

Delinquents Under 10: Targeted Early Intervention

Phase I Evaluation Report

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**DELINQUENTS UNDER 10:
TARGETED EARLY INTERVENTION
PHASE I EVALUATION REPORT**

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EXECUTIVE SUMMARY

BACKGROUND

In response to a sharp increase in the number of police reports describing children under age 10 who had committed delinquent acts, the Hennepin County Attorney's Office received funding from the Minnesota Legislature to research this troubling trend and to explore strategies for preventing delinquency among young children.

In December 1995, the Hennepin County Attorney's Office published the findings of a comprehensive survey of the characteristics of delinquents under age 10 in Hennepin County. This report documented the high correlation of delinquent behavior with child protection reports, problems with school attendance and criminal activity of older siblings and parents.

PROGRAM DEVELOPMENT AND SERVICE MODEL

Targeted Early Intervention is an intensive effort to address the many factors that render a child at risk for future delinquency. The Targeted Early Intervention model centers upon the following long-term outcomes:

- Reduction of delinquent behaviors
- School success
- Development of pro-social values
- Reduction of risk behaviors
- Respect for authority
- Social competence
- Positive view of the future
- Stable relationship with at least one caring adult
- Capacity for healthy regard for others
- Successful experience with extracurricular, recreational, spiritual and/or skill-building activities

The Targeted Early Intervention model includes the following components:

Primary Organizations: community-based agencies under contract with the County to work intensively with a small number of children

Critical Support Person: a stable adult (kin or non-kin) identified by the Primary Organization as a long-term mentor for the child

Integrated Service Delivery Team: staff from Hennepin County Economic Assistance, Children and Family Services, Community Corrections and Community Health who work with the Primary Organization staff to help Targeted Early Intervention children attain their goals

Corporate Sponsors: local corporations matched with Primary Organizations that contribute funding for extracurricular activities and introduce the child to the world of work

Secondary Network Organizations: community organizations that provide needed resources and activities for the child

Family and Community Advocacy: community resources such as neighborhood supports, faith communities and other community-based organizations that help to address the family's needs

The Hennepin County Attorney's Office anticipates that 75 to 100 children will eventually be placed in Targeted Early Intervention. Thirty-three children were enrolled in Targeted Early Intervention at the time of the evaluation. Because the program focuses on long-term outcomes, the intent is for each child to remain in the program until age 18.

ELIGIBILITY AND ENROLLMENT

Eligibility Determination

A Screening Team, made up staff from the Hennepin County Department of Children and Family Services and the Hennepin County Attorney's Office, reviews all referrals for delinquents under age 10 in Hennepin County. The Screening Team determines the level of intervention based upon the nature of the delinquent act, the child's volition and the number, type and severity of risk factors each child presents.

A Risk Factor Checklist currently serves as a screening guide. The risk factors on the checklist have been shown to be highly predictive of future delinquency. Risk factors include police contacts, family violence, child maltreatment, problems with family functioning and family criminal histories.

Subject Cohorts

This report focuses on three groups of children from two different cohorts:

Pre-Intervention Cohort (1993-1995)

Targeted Early Intervention Comparison Children (n=35): children referred to the Hennepin County Attorney's Office prior to the development of the intervention with risk factor scores most similar to those served by Targeted Early Intervention

Intervention Period Cohort (1996-1997)

Targeted Early Intervention Participants (n=33): children referred following the development of Targeted Early Intervention and served by the program during the first phase of the evaluation

Other Children Referred During the Intervention Period (n=200): children referred following the development of the intervention with fewer risk factors than Targeted Early Intervention Participants and therefore subject to less intense intervention

Referrals and Offenses

The Hennepin County Attorney's Office received a total of 336 police reports on 257 children in 1996 and 1997 (Intervention Period Cohort). The Minneapolis Police Department generated most of these referrals (75.6%).

The most common offenses included shoplifting, assault, damage to property, arson/unintentional fire and disorderly conduct.

Demographic Characteristics

The mean age of children in the Intervention Period Cohort was 8.0 years.

Most children in all groups were boys (77.8% of Targeted Early Intervention Participants, 86.0% of Other Intervention Period Participants and 77.0% of Targeted Early Intervention Comparison Children)

Most children in all groups were children of color (94.0% of Targeted Early Intervention Participants, 76.0% of the Other Intervention Period Participants, and 82.9% of the Targeted Early Intervention Comparison Children).

EVALUATION DESIGN

The purpose of this first phase of the evaluation is to establish baseline data for outcome measures and to review the design and implementation of the program. Subsequent evaluation will examine whether involvement in Targeted Early Intervention is associated with the intended outcomes listed above.

Wilder Research Center drew upon a wide variety of data sources for the first phase of the evaluation, including Hennepin County administrative data, standardized instruments and telephone interviews with staff.

PRELIMINARY EVALUATION RESULTS AND DISCUSSION

Risk Factor Checklist Results

Baseline risk data from the Risk Factor Checklist indicates that Targeted Early Intervention Participants and the Comparison Children are exposed to high rates of child maltreatment, domestic violence, chemical dependency, other stressors on family functioning and criminal activity of family members.

The majority of youth in the Targeted Early Intervention Participant and Comparison groups live in families that have had previous contact with the child protection system. Ninety-one percent of Targeted Early Intervention Participants and 94.3 percent of Comparison children live in families where there has been at least one child protection assessment, while the same proportion live in families where there has been at least one child protection or child welfare case opening.

Domestic abuse is extremely common among the families of Targeted Early Intervention Participants. Fully 75.8 percent of Targeted Early Intervention Participants and 31.4 percent of Targeted Early Intervention Comparison Children live in families with at least one domestic abuse charge.

More than half of the Targeted Early Intervention Participants (60.0%) and Comparison Children (68.6%) live in families that had at least one chemical dependency case opening in Hennepin County.

The majority of children in all groups live in families which have received some form of economic assistance and are headed by single mothers who gave birth to their first child at age 19 or younger.

The majority of mothers, siblings and fathers in the Targeted Early Intervention Participant and Comparison groups have criminal and delinquent histories. Almost three-quarters of Targeted Early Intervention Participants (72.7%) have mothers who have been charged with a crime.¹

Results of Interviews with Primary Organization Staff

Five Primary Organization staff representing four different organizations were interviewed. They answered questions regarding 24 children who had been a part of the Targeted Early Intervention effort for at least six months before the end of the first year of programming.

Primary Organization staff reported that at the end of their first year only 33.3 percent of participating children had a Critical Support Person. Of these, all but one (87.6%) knew the adult before they were identified as a Critical Support Person and 57.1 percent of these previously known Critical Support Persons were kin. Respondents said lack of suitable relatives, parental resistance and lack of resources (e.g., incentives and staff support) were common barriers to identifying and recruiting Critical Support Persons.

Sixty-seven percent of the respondents rated their ability as very good or outstanding in getting the child engaged in school, while less than half (41.6%) were as positive about their ability to provide needed services for the child's family. Respondents identified poverty, chemical dependency, housing and mental health problems as the primary barriers families face in meeting their child's needs.

Respondents cited lack of suitable Critical Support Persons and the model's narrow focus on the child as primary barriers to implementing the Targeted Early Intervention model.

Results of Interviews with Integrated Service Delivery Team Staff

Interviews were conducted with eight Integrated Service Delivery Team staff, representing four different Hennepin County Departments.

¹ For the purposes of this report, crimes charged refers to any misdemeanor for which a citation has been filed or any misdemeanor, gross misdemeanor or felony for which a criminal complaint has been filed in district court.

Respondents reported feeling most optimistic about their effectiveness in getting children involved in extracurricular activities and providing needed services for participating families. Integrated Service Delivery Team staff reported that the services they most often provide to Targeted Early Intervention children and their families are brokering services, resource referrals and case management services.

Integrated Service Delivery Team staff were very positive about their relationships with Primary Organization staff and other Integrated Service Delivery Team members. Suggestions for improving staff relationships included having more time to work together, clarifying roles, communicating more frequently, clarifying the Targeted Early Intervention model and evenly distributing work loads.

Respondents cited systems barriers, lack of resources, lack of buy-in from upper management, lack of input from direct service providers and under-staffing as primary impediments to actualizing the Targeted Early Intervention model.

Baseline Family Summary Results

Integrated Service Delivery Team staff completed the Baseline Family Summary on 22 Targeted Early Intervention participants.

According to staff observations, many of the mothers of Targeted Early Intervention children are communicating well with their children and encouraging school attendance. Most reportedly listen to their child and praise the child or offer positive comments.

The findings from the Baseline Family Summary indicate that the Targeted Early Intervention children live in extremely high-risk environments. Sixty-seven percent of the fathers and 50.0 percent of the mothers were reported to have a substance abuse disorder that interferes with his/her parenting. Eighty-eight percent of the children are reportedly exposed to domestic violence, while 41.7 percent have been exposed to or are at risk of physical or sexual abuse.

Family functioning and household stability are compromised by these environments. Many of the households appear chaotic. Staff indicated that in about three-quarters of the households there are frequent changes in adult household members and frequent visits by persons with known criminal histories. Staff indicated that 34.8 percent of the families have been homeless in the past year and that 43.5 percent have moved two or more times during the past year.

Baseline Child Assessment Results

Primary Organization staff completed Baseline Child Assessments on 19 Targeted Early Intervention participants.

Many of the Targeted Early Intervention children have serious academic problems. Teachers reported that fewer than half of the children were performing at or above their grade level in reading, writing and math. Only 10.5 percent of children were thought to be reading at or above their grade level. In addition, teachers reported a mean number of 9.4 missed school days within the past 90 days for Targeted Early Intervention children.

Despite indicators of serious academic problems, the majority of the Targeted Early Intervention children and their teachers rated their relationship with each other as good, very good or outstanding.

