the centers that can be used as a reference for current and future staff. In order to be truly effective and benefit from the pooling of community knowledge, it is suggested that this process should not be a one-time occurrence, but should take place over a series of meetings.