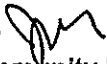



Regular Meeting 1/09/03

TO: Juvenile Welfare Board Members

FROM: James E. Mills, Executive Director 
Browning Spence, Director of Community Planning and Research 

Alternatives For Children in Crisis "A-Team" Evaluation Study-Phase II Final Report (FY 2001-2002)

The final Phase II evaluation report encompasses the first full year of implementation of the Alternatives For Children in Crisis (ACC) pilot program in Pinellas County (October 2001-September 2002). The overall 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 put them at risk for intervention through the Pinellas Juvenile Assessment Center (PJAC), the Juvenile Detention Center (JDC), or the Children's Mental Health Crisis Unit. The program is designed to provide a combination of services for elementary school-aged children and their families, including on-site intervention and crisis support at schools, family-based intervention, aftercare for families who receive such interventions, and training and outreach. The program is implemented through the collaboration of three mental health providers in Pinellas County: the lead agency, Personal Enrichment through Mental Health Services, Inc. (PEMHS) and two partner agencies, Directions for Mental Health, Inc. (DMH); and Suncoast Center for Community Mental Health (SCCMH).

The evaluation is designed in three phases. Phase I (July 2001-September 2001) was centered on pre-evaluation planning and the development of an overall framework for an evaluation design for the ACC pilot program. Phase II (October 2001-September 2002) involves the pilot implementation of the program and refinement of the evaluation design, measurable objectives, assessment of instrumentation, data collection methods, and presentation of preliminary results. A final implementation year, Phase III, will be evaluated between October 2002-June 2003 for the purposes of determining impact of the pilot program and to provide recommendations for program development. The multi-year evaluation is being conducted by Rowlette Research Associates.

The current report represents a description of Phase II of this study and provides a brief summary of the research objectives, a summary of evaluation findings from Phase II including the evaluation questions addressed during this time period, research activities and challenges, and changes and developments in the ACC program relevant to this time period.

During Phase II minimum service levels (which state that at least 150 children and 150 adults be served by this program) have been exceeded with 203 children and 202 adults being served so far. Overall, the data suggest positive results for the following program elements that include: (a) *on-site intervention and crisis support* to prevent law enforcement involvement with criminal charges or Baker Act commitment; (b) *family-based interventions* that provide home-based counseling and support to families immediately following intervention and continuing for up to two months; (c) *aftercare* referrals to longer-term services after two month period when necessary. The final

program element, *training and outreach*, that provides specific trainings to school staff, childcare center administrators, after school programs and law enforcement officials is being implemented during Phase III so no data is yet available for evaluation.

Several improvements in program quality have taken place during Phase II, including making needed mid-course program adjustments in order to ensure program fidelity across the three A-Teams in the field. Collaborative strengths continue to grow and early process implementation weaknesses have been identified and addressed effectively. In addition, the program includes referrals from PJAC of children at schools not being serviced by the ACC pilot program who are being seen there for the first time.

Getting referrals from PJAC as well as getting consent from parents has been an on-going challenge; however, proactive initiatives by the A-Team members to increase communication and cooperation with PJAC personnel and placement of an A-Team member at PJAC once a week has resulted in improved referrals. Also, efforts to shorten the time frame for referrals so that A-Team members are notified at the time the child is processed at PJAC should result in greater parental cooperation and consent.

Promising qualitative data has also been collected during Phase II implementation. Interviews with 31 consenting families involved in the program indicate that it has been very successful from their perspective because it has prevented PJAC referrals and out-of-school suspensions of their child, has provided the families with new and highly valued parenting skills, and has served as an access bridge to referral for longer-term services needed by some families. However, because of initial difficulties in getting parental consent for interviews, we do not yet know how representative this sample is of the entire population receiving services. The initial difficulties have been addressed and changes made to ensure greater consent by parents; therefore, we will be able to address this issue during Phase III.

The A-Teams have been called by the schools they serve to intervene in 45 crisis situations where the child was at risk of referral to the juvenile justice system during the period of October 2001-August-2002. In all cases, these children remained in class and were able to complete their academic year without disruption. This program is offered as a community resource with the capacity to provide on-site crisis intervention by mental health professionals and is an alternative response for school and law enforcement officials in responding to challenging behaviors of children.

The full report is available from the Research and Evaluation Center upon request.

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