Targeted Early Intervention children reportedly have some opportunities for adult connectedness; 89 percent of parents reported that their child talks with them about things that are important, and 67.0 percent of parents said that their child likes to spend time with at least one other adult.

Behavioral Assessment System for Children (BASC)

The BASC is a standardized tool used to evaluate children's behavior in a school setting. Teachers completed the BASC for 16 Targeted Early Intervention children.

Roughly 65.0 percent of the Targeted Early Intervention children scored within the clinically significant or at-risk range for aggression, conduct problems, and learning problems. These findings indicate that many of the children in Targeted Early Intervention display disruptive and aggressive behavior at school and may suffer from emotional, behavioral and/or learning problems or disabilities.

ISSUES TO CONSIDER

Design and Implementation of the Targeted Early Intervention Model

Targeted Early Intervention staff should experiment with new strategies for identifying, recruiting, maintaining and supporting Critical Support Persons. The Critical Support Person component may benefit from the following activities:

Expand the pool of eligible mentors through increased advertising and outreach efforts.

Work with parents and family members to foster understanding of and support for the role of Critical Support Person. Greater buy-in from family members may enhance the relationship between the child and his or her Critical Support Person.

Provide greater support for the Critical Support Persons. This could include increased availability of stipends, transportation assistance, more contact with Primary Organization staff, mentorship training or group activities.

Consider identifying a network of support persons for children who do not have a Critical Support Person available.

In order to improve long-term outcomes, rules regarding service delivery should be flexible in order to meet the needs of the family unit, not just the participating child. Staff must continue to be realistic, however, in determining what services can and should be provided to family members. This aspect of the program warrants clarification.

Continued effort should be made to fully implement the original Targeted Early Intervention model. Particular emphasis should be placed on establishing relationships with corporate sponsors and formalizing the Family and Community Advocacy component.

Staffing

Increased interdisciplinary communication, role clarification, and a more integrated and participatory planning process would benefit Targeted Early Intervention staff.

Workloads should be distributed more equitably among Integrated Service Delivery Team staff. This may involve increasing the number of staff members on the team or reevaluating current job classifications.

Addressing Current Barriers to Implementation

Targeted Early Intervention staff should advocate for systems change on several levels:

First, they are in a unique position to assess sources of service fragmentation within Hennepin County. This information should be shared with county policy-makers.

Second, Targeted Early Intervention staff should continue to recruit the support of higher levels of county management. Increased support for the program may result in less red tape for Targeted Early Intervention families.

Targeted Early Intervention staff should work with policy-makers to identify and implement strategies for holding parents accountable to participate in activities that could prevent future delinquency for their child.

Ongoing Evaluation

Future evaluation efforts will examine whether participation in Targeted Early Intervention is associated with the outcome objectives established by Targeted Early Intervention. Specific attention will be focussed on outcomes related to delinquency, school success, involvement in extracurricular activities and interpersonal relationships. Evaluation efforts will also assess which types of Targeted Early Intervention participants benefit most from the program. For example, subsequent delinquency rates may differ according to the severity of the initial delinquent act, the age of the child when referred to Targeted Early Intervention and the presence of a stable Critical Support Person relationship.




TABLE OF CONTENTS

Acknowledgements.....	i
Executive Summary.....	iii
List of Tables.....	xiv
List of Figures.....	xv
Background.....	1
Need for the Project.....	1
1995 Research Report.....	2
Program Development and Service Model.....	5
Process and Involvement.....	5
Range of Disposition Options for Delinquents Under 10.....	6
Targeted Early Intervention Service Model and Implementation.....	8
Eligibility and Enrollment.....	17
Eligibility Determination.....	17
Subject Cohorts.....	18
Referral and Offense Information.....	21
Demographics.....	23
Distribution of Dispositions.....	24
Evaluation Design.....	26
Purpose of Evaluation and Primary Research Questions.....	26
Data Sources and Scope of Evaluation.....	27
Evaluation Methods.....	28
Risk Factor Checklist.....	28
Primary Organization Staff and Integrated Service Delivery Team Interviews.....	29
Integrated Service Delivery Team Baseline Family Summary.....	30
Primary Organization Child Assessment.....	30
Behavioral Assessment System for Children (BASC).....	30

TABLE OF CONTENTS (Continued)

Evaluation Results to Date.....	31
Risk Factor Checklist Results.....	31
Interview With Primary Organization Staff.....	42
Interview With Integrated Service Delivery Team (ISDT) Staff.....	55
Baseline Family Summary Results (ISDT Staff).....	62
Child Assessment Results (Primary Organization Staff).....	66
Behavioral Assessment System for Children (BASC) Teacher Rating Scale Results.....	69
Discussion.....	70
Baseline Data for Outcome Indicators.....	70
Process Issues.....	72
Issues to Consider.....	74
References.....	77
Appendix A: Risk Factor Checklist.....	79
Appendix B: TEI Design Group and Participating Organizations and Individuals.....	83
Appendix C: Comments About Disposition Options.....	89
Appendix D: Baseline Summary Results Tables.....	93
Appendix E: BASC Score Tables.....	101
Appendix F: Individual Success Plan.....	105
Appendix G: Evaluation Instruments.....	109

LIST OF TABLES

Table 1.	Number of Children From 1995 Research Report Over the Age of 10 Who Have New Referrals to the HCAO by Number of Risk Factors	4
Table 2.	New Offenses Information for Children from the 1995 Research Report by Number of Risk Factors	5
Table 3.	Residence of Child.....	21
Table 4.	Offenses	22
Table 5.	Age at Time of Offense.....	23
Table 6.	Gender.....	23
Table 7.	Race.....	24
Table 8.	Dispositions for the 257 Children in the Intervention Period Cohort (1996-97)	25
Table 9.	Baseline and Process Evaluation Data Sources by Domain	27
Table 10.	Baseline and Process Evaluation Data Collected for Year One Report by Subject Group	28
Table 11.	Number of Months Primary Organization Staff Reported Working with Specified Children.....	43
Table 12.	Have You Been Able to Establish a CSP for This Child?	44
Table 13.	Did the CSP Know This Child Before Being Identified by You as a CSP?	44
Table 14.	Is this CSP a Blood Relative or Kin to the Child?	44
Table 15.	Ability of the CSP to Help the Child	45
Table 16.	Quality of the Relationship between the CSP and the Child/ Family.....	45
Table 17.	What Barriers Have You Come Across in <u>Identifying And Recruiting</u> a CSP for This Child?.....	45
Table 18.	What Would Have Made it Easier To <u>Identify and Recruit</u> a CSP for This Child? ...	46
Table 19.	Barriers to <u>Supporting and Maintaining</u> CSP Relationships.....	47
Table 20.	What Would Make it Easier to <u>Support And Maintain</u> This CSP Relationship?	48
Table 21.	Services Provided Directly to Child by Primary Organization Staff.....	49
Table 22.	Services Provided Directly to Families.....	49
Table 23.	Services Provided By Outside Service Provider.....	50
Table 24.	Primary Organization Staff Perceptions of Their Effectiveness within the TEI Model with Specific Children.....	50
Table 25.	Overall, How Would You Rate the Ability of This Child’s Family to Meet His/Her Needs?	51
Table 26.	What are the 3 Biggest Barriers This Family Faces in Meeting Their Child’s/Children’s Needs?	52

LIST OF TABLES (Continued)

Table 27. Overall, How Easy or Difficult Has it Been for You To...?:	53
Table 28. Primary Organization Staff Perceptions of Team Relationships	53
Table 29. ISDT Staff Perceptions of Team Relationships	56
Table 30. ISDT Staff Perceptions of Their Effectiveness Within the TEI Model	59
Table 31. Barriers Encountered in Trying to Implement the TEI Model	60
Table 32. ISDT Staff Suggestions for Reducing Barriers to Implementing the TEI Model.....	61
Table 33. Selected Characteristics of the Mother or Other Primary Female Caregiver	63
Table 34. Selected Characteristics of the Father or Other Primary Male Caregiver	64
Table 35. Selected Child Characteristics	65
Table 36. Selected Household Characteristics	66
Table 37. Ability to Focus and Parent-Teacher Relationship	67
Table 38. How Would You Describe Your Relationship with Your Teacher at School?	68
Table 39. Percent of TEI Children within Clinically Significant and At-Risk Range for BASC TRS Composite Scores.....	70

LIST OF FIGURES

Figure 1. Targeted Early Intervention Timeline.....	6
Figure 2. Targeted Early Intervention Model.....	10
Figure 3. Delinquents Under Ten Year 1 Evaluation Cohorts	19
Figure 4. Number of Police Contacts by Group.....	32
Figure 5. Maximum Severity of Offense by Group	33
Figure 6. Mean Number of Child Welfare Service Contacts by Group	34
Figure 7. Percent of Children Who Live in Families That Have Received Economic Assistance by Group	36
Figure 8. Percent of Subjects with a Single Parent by Group	37
Figure 9. Mother's Age at Birth of First Child by Group	38
Figure 10. Mean Number of Children in the Home by Group	39
Figure 11. Mean Number of Charged Crimes for Mother and Father by Group	41
Figure 12. Mean Number of Delinquency Referrals For Siblings Group	41
Figure 13. Mean Total Risk Factors by Group.....	42

BACKGROUND²

NEED FOR THE PROJECT

Beginning in 1995, the County Attorney's Office started to document the increasing number of police reports describing children under the age of 10 who had committed delinquent acts. These children were reported for crimes including burglary, arson, damage to property, assault, theft, shoplifting and criminal sexual conduct even though the oldest of them was only nine years old.

Funded by a grant from the Minnesota Legislature, the Office worked with the Hennepin County Departments of Children and Family Services and Community Corrections to determine who these children were and to begin to develop some guidelines for responding to their needs.

