

## Regular Meeting 12/13/01

TO: Juvenile Welfare Board Members

FROM: James E. Mills, Executive Director   
Cindy Bell, Quality Management and Evaluation 

**Alternatives for Children in Crisis "A-Team" Pilot Program – Phase I Evaluation Report, September 2001**

The *Alternatives for Children in Crisis "A Team"* collaborative pilot program was developed by three mental health providers in Pinellas County: Personal Enrichment through Mental Health Services, Inc. (PEMHS), Directions for Mental Health, Inc. (DMH), and Suncoast Center for Community Mental Health, Inc. (SCCMH). The pilot program is designed to intervene in situations where elementary school-aged children (ages 5-11, or Kindergarten through Fifth grade) at targeted schools are experiencing a behavioral crisis that may be eligible for intervention through the Pinellas Juvenile Assessment Center (PJAC), the Juvenile Detention Center (JDC), or the children's mental health crisis unit. The program will provide a combination of training and outreach for school personnel, on-site intervention and crisis support, and family-based interventions for elementary school-aged children and their families.

The pilot program is designed to accommodate 15 elementary schools served by the program's A-Team counselors. The report recommends that a maximum of 45 participants (15 for each agency) be accepted during the period this program is being piloted.

This is the first evaluation report encompassing Phase I activities of the *Alternatives for Children in Crisis "A-Team"* pilot program. This phase encompassed pre-evaluation planning and the development of an overall framework for an evaluation design undertaken during the two-month period preceding the end of JWB's fiscal year. Other evaluation activities included:

- Developing the program logic model, evaluation framework, process indicators
- Implementing program components, and developing common program protocols and service levels
- Collecting data on pilot program school characteristics, PJAC baseline data, and information on relevant issues

The report notes the following about the *Alternatives to Children in Crisis* pilot program:

- The program has achieved all the process goals as planned.
- Minimum service levels have been achieved and exceeded.
- There may be one or two more changes in the final selection of pilot program schools
- Changes in staffing and hiring are now complete.
- Common protocols and procedures are developed.
- The implementation of community training may take longer than initially projected due to school training calendars and the need to assess actual training needs by stakeholder group. The whole area of training may evolve and encompass classroom training as well. Currently, the major application is individualized training at the child and family level.

Finally, the report also notes that the program has been well received and appreciated by participating schools and is being utilized by schools, families, and children.

**Alternatives for Children in Crisis "A-Team" Pilot Program**  
**Phase I Evaluation Report**  
**Ronna Rowlette, PhD and Alicia Ponds, MBA**

**EXECUTIVE SUMMARY**

This is an evaluation report encompassing Phase I of the initial planning for implementation of the *Alternatives for Children in Crisis "A-Team"* pilot program in Pinellas County involving three mental health providers in Pinellas County: Personal Enrichment through Mental Health Services, Inc. (PEMHS); Directions for Mental Health, Inc. (DMH); and, Suncoast Center for Community Mental Health, Inc. (SCCMH). The report reflects the evaluation activities conducted between July 25, 2001 and September 30, 2001. The evaluation is designed in three Phases. Phase I—July 25, 2001 to September 30, 2001—is centered on pre-evaluation planning and the development of an overall framework for an evaluation design for the *Alternatives for Children in Crisis* pilot program. Phase II—October 1, 2001 to September 30, 2002—will involve the implementation and refinement of the evaluation design, instrumentation, data collection methods, and presentation of preliminary results. A final implementation year, Phase III, will be evaluated between October 1, 2002 to June 30, 2003, for the purposes of determining impact of the pilot program and to provide recommendations for program development and expansion.

**Phase I Progress**

The *Alternatives to Children in Crisis Pilot Program* has achieved all the process goals during the first six months on schedule. Minimum service levels have been achieved and exceeded. There may continue to be one or two more changes in the final selection of pilot program schools, but these should be completed in the first month of Phase II. Staff replacement hiring and adjustments in the *Alternatives for Children in Crisis* pilot program staffing will continue into the first few weeks of Phase II. Common protocols and procedures are developed. Referral processes to the pilot program may be given more attention in Phase II with the completion of basic planning.

The implementation of community training may take longer than initially projected for two reasons: (1) the pilot program agencies will develop a plan to assess the actual training needs for stakeholder groups and (2) schools typically require a long period of time to integrate any proposed training into the school training schedule. The whole area of training may evolve and encompass classroom training. Currently, the major training application is individualized training for children and their families as well as for staff.

The program has been well received and appears to be appreciated by participating schools, as well as being utilized by families and children.

**Recommendations**

- Demographics of the Phase I adults and children should be compiled as soon as data is available from SAMIS in Phase II.<sup>1</sup> Follow-up procedures should be developed for tracking program participants in the next two Phases. The evaluators will be conducting follow-up interviews to ascertain program effectiveness and satisfaction levels.
- A training plan should be discussed, defined, and developed for various stakeholders. This will involve review of national initiatives and model programs or the development of curriculum for training. Pilot program resources need to be examined carefully with respect to the development of a realistic pilot program training plan.
- The Agency partners should review and explore potential instruments to measure change in identified children from pre- to post-program participation with the evaluators, JWB Research & Evaluation and Program & Finance departments and develop measurable objectives that address short and long term goals.
- Pilot program schools should remain at five each for the three partner agencies as proposed for the pilot testing period with a maximum of 45 participants (15 for each agency).

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<sup>1</sup> This first evaluation report was due prior to the deadline for agencies to enter data in the Juvenile Welfare Board's SAMIS program, therefore it was not available at the time the report was submitted.