Extensive data collection took place to describe the characteristics of the children as well as the conditions in their families and homes. Discussions began regarding the court's handling of these cases and their unique character since, in Minnesota, children cannot be charged with delinquent acts until they reach the age of 10. Minnesota Statutes require that if they are to be subject to court jurisdiction it will be as Children in need of Protection or Services (CHIPS) rather than under delinquency jurisdiction.

In December 1995, the Hennepin County Attorney's Office published a research report, "Delinquents Under 10 In Hennepin County" (hereafter referred to as the 1995 research report) that contained a statistical analysis of delinquents under 10 and the results of a comprehensive survey of the practices and experiences of police jurisdictions in Hennepin County that had encountered these children. After the report was disseminated, work began on the design and implementation of intervention strategies for the delinquents under 10 population. This activity was again funded by a grant from the Minnesota Legislature. Particular emphasis was placed on a long-term strategy to address those children thought to be at highest risk of future delinquency. This strategy is called "Targeted Early Intervention".

² Portions of this section were prepared by Janet Wiig and Kristi Lahti-Johnson and are based on the initial research report prepared by the Hennepin County Attorney's Office.

1995 RESEARCH REPORT

The results of the 1995 research report document the high correlation of delinquent behavior with child protection reports, problems with school attendance and criminal activity of older siblings and parents. In addition, the study found that multiple public agencies were providing service interventions to these children's families, but there was little focus on long-term outcomes for the children in terms of their overall well-being or crime prevention.

Research Findings

Between July 1993 and January 1995, police jurisdictions throughout Hennepin County documented over 300 incidents of delinquent behavior of children under the age of 10. Of these children, 135 were referred to the Hennepin County Attorney's Office.

The summary findings from the 1995 research report on the 135 children referred to the County Attorney include the following:

Children ranged in age from four to nine and just over half (51%) of the children were nine years old.

79 percent of the children were male.

Children of color were disproportionately represented in the data set: 49 percent of the children were African American; 31 percent were Caucasian; 16 percent were American Indian; 1 percent were Hispanic; and the remainder were of mixed racial background.

Two-thirds of the referrals came from Minneapolis police and one-third from suburban police departments. Eighty percent of the children were Minneapolis residents and 20 percent were suburban residents.

The majority of the children lived in single parent families (70%), 65 percent lived with their mothers only, while another 5 percent lived with their fathers only.

45 percent of the children had three or more siblings.

70 percent of the children had mothers who were under the age of 20 at the birth of their first child; 37 percent of the children had mothers who were under the age of 18 at the birth of their first child.

The most commonly reported offenses were Crimes Against Property—Theft Related (44%), Other Crimes Against Property (30%) and Crimes Against People (26%).

85 percent of the families had received or were receiving one or more Hennepin County social services. The services most commonly provided were child protection assessments, child welfare case openings and child protection case openings.

Of the families that received Hennepin County social services, the average number of services provided to a family was 8.3. More than one-quarter (27%) received more than ten services.

91 percent of the families had received family welfare benefits (AFDC) at least once and 66 percent of the families were receiving AFDC at the time of the reported offense.

70 percent of the children had at least one parent who has been charged with a crime in Hennepin County or at least one sibling who has been referred to the Hennepin County Attorney's Office for a delinquent act: 53 percent have at least one parent who has been charged with one or more crimes (even though fathers could be identified for only one-half of the children);³ of the 71 percent of the children who have older siblings, 55 percent have siblings with a history of delinquency.

School information was obtained for about half of all children. Of that group, 56 percent had school attendance problems; 63 percent were suspended at least once because of behavior problems; and 51 percent were determined to be in need of or have received special education services.

Delinquency Predictors

The research findings from the 1995 research report and multiple research studies carried out over the past 15-20 years illustrate the risk factors for predicting future delinquency (Buka and Earls, 1993; Loeber, 1982; Office of Juvenile Justice and Delinquency Prevention, 1994; Patterson, Crosby and Vuchinich, 1994; Snyder, Dishion and Patterson, 1988; West, 1982). The risk factors have been categorized into six areas for use in conducting risk factor analyses. They are:

- 1) Age at first contact with the police or a documented incident of delinquency
- 2) Abuse, neglect and/or violence in the home
- 3) Other factors related to family functioning, including chemical and mental health problems, developmental disabilities, etc.
- 4) Criminal or delinquent histories of parents or siblings
- 5) Poor school attendance and school failure
- 6) An absence of positive supportive relationships or connections with adults and peers

It is well established that early contact with the police is one of the most reliable predictors of future delinquency. In fact, one study found that children who had their first contact with the police between the ages of 7 and 12 years subsequently averaged more serious crimes than those who had their first contact with the police between the ages of 13 and 16 (Wolfgang, 1972, in

³ For the purposes of this report, crimes charged refers to any misdemeanor for which a citation has been filed or any misdemeanor, gross misdemeanor or felony for which a criminal complaint has been filed in district court.

Loeber, 1982). However, it is also more important to note that rather than a single event or specific causal element, the delinquent behavior generally results from a complex interplay of multiple factors (Buka and Earls, 1993). It is the accumulation of these risk factors that puts children at high risk of future delinquency.

Predictive Value of Selected Risk Factors

As part of the delinquents under 10 effort a Risk Factor Checklist was developed to assess and document these risk factors. Points are assigned based on the frequency of certain events, such as the number of child protection assessments in the family chemical abuse case openings in the family, and crimes charged to parents and siblings (see Appendix A for copy of the Risk Factor Checklist). Subsequent analysis of delinquency outcomes for the children described in the 1995 research report, children for which there was not significant delinquency intervention available while under age 10, repeatedly confirm that the children with the greatest number of risk factors (from the six areas listed above) are the children most likely to be referred to the County Attorney’s Office for additional offenses. The data indicate that the children with the most risk factors are 2.4 times more likely to commit additional offenses upon turning 10 than the children with the fewest risk factors (see Table 1). Even more compelling are the numbers of new offenses that can be attributed to the children depending on their level of risk. The children with the fewest risk factors were referred for an average of 0.71 new offenses while the children with the most risk factors were referred for an average of 4.23 new offenses. Since turning age ten, the children with the most risk factors have been referred to the County Attorney’s Office for an additional 148 offenses (see Table 2).

Table 1. Number of Children From 1995 Research Report Over the Age of 10 Who Have New Referrals to the HCAO by Number of Risk Factors

Number of Risk Factors	Number of Children in Original Data Set	Number of Children Who Have New Referrals (As of Dec. 16, 1998)	Percent of Children Who Have New Referrals (As of Dec. 16, 1998)
0-10	38	10	26%
11-15	38	12	32%
16-25	37	20	54%
26+	35	24	69%
	148	66	

Table 2. New Offenses Information for Children from the 1995 Research Report by Number of Risk Factors

Number of Risk Factors	Average Number of New Offenses (# of New Offenses/Number of Children in Quartile)	Total Number of New Offenses (As of Dec. 16, 1998)
0-10	.71	27
11-15	.76	29
16-25	1.92	71
26+	4.23	148
		275

PROGRAM DEVELOPMENT AND SERVICE MODEL

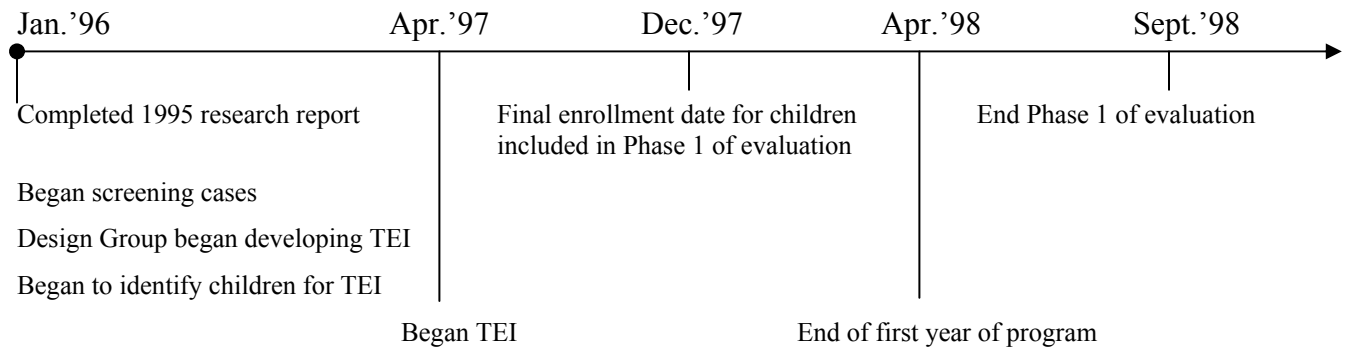
PROCESS AND INVOLVEMENT

After the publication of the 1995 research report, project staff met with multiple organizations, individuals and community groups to discuss the report's findings and recommendations. The ideas and concepts that emerged during the meetings provided a foundation for the development of strategies to respond to delinquents under 10.

A Design Group was formed to develop a program model that would help prevent future delinquency among young children. The Design Group comprised representatives from both County and community-based agencies (see Appendix B for list of Design Group members). Recognizing that many of the children described in the 1995 research report lived in families that were receiving multiple, short-term interventions from various public agencies, the model was designed to foster long-term outcomes and continued involvement for children who entered the program. The new model was identified by the Design Group as Targeted Early Intervention (TEI) and was based on a set of screening criteria that would result in program referral for only those children who were at the highest risk of future delinquency. Other, less intrusive dispositions would be needed for the rest of the Delinquents Under 10 population.

Figure 1 displays the progression of the development and implementation of TEI, as well as the timing of the first phase of the evaluation.

Figure 1. Targeted Early Intervention Timeline



RANGE OF DISPOSITION OPTIONS FOR DELINQUENTS UNDER 10

In addition to TEI, several other disposition options have been developed to respond to Delinquent Under 10 referrals received by the Hennepin County Attorney's Office. The dispositions are used in accordance with the level of risk presented by the child's behavior and the family history. The range of dispositions available at this time is as follows (see Appendix C for additional comments about disposition options):

County Attorney Letter

This disposition is used for cases that are determined to be at lowest risk of future delinquency. A letter is sent to the parents informing them that a police report has been received by the County Attorney. It describes the child's delinquent behavior and reminds the parents that it is their responsibility to control their child's behavior.

Referral to Child Protection

Some cases received by the County Attorney's Office could have been referred as a child protection report rather than, or in addition to, being treated as a crime report. This might be the case when the child is of a very young age and the incident (e.g., arson) is the result of an extreme lack of parental supervision rather than the volition of the child.

Direct Referral to Services

Where there are minimal risk factors and an easily identifiable resource exists in the community, the Hennepin County Delinquents Under 10 Screening Team can make a direct referral to another agency. Since August 1997, specific statutory authority exists to take such action. The

agency can follow up with the parents to help ensure that they get assistance to address the child's behavior.

Diversion Programs

There are three pre-court diversion programs that may be offered to children and their families. These programs are offered primarily when the risk factors are low to moderate and the behavior involves property offenses.

DeNovo: When a child has a sibling who was a companion in the offense, every effort is made to coordinate the dispositions for the two children. If the sibling is over the age of 10 and referred to the County's diversion program, the services are expanded to include the delinquent under 10 as well.

Family Group Conferencing: Juvenile Probation conducts this restorative justice program to handle juvenile petty offenders. Some space has been reserved for delinquents under 10 to participate. This program brings victims and offenders together with their families and other interested supporters to discuss what the impact of the behavior has been on everyone involved. Then the participants determine an appropriate set of actions to make restitution or remedy the harm that has been caused.

Police Intervention Program: This program is carried out jointly by the Minneapolis Police Department Community Crime Prevention/SAFE Unit (CCP/SAFE) and the YMCA. This program was designed specifically for delinquents under 10 in a series of meetings between the County Attorney's Office, CCP/SAFE and the YMCA. The program involves the child and his/her parents in two group discussion sessions followed by a three month period in which the police informally monitor the child's behavior and reinforce parental authority. During the first discussion session, the parent and child agree upon a restitution plan that the child will complete before the second discussion session where the parents and the child will report two weeks later. YMCA staff are available to connect the child and parents to resources and activities in their neighborhood.

Child Focused Services Provided by the Department of Children and Family Services

This disposition is used in conjunction with an assessment request to one of the Strategic Early Intervention Units within the Department of Children and Family Services. A Child Needs Assessment may be requested by the Screening Team when additional information is needed to aid in the determination of a disposition. While this disposition was not originally part of the array of dispositions, during the assessment process, it quickly became clear that in some cases there was a need for monitoring and/or ongoing support. If the results of the Child Needs Assessment indicate that additional services are warranted, the services are provided by a social worker from one of these units.

CHIPS (Child In need of Protection or Services) Petition

In Minnesota, children cannot be charged with delinquent acts until they are 10 years of age. If these children are to be subject to court jurisdiction, it will be as a Child in Need of Protection or Services (CHIPS). Given the nature both of the behaviors of the children and of the multiple problems that many of their parents face, it is desirable to bring some of these cases under the court's jurisdiction to gain a measure of cooperation or control. There are also children whose behaviors constitute a threat to public safety (e.g., arson, criminal sexual conduct, assault) who need to be brought under the court's jurisdiction.

Targeted Early Intervention

This is the most intensive intervention for children judged to be at the greatest risk of future delinquency. This program is focused on long-term outcomes and, once referred for this disposition, it is intended that the child will remain in this program until 18 years of age. Some children in TEI are also subjects of CHIPS petitions.

TARGETED EARLY INTERVENTION SERVICE MODEL AND IMPLEMENTATION

Targeted Early Intervention (TEI) is an intensive intervention effort designed to address the multiple factors that render a child at high risk for future delinquency. It is focused on achieving outcomes that will deter the child from future delinquency and prepare the child for a productive adult life. It is anticipated that at least 75-100 children who exhibit multiple risk factors will eventually be placed in TEI. Once chosen to participate, it is intended that each child remain in the program until 18 years of age.

Focus on Long-term Outcomes

The findings from the 1995 research report show that the TEI children and their families have often received a wide range of short-term interventions from multiple public agencies with little focus on long-term child outcomes. In fact, many interventions are focused primarily on modifying the behavior of the parent with the assumption that some benefit will accrue to the child as well. The design of the TEI model is different from this approach in that all of the program activities directed toward the TEI child and the child's family are focused on the achievement of long-term outcomes for the child.

Using the concepts of the asset-building model developed by the Search Institute, the Design Group identified ten basic outcomes to be sought for TEI children. Recognizing that the outcomes were mostly long-term—outcomes for which the measure of success was at least three to four years out—the Design Group worked with Wilder Research Center to develop intermediate milestones to measure each child’s progress toward the achievement of the outcomes.

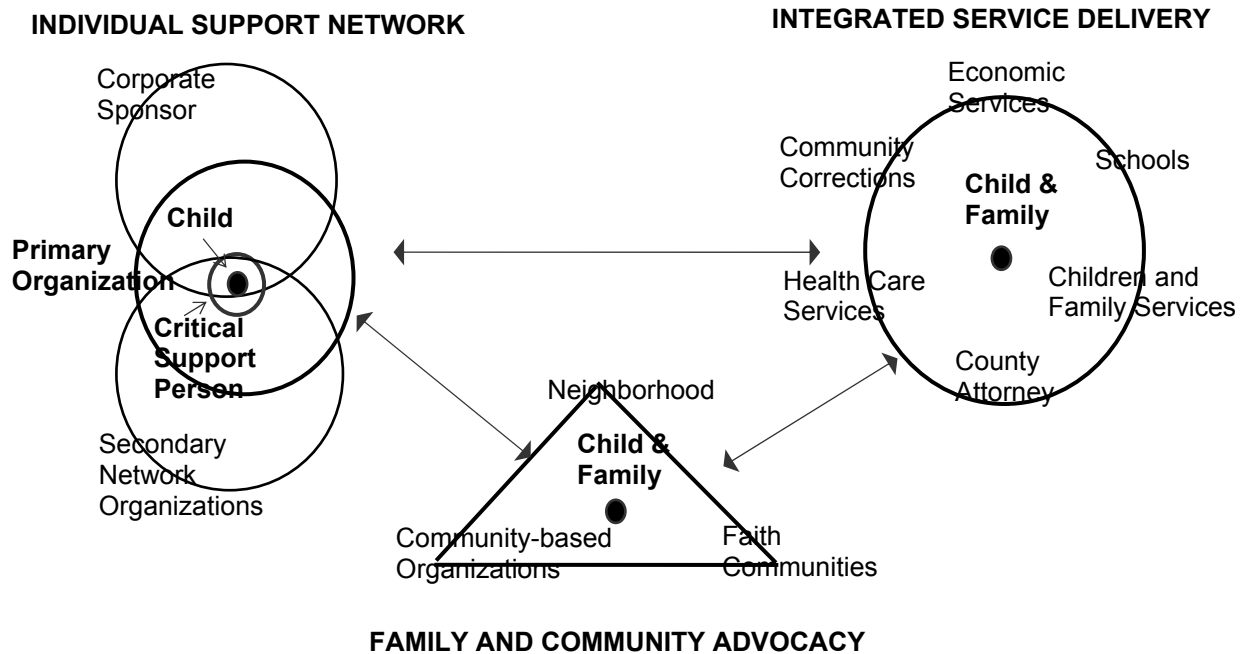
Basic Outcomes

- No delinquent (criminal) behavior
- School success
- Development of prosocial values
- Reduction in risk behaviors
- Respect for authority
- Social competence
- Positive view of future
- Stable relationship with at least one caring adult
- Capacity for healthy regard for others
- Successful experience with extra-curricular, recreational, spiritual and/or skill-building activities

Targeted Early Intervention Service Model

Following is a diagram of the model (Figure 2) and a description of the model as it was originally envisioned by the Design Group. During the first phase of implementation (April 1997 to September 1998), efforts focused on implementation of the Primary Organizations and the Integrated Service Delivery Team and the identification of Critical Support Persons. Additional components of the model will be implemented in the second phase of the program.

Figure 2. Targeted Early Intervention Model



Design of Individual Support Network

The program model calls for the creation of an Individual Support Network around each TEI child. The Network comprises four components: 1) the Primary Organization, 2) the Critical Support Person (CSP), 3) the Corporate Sponsor, and 4) the Secondary Network Organizations.

Primary Organization: The Primary Organizations are community-based agencies which are responsible for developing the Individual Support Network for each child. The Primary Organizations are under contract with the County to work intensively with a small number of children (no more than ten children per staff person).

Primary Organization staff are responsible for conducting a comprehensive assessment for each TEI child. The assessment examines the child's experiences at home, at school and in the community and forms the foundation for the activities outlined in each child's Individual Success Plan. The Individual Success Plan is developed by the Primary Organization staff with input from the child, the child's parents, the Critical Support Person and the Integrated Service Delivery Team (described below). In addition to its focus on activities directed toward the ten basic outcomes, the Individual Success Plan also takes into account the special skills and talents of each child (see Appendix F for example of Individual Success Plan). This plan is reviewed regularly to measure the child's progress toward the outlined goals.

Critical Support Person (CSP): The Primary Organization staff are also responsible for identifying and supporting a Critical Support Person, or mentor, for each child. Ideally, the Critical Support Person is a person with whom the child already has an existing relationship and who is committed to the child's success. Examples of possible Critical Support Persons include an extended family member, a neighbor or a teacher. The role of the Critical Support Person is to assist with the development of the Individual Success Plan, to support the child in achieving the goals outlined in the Plan and to be a reliable source of support for the child for a significant period of time. The relationship is intended to be more intensive than traditional mentoring relationships.

The Critical Support Person is seen as one of the most important elements of the model. Studies have shown that at-risk children who succeed in otherwise adverse circumstances are often able to identify one adult to whom their success mattered. Given the long-term focus of the Targeted Early Intervention model, it is anticipated that the staff from both the Primary Organizations and the Integrated Service Delivery Team will change over time. As a result, the Critical Support Person may be the one stable, positive relationship in the TEI child's life.

Corporate Sponsor: Each Primary Organization is paired with a Corporate Sponsor. The role of the Corporate Sponsor is to help fund some of the extra-curricular activities for the child and, as the child ages, provide an introduction to the world of work.

Secondary Network Organizations: The Secondary Network Organizations provide each child with the opportunity to participate in activities which help to develop the child's special talents and interests as well as his or her social skills. The Secondary Network comprises various organizations that identify resources and activities which are available specifically for the TEI children. Each child is connected to the activities that best match the child's interests. For example, a child interested in music would be connected with an organization that offers music lessons or access to different instruments and a child interested in sports would be connected with community sports teams.

Implementation of Individual Support Network

By March of 1998, the County had contracts with five community-based agencies to function as Primary Organizations. These agencies include the Division of Indian Work, Phyllis Wheatley Community Center, Pillsbury Neighborhood Services—Camden Center, Pillsbury Neighborhood Services—Oak Park Center and the Hiawatha YMCA.⁴ Each agency is contracted to work with a specific number of children with one full-time staff person working with no more than ten children. Some of the Primary Organizations work with a specific group of children. For example, the Division of Indian Work works specifically with Native American children and Pillsbury Neighborhood Services—Oak Park Center works primarily with children who live on the north side of Minneapolis.

⁴ A church-based organization was initially involved as a Primary Organization but was unable to continue as a contracted service provider.

It was originally anticipated that following the completion of a comprehensive assessment, the identification of the Critical Support Person and the Individual Success Plan would be developed in the first few months after the child was referred to the Primary Organization and that the intensity of the services would be diminished the longer the child was in the program. However, due to the significant and persistent needs of most of the TEI children and their families, the Primary Organization staff have stayed closely involved with the TEI child throughout the first year of the program. In fact, The process of identifying a Critical Support Person for each child has been much more difficult than initially anticipated in the original model design. Because of this, Primary Organization staff have often temporarily filled this role for some of the TEI children.

Based on the results of the initial assessment, Primary Organization staff work with the child and the child's parents to develop an Individual Success Plan for the child which is based on the long-term outcome goals. Each Individual Success Plan outlines goal-related activities. Because many of the parents of the TEI children are unable or unwilling to fulfill their responsibilities as outlined in the Individual Success Plan, a great deal of the responsibility falls on the Primary Organization staff to ensure that these activities occur. For example, one activity on the Individual Success Plan may be to have a child tested to determine whether the child has any special educational needs. In the Plan, the parent is responsible for contacting the school to arrange for the testing. However, if the parent does not follow through on this activity, because the activities for the project are focused on the long-term outcomes for the child and testing is critical for the child's success in school, the Primary Organization worker will end up contacting the school to arrange for the testing and transporting the parent to the meeting.

As the model was originally designed, the Primary Organization staff focuses on the individual TEI child. However, the extensive amount of time staff spend with the TEI child often results in the development of close relationships with other family members as well. When other issues and concerns arise with the family, Primary Organization staff are often the first to learn about the identified issue. While the Primary Organization staff person will usually consult with the ISDT about the issue, the decision is often made for the Primary Organization person to work with the family member to address the issue. This is due in part to the fact that many of the families of the TEI children have had negative experiences with County social services, particularly with Child Protection, and would prefer to work more closely with the Primary

Organizations rather than County departments. While it may appear that the activities fall outside of the purview of the Primary Organization's responsibilities, it is recognized that the identified issues of the parents and/or siblings are often barriers to the child's progress toward the identified long-term outcomes. Even though this additional work was not anticipated in the original design of the model, the Primary Organizations have absorbed these additional functions.

Design of Integrated Service Delivery

Another critical element in Targeted Early Intervention is the integration of service delivery. Because TEI children often come from families with multiple barriers to child well-being, it is critical that service efforts be coordinated to protect the investment that is being made in each child's long-term outcomes. This coordination not only helps to assure that agencies are not working at cross purposes, but also serves to prevent additional problems or avert unnecessary costs by working toward common goals and sharing information and resources.

Staff from each key County department are co-located and participate in an Integrated Service Delivery Team (ISDT). The ISDT shares the TEI caseload and addresses both the categorical service needs of the children and their families while working with the Primary Organizations and others to help realize the Individual Success Plan for each child. In addition to providing the mandated agency services, each team member has other responsibilities including acting as a liaison for special resources within their respective agencies and serving as a resource to the ISDT with regards to each member's expertise. A final key role that each team member has is as a lead worker for particular TEI families. The lead worker acts as the contact person for the child's primary organization and is responsible for developing a case plan for the family that is coordinated with the child's Individual Success Plan.

The ISDT is designed to function as a self-directed work team, with team leadership rotating on a regular basis. Team leader responsibilities include convening meetings, following up on decisions made during the meetings and serving as a liaison to the Design Group. It is also important that, while they are co-located and share a caseload, the ISDT staff members not become isolated from their host agencies. Each ISDT member has a supervisor from his/her department for administrative purposes. In addition, when needed, individual supervisors also

assist with decisions regarding the availability and appropriateness of services within a particular agency.

While not every family is continuously receiving services from all of the participating agencies, there are multiple opportunities to coordinate existing services and help prevent the need for additional services. Key to the success of the ISDT is the orientation toward prevention and the staffs' capacity to look at each family's service history and the issues that may emerge when services are provided by different agencies.

Implementation of Integrated Service Delivery

Currently, the Integrated Service Delivery Team comprises solely staff from Hennepin County Departments. Initially, representatives on the ISDT included a Principal Financial Worker (1.0 FTE) from the Department of Economic Assistance, a Senior Clinical Psychologist (0.6 FTE) and a Senior Social Worker (1.0 FTE) from the Department of Children and Family Services, a Parole/Probation Officer (1.0 FTE) from the Department of Community Corrections and a Senior Community Health Worker (0.5 FTE).

During the first few months after the implementation of the TEI, the following Principles and Basic Function of the ISDT were developed:

1. Protect the investment in the subject child
2. Coordinate multiple agency service delivery (categorical services)
3. Develop a service plan for each family that supports the stated outcomes for the child
4. Complete a historical review of each family's services/needs
5. Focus on prevention (crime prevention for the subject child and prevention of other recurring problems for the family) and resolution
6. Provide direct service to the child: Primary Organizations
7. Provide direct services to the family: Integrated Service Delivery Team
8. Focus on long-term outcomes for the child (as opposed to only immediate safety needs)

Early in the implementation of the TEI model, it became clear that it was not feasible for the ISDT to assume all of the categorical services being provided to the family members of the TEI children, especially in the Department of Children and Family Services. Many of the County services received by the TEI families (e.g., Child Protection, Adoptions, School Support) are extremely specialized or are focused on a particular family member rather than the whole family

or the TEI child. The ISDT members reviewed the current services being provided by Children and Family Services and developed recommendations for how the services should be integrated into the model design. As a result, the role of the Senior Social Worker on the ISDT was modified from actually providing all of the categorical services to providing some of the categorical services and acting as a case manager or service coordinator for other services. In addition, an effort was made to develop relationships with designated units within the Department of Children and Family Services that provide the services not assumed by the ISDT so there would be a mutual understanding about goals and functions. To some extent, given the specialization of some of the Community Corrections programs, this was true for the role of the Probation/Parole Officer on the ISDT as well. It was possible for other ISDT staff members to assume the cases of the TEI children and their families. For example, all of the open Economic Assistance cases were transferred to the Principal Financial Worker whose caseload now comprises solely the TEI children's families.

While the ISDT has used an integrated approach in working with the TEI cases, its members have not been able to adopt as much of a generalist role as had been initially anticipated. Whenever possible, ISDT members do cross over the traditional departmental boundaries. However, job classifications and training issues have somewhat restricted the ability of the staff to step outside of their traditional duties, especially as lead workers on particular cases. Also, due to the immense social service needs of many of the families and the predicted court involvement of many of the cases, the generalist activities fall more into the social service realm. As a result, the greatest burden is placed first on the Senior Social Worker and second on the Probation/Parole Officer.

Staffing resources quickly became an issue for the ISDT. Children identified to participate in TEI come from families that are involved with numerous Hennepin County agencies. ISDT staff discovered that the initial paper screening vastly under-represented the extent of the families' needs and service involvement. Even after modifying the role of the Senior Social Worker in October 1998, it was still necessary to increase the social service representation on the ISDT from 1.0 FTE to 2.0 FTE. In addition, the Senior Community Health Worker position was increased from 0.5 FTE to 1.0 FTE in September 1998.

The ISDT operates as a self-directed work team. According to ISDT staff, this approach has not always been effective, especially in the areas of administrative tasks and routine assignments. In an effort to assist the ISDT with some of these activities, the Department Directors appointed the supervisor of the Senior Social Worker as the ISDT coordinator. In addition to assisting with some of the administrative tasks and helping the ISDT to problem solve on particular cases, the ISDT coordinator has convened regular supervisors' meetings in which cross-departmental issues are addressed.

The ISDT has been able to operate under many of its Principles and accomplish most of its Basic Functions. Given the severe and immediate needs experienced by many of the families, the ISDT has had limited opportunities to address prevention issues. Much of the work that has been accomplished by the ISDT thus far has been in the area of building a foundation for the family to support positive long-term outcomes for the child. This often requires meeting the families' basic needs such as food, clothing and shelter. The additional staff resources recently added to the ISDT, and the fact that some of the TEI children and their families appear to have supports in place and improved functioning, may provide the ISDT the opportunity to accomplish the other activities outlined in the Principles and Basic Functions. These activities will hopefully enable the families to attain positive long-term outcomes for the TEI children.

Partnership Between Primary Organization and Integrated Service Delivery Team Staff

The Primary Organization and ISDT staff work closely together to serve the TEI children and their families. Initially, when the Screening Team assigns a child to TEI, the case is referred to the ISDT. Upon completing an initial case staffing the ISDT identifies a Primary Organization to which the child will be referred. The ISDT then meets with the Primary Organization staff person to discuss the needs of the child and the family and to clarify roles and responsibilities for addressing those needs. The Primary Organization and ISDT staff then meet on a monthly basis to review cases, to share expertise and to identify structured activities for the TEI children, as well as programs of support and services for parents and other family members.

Design of Family and Community Advocacy

Often it is clear that the underlying problems and stressors in the family (e.g., chemical abuse, adult criminal behavior, child abuse and neglect, unemployment) are what put the child at high risk of future delinquency and these issues need to be addressed. While many of these issues are

addressed through formal county services, when possible it is also useful to address family needs through community-based resources.

The outcomes sought for each child are more likely to be achieved if the child and his or her family can be linked to activities that support those outcomes both within and outside of the community. To that end, there are also resources and activities in the neighborhood, faith-based organizations and other community-based agencies that can be identified to help achieve the desired outcomes.

ELIGIBILITY AND ENROLLMENT

ELIGIBILITY DETERMINATION

Screening Process

All activities for the Delinquents Under 10 Project are initiated by police reports to the County Attorney's Office. There are 38 police jurisdictions in Hennepin County and 21 have submitted reports on children under 10 years of age. Upon receipt of the referral, an attorney screens the report to determine if there is legal sufficiency to proceed with the case.⁵ If the case is not legally sufficient, it is either returned to the police for additional investigation or the case is closed. If the case is legally sufficient, it is referred to the Delinquents Under 10 Screening Team. Upon completion of the 1995 research report, a Screening Team was assembled which comprises staff from the Department of Children and Family Services and the County Attorney's Office. Since the initiation of the project in January 1996, the Screening Team meets weekly to review all Delinquent Under 10 referrals and make decisions regarding the dispositions of cases. In April 1997 a representative from the Integrated Service Delivery Team was also placed on the Screening Team (see Appendix B for a list of Screening Team members). The Screening Team determines the level of intervention based on three considerations: 1) the crime itself, 2) the degree of the child's volition, and 3) the number and nature of risk factors that each child presents. A risk factor checklist consisting of several predictors of future delinquency is currently used as a screening guide.

⁵ In order to proceed with the case, reports must contain enough information to show that there is probable cause. This means that it must be more probable than not that a) an offense was committed, and b) that the accused individual committed the offense.

SUBJECT COHORTS

Figure 3 displays the five groups of delinquents under 10 that were referred to the Hennepin County Attorney's Office between 1993 and 1997. The first cohort of children was referred to the Hennepin County Attorney's Office prior to the design and development of the TEI model. This cohort (n= 148) is referred to as the Pre-Intervention Period Cohort. This is the same group described in the initial 1995 report. It is from this cohort that a study comparison group has been identified (the TEI Comparison Children [n=35]) who have risk factor scores greater than 25 and who are most similar to the TEI Intervention Participants but who were referred prior to the existence of the program.

The second group of children was referred to the County Attorney beginning in January, 1996. This group (n=257) is referred to as the Intervention Period Cohort and includes those deemed eligible for TEI (n=57) and the other children referred during the Intervention Period (n=200). The TEI eligible children are further divided into two groups, those who were enrolled as program participants (n=33) and those who were not eligible to be in the program (n=24) because of residential mobility to other counties or the timing of the referral.

This report focuses on three specific groups of children:

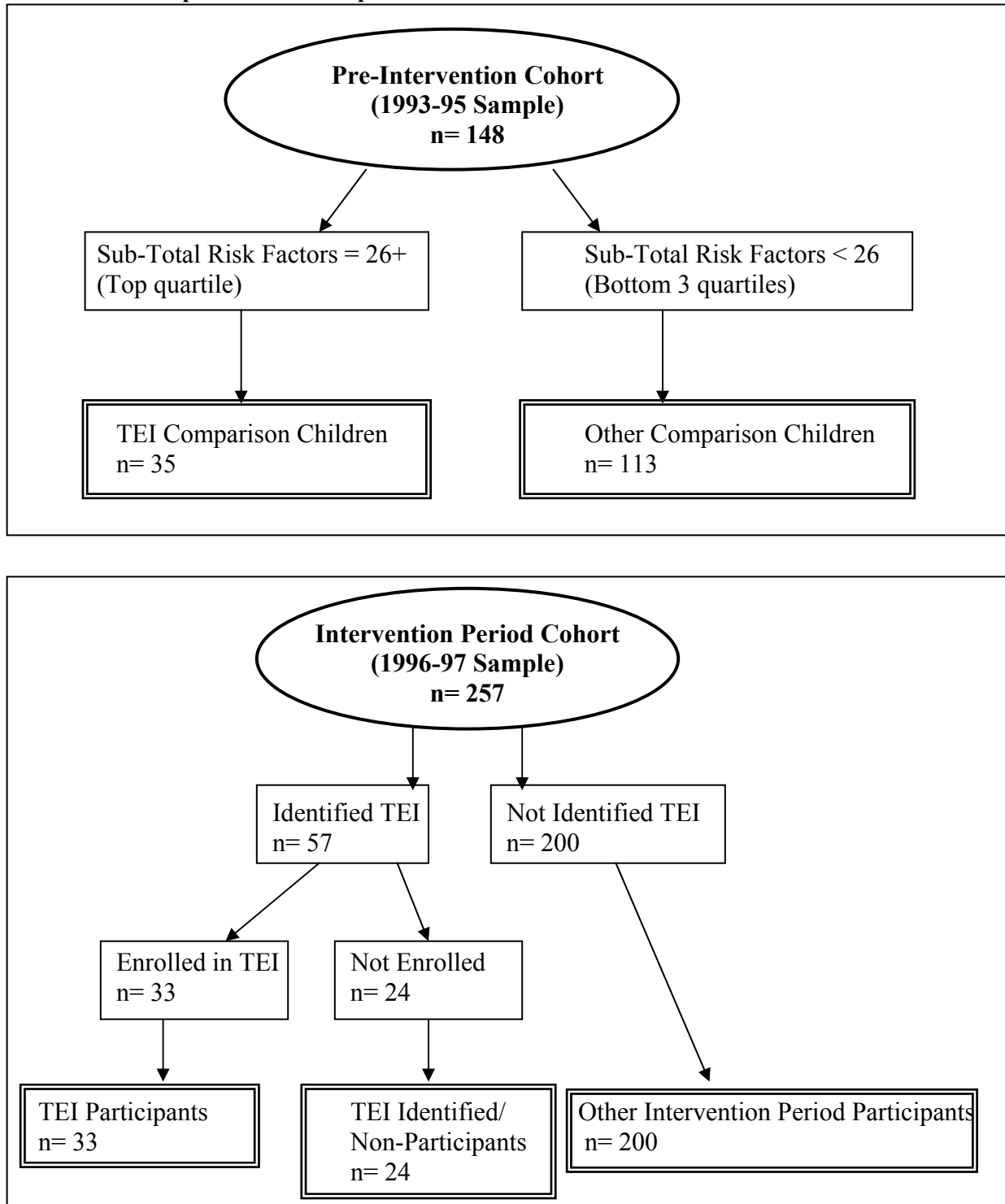
TEI Comparison Children (n=35): referred prior to the development of the intervention with risk factor scores most similar to those served in TEI

TEI Participants (n=33): referred following the development of the TEI and currently served by the program

Other Children Referred During the Intervention Period (n=200): referred following the development of the TEI with fewer risk factors than TEI Participants and therefore subject to less intense interventions

When available, evaluation data will be reported on these three groups.

Figure 3. Delinquents Under Ten Year 1 Evaluation Cohorts
Total Sample for Year 1 Report: n= 405



Pre-Intervention Period Cohort (n=148)⁶

The children in Pre-Intervention Period Cohort were referred to the County Attorney's Office between July 1, 1993 and January 31, 1995. These children constitute a comparison group to the children who are currently being screened in the Delinquents Under 10 effort in that they did not receive any significant intervention in response to their delinquent behavior while under the age of 10. The Pre-Intervention Period Cohort is divided into two subgroups:

TEI Comparison Children (n=35): Children who have characteristics similar to the TEI Identified/Non-Participants and the TEI Participants in the Intervention Period Cohort.

Other Comparison Children (n=113): Children who have characteristics similar to the Other Intervention Period Participants in the Intervention Period Cohort.

Intervention Period Cohort (n=257)

The children in the Intervention Period Cohort were referred to the County Attorney's Office after the formal screening process was instituted. All of the referrals were reviewed by the Delinquents Under 10 Screening Team between January 1, 1996 and December 31, 1997. All of the children in this group were referred to some type of intervention as a result of their delinquent behavior. This group is divided into three subgroups:

TEI Participants (n=33): Children who are currently participating in TEI. Only a small fraction of the total number of children in the Intervention Period Cohort actually participate in TEI (12.8%).

TEI Identified/Non-Participant (n=24): Children who were identified for TEI, but are not current participants. There are four reasons this could occur: 1) the children were identified prior to the actual implementation of TEI in April 1997 and a substantial length of time had elapsed between the date of the offense and the initiation of TEI or the child was already receiving services as a result of the delinquent act; 2) the child's family moved from Hennepin County between the time of the offense and the referral to TEI; 3) the child was involved with other court actions that would have affected their involvement in TEI (e.g., Termination of Parental Rights proceedings); or 4) given the staffing levels of the Integrated Service Delivery Team, TEI was at capacity.

Other Intervention Period Participants (n=200): Children who were referred to an intervention other than TEI (other interventions are described on pages 5-6 and in Appendix C).

⁶ The total number of children in the Pre-Intervention Period Cohort included the 135 children from the original research report plus an additional 17 children who were referred to the County Attorney's Office during the same time period, but who were identified only after the completion of the research report. The 17 children have similar characteristics to the children included in the original report. The sample does not include four children who reoffended and were screened between 1996 and 1997 since these children subsequently received some type of intervention.

REFERRAL AND OFFENSE INFORMATION

The Hennepin County Attorney's Office received a total of 336 police reports on 257 children between January 1996 and December 1997 (Intervention Period Cohort). This is an average of 14 referrals a month, up from 8.63 referrals a month during the time frame of the original report (1993-95).

Referral Source

Three quarters of the recent referrals were generated by the Minneapolis Police Department. Fully 90.9 percent of the TEI Participants and 80.5 percent of Other Intervention Period Participants were Minneapolis residents. Similarly, 86.8 percent of the TEI Comparison Children were Minneapolis residents.

Table 3. Residence of Child

	N	Minneapolis	Suburban
Pre-Intervention Cohort (1993-95 Sample)			
TEI Comparison Children	35	85.7%	14.3%
Intervention Period Cohort (1996-97 Sample)			
TEI Participants	33	90.9%	9.1%
Other Intervention Period Participants	200	80.5%	19.5%

Initial Offense Information

Table 4 contains a list of the actual offenses committed by the TEI Participants and Other Intervention Period Participants referred to the County Attorney's Office in 1996 and 1997 (Intervention Period Cohort) and for children in the TEI Comparison group between 1993 and 1995.

For both the TEI Participants and the Other Intervention Period Participants, the most common offense was shoplifting (40.4% and 26.3% of the total offenses for each group, respectively). However, while the second most common offense for the TEI Participants was assault (17.3%) followed by damage to property (13.5%), the second most common offense for the Other Intervention Period Participants was arson or unintentional fire (22.4%) followed by assault

(12.9%). For the TEI Comparison Group, the most common offenses were shoplifting and other theft (21.6% each), followed by damage to property (18.9%).

Table 4. Offenses

	Pre-Intervention Cohort (1993-95)	Intervention Period Cohort (1996-97)	
	TEI Comparison Group (N=37 offenses)	TEI Participants (N=52 offenses)	Other Intervention Period Participants (N=255 offenses)
Arson or Unintentional Fire	3	1	57
Assault	5	9	33
Burglary	3	3	5
Criminal Sexual Conduct	1	1	19
Curfew	-	-	4
Damage to Motor Vehicle	-	3	6
Damage to Property	7	7	27
Disorderly Conduct	1	-	6
False Name/Information to Police	-	-	1
Lurking with Intent to Commit an Offense	-	1	-
Motor Vehicle Tampering	-	2	3
Possession of Burglary Tools	-	-	1
Possession of Dangerous Weapon – at School	-	-	4
Possession of Stolen Property	1	-	1
Receiving and/or Concealing Stolen Property	-	1	-
Robbery	-	-	1
Stalking	-	-	1
Tampering with a Fire Alarm	-	-	1
Theft – Motor Vehicle	-	-	3
Theft – Other	8	3	11
Theft – Shoplifting	8	21	67
Trespassing	-	-	4

DEMOGRAPHICS

While the ages of the children at the time of the offense ranged from two years of age to 10 years of age⁷, the vast majority of the children were between the ages of seven and nine years. The mean age of the TEI Participants was 8.0 years which is similar to the mean age of 8.1 years for the TEI Comparison children. The mean age of the Other Intervention Period Participants was somewhat younger at 7.7 years.

Table 5. Age at Time of Offense

	N	Mean	2-4	5	6	7	8	9	10*
Pre-Intervention Cohort (1993-1995 Sample)									
TEI Comparison children	35	8.1	2.86%	2.86%	-	14.3%	34.3%	45.7%	-
Intervention Period Cohort (1996-1997 Sample)									
TEI Participants	33	8.0	0%	3.0%	6.0%	27.3%	21.2%	39.4%	3.0%*
Other Intervention Period Participants	200	7.7	6.0%	5.0%	5.5%	17.5%	29.0%	37.0%	-

* One child was referred as a delinquent under 10 because his date of birth was incorrect on the police report. This error was only identified after the child became involved in TEI. The decision was made to continue with the program intervention for this child.

The majority of the children in all of the groups were male. The proportion of males in the TEI Participant group (78.8%) is very similar to the proportion of males in the TEI Comparison Group (77.0%). Eighty-six percent of the Other Intervention Period Participants were male.

Table 6. Gender

	N	Male	Female
Pre-Intervention Cohort (1993-95 Sample)			
TEI Comparison Children	35	77.0%	23.0%
Intervention Period Cohort (1996-97 Sample)			
TEI Participants	33	78.8%	21.2%
Other Intervention Period Participants	200	85.5%	14.5%

⁷ Charges for very young children were often for arson or unintentional fire starting. These cases often involve extreme lack of parental supervision rather than volition on the part of the child.

The proportion of children of color who are TEI Participants is higher than participants in the Comparison Group. Ninety-four percent of the TEI Participants are children of color, compared to 82.9 percent of the TEI Comparison Children and 76.0 percent of the Other Intervention Period Participants.

Table 7. Race

	N	Asian	African American	Caucasian	Hispanic	Native American	Other (Mixed)	Unknown
Pre-Intervention Cohort (1993-1995 Sample)								
TEI Comparison children	35	-	57.1%	17.1%	-	25.7%	-	-
Intervention Period Cohort (1996-1997 Sample)								
TEI Participants	33	-	69.7%	6.1%	-	21.2%	3.0%	-
Other Intervention Period Participants	200	1.5%	60.0%	24.0%	.5%	10.0%	2.0%	2.0%

DISTRIBUTION OF DISPOSITIONS

Table 8 below shows the frequency distribution of the dispositions and other responses for the children screened in 1996 and 1997. It should be noted that while the Screening Team began reviewing cases in January 1996, many disposition options were not available until April 1997. As a result, certain dispositions were used more frequently prior to April 1997 than after that date. The number of dispositions does not equal the number of offenses. In some cases, there were multiple dispositions for a single offense. In other cases, there was a single disposition for multiple offenses.

**Table 8. Dispositions for the 257 Children in the Intervention Period Cohort (1996-97)
(n=368 Dispositions)**

Disposition Type	
County Attorney Letter	69
Referral to Child Protection	11
Direct Referral to Services*	-
Diversion – DeNovo**	8
Diversion – Family Group Conferencing**	7
Diversion – Police Intervention Program**	43
DCFS provided Child Focused Services	30
CHIPS Petition	21
Targeted Early Intervention**	33
Targeted Early Intervention – Identified, but Non-Participants	24
Other Response	
Case Closed – lived out of county or already receiving services out of county	13
Case Forwarded (FYI) to Current Worker – In conjunction with another disposition	38
Case Forwarded (FYI) to Current Worker – Services already being provided to the child were sufficient to address the delinquent behavior	8
Case Forwarded (FYI) to Current Worker – With request that the worker specifically address the child’s delinquent behavior	3
Case Referred for Child Needs Assessment to aid in disposition	60

* This disposition became available in August 1997.

** These dispositions became available in April 1997.

EVALUATION DESIGN

PURPOSE OF EVALUATION AND PRIMARY RESEARCH QUESTIONS

Wilder Research Center (WRC) was contracted to design and implement an evaluation of the Targeted Early Intervention project. During the first phase of the program (April 1997 through September 1998) children were screened for referral to TEI and the evaluation team agreed to focus on the following process issues:

- Ability to identify risk factors that predict future delinquency
- Ability to identify, recruit, and support Critical Support Persons (CSPs)
- Inter-agency and interdisciplinary staff relationships
- Barriers to service delivery
- Ability to implement the TEI model
- Ability to implement measures for future outcomes

TEI staff and the evaluation team also agreed to focus on collecting baseline data for five of the program's key outcomes:

- Reduction in delinquent (criminal) behavior
- Reduction in risk behaviors
- School success
- Stable relationship with at least one caring adult
- Successful experience with extracurricular activity

This report includes process evaluation findings, as well as baseline data for the outcomes. Outcome data, comparing subsequent delinquency referrals and child protection/child welfare involvement for TEI Participants and TEI Comparison Children, will be presented after the second phase of the evaluation is completed. In addition, outcome data regarding the other key outcomes will be included in the second phase of the evaluation.

DATA SOURCES AND SCOPE OF EVALUATION

WRC and the Hennepin County Attorney’s Office employed a variety of data collection methods in order to obtain baseline data and information pertaining to process and implementation issues.

Table 9 displays the evaluation domains and the sources of data for those domains.

Table 9. Baseline and Process Evaluation Data Sources by Domain

	Risk Factor Checklist	Behavioral Assessment System for Children†	I.S.D.T. Baseline Family Summary†	Primary Organization Baseline Child Assessment†	Primary Organization Interviews†	I.S.D.T. Interviews†
Baseline Data for Child/Family Outcomes						
Reduction in Risk Factors/ Behaviors	X		X	X		
School Success		X		X		
Stable Relationship with Caring Adult				X	X	
Successful Extracurricular Activity					X	X
Process Issues						
Ability to Implement CSP Component					X	
Staff Relationships					X	X
Barriers to Service Delivery					X	X
Ability to Implement TEI Model					X	X

† Data available on 24 of 33 TEI participants in baseline cohort. The baseline cohort includes only those children who were enrolled in TEI for at least six months by the end of the first year of programming.

EVALUATION METHODS

A number of methods were used to collect the data for this evaluation. These methods are described below. Table 10 displays which data have been collected for each sample group. The forms used to collect the data can be found in Appendix G of this report.

Table 10. Baseline and Process Evaluation Data Collected for Year One Report by Subject Group

	Risk Factor Checklist	Behavioral Assessment System for Children	I.S.D.T. Baseline Family Summary	P.O. Baseline Child Assessment	P.O. Interviews	I.S.D.T. Interviews
Pre-Intervention Cohort (1993-95)						
TEI Comparison Children	X					
Intervention Period Cohort (1996-97 Sample)						
TEI Participants	X	X	X	X	X	X
Other Intervention Period Participants	X					

RISK FACTOR CHECKLIST

The Risk Factor Checklist is completed for each child under the age of 10 who is referred to the County Attorney's Office because of a delinquent act. Prior to weekly screening meetings, information is obtained from Hennepin County databases and compiled on the Risk Factor Checklist. Risk Factor Checklist data for the 268 children in the TEI Participant and Other Intervention groups (Intervention Period Cohort), and TEI Comparison group (Pre-Intervention Cohort) is included in the text of this report. The response rate for the Risk Factor Checklist was 100 percent.

The Checklist corresponds with the six risk predictors of future delinquency identified in the 1995 research report. However, because the initial screening is based solely on information contained Hennepin County information systems, data is only collected for the first four risk predictor categories. The Checklist includes information about police contacts, family violence, child maltreatment, family functioning and family criminal histories.

Six Hennepin County information systems are used to obtain information about the children and their families: 1) Community Services Information System (CSIS) which tracks Hennepin County social services provided to an individual or family by maintaining information on authorization for social services, child placement information, a client index and accounting functions; 2) Juvenile Family Tracking System (JFTS) which provides historical data on youth in Hennepin County who were referred to the County Attorney's Office or subject to the juvenile court process either because of delinquent activities, status offenses, petty offenses or CHIPS (Children In Need of Protection or Services) actions; 3) Total Court Information System (TCIS) which is a statewide court management system for both adults and juveniles and is currently used in Hennepin County to track court and family information about juvenile offenders; 4) Caselist (and its newer version called LegalEdge) a County Attorney's Office database which is used to track information on youth referred to the County Attorney's Office because of delinquent activities or petty offenses; 5) Subject in Process (SIP) which tracks adult offenders within Hennepin County; and 6) MAXIS which is a statewide system which tracks economic assistance information.

All data are collected, processed and stored by the Hennepin County Attorney's Office. Final analyses, including chi-square tests and t-tests were conducted by WRC staff using the Statistical Package for the Social Sciences (SPSS).

PRIMARY ORGANIZATION STAFF AND INTEGRATED SERVICE DELIVERY TEAM INTERVIEWS

Staff from WRC conducted telephone interviews with Primary Organization and Integrated Service Delivery Team (ISDT) staff during October of 1998. Primary Organization staff were asked several questions specific to each child on their caseload. Both groups of staff were asked general questions about Critical Support Persons (CSPs), relationships with other staff and implementation of the TEI model thus far. All data was collected, coded, entered and analyzed by WRC staff.

Interview data were collected on all 24 youth in the TEI baseline cohort. The baseline cohort includes only those children who were enrolled in TEI for at least six months by the end of the first year of programming (April 1998). A total of seven Primary Organization staff and eight ISDT staff were interviewed. The response rate was 100 percent for both groups.

INTEGRATED SERVICE DELIVERY TEAM BASELINE FAMILY SUMMARY

ISDT staff members were asked to complete a Baseline Family Summary form for each child on their TEI caseload. The instrument included closed-ended questions about risk and protective factors present for each child's primary male and female caregiver, as well as risk and protective factors for the child and the child's household. This form is completed within the first three months after the child is referred to Targeted Early Intervention. All data were entered and analyzed by WRC staff.

The Baseline Family summary data are only collected for TEI participants. Data included in this report are available for 23 of the 24 youth in the TEI baseline cohort. The response rate was 96.0 percent.

PRIMARY ORGANIZATION CHILD ASSESSMENT

Primary Organization staff were responsible for completing a comprehensive Child Assessment form for each TEI child that included questions that were answered by Primary Organization staff, parents, children and teachers. The assessment comprised five domains: individual and household demographics, school success and connectedness, risk behaviors, hope for the future and parent/adult connectedness. This form is completed within three months after the child is assigned to the Primary Organization. All data was entered and analyzed by WRC staff.

These baseline Child Assessment data are only collected for TEI participants. Data included in this report is available for 19 of the 24 youth in the TEI baseline cohort. The response rate was 79.2 percent.

BEHAVIORAL ASSESSMENT SYSTEM FOR CHILDREN (BASC)

The *Behavioral Assessment System for Children* (BASC) is a standardized tool used to evaluate children's behavior in the school setting. The BASC Teacher Rating Scales (TRS) is a comprehensive measure of both adaptive and problem behaviors in the school setting. Primary Organization staff distributed the BASC forms to the teachers of children on their TEI caseloads. Teachers were required to have known the child for at least two months before filling out the form. All data were entered and analyzed by WRC staff.

BASC data are only collected for TEI participants. BASC data included in this report are available for 16 of the 24 youth in the TEI baseline cohort. The response rate was 66.7 percent.

EVALUATION RESULTS TO DATE

RISK FACTOR CHECKLIST RESULTS

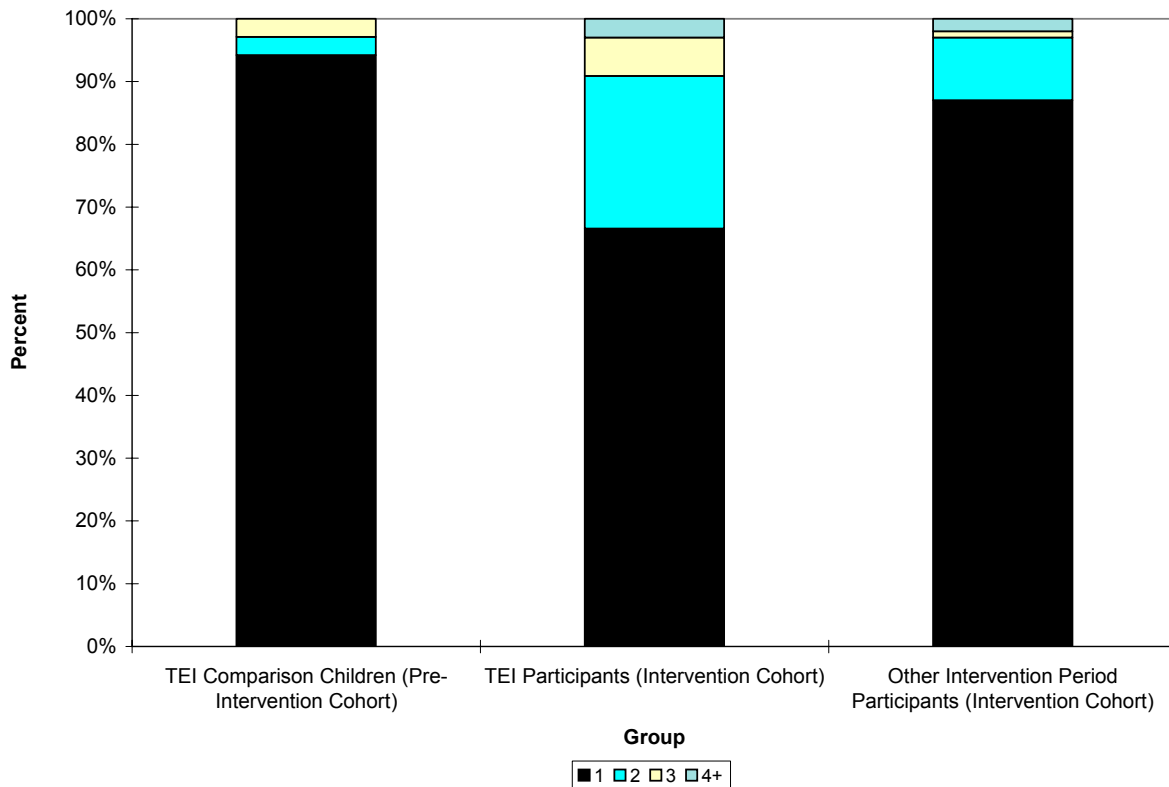
The data contained in the Risk Factor Checklist attempt to describe the delinquency predictors identified in the 1995 research report (see Appendix F). However, the Risk Factor Checklist only includes information from Hennepin County databases. Social service or criminal histories that may exist in other jurisdictions are not reflected in the data.

Earliest Point of Known Contact with Police (Risk Factor Checklist Section 1)

Frequency of Police Contact

The number of police contacts ranged from one to 23, although the majority of subjects in all groups had only one known contact with police. Differences between TEI Participants and TEI Comparison children were statistically significant ($p \leq .05$). TEI Participants have had a greater number of police contacts (see Figure 4). The higher mean number of contacts among the Intervention Period Cohort (1996-97) most likely reflects the fact that the delinquents under 10 project is now in place. As part of the project, the development of the delinquents under 10 database has resulted in the ability to more closely track the subjects in this more recent sample relative to the Pre-Intervention Cohort (1993-95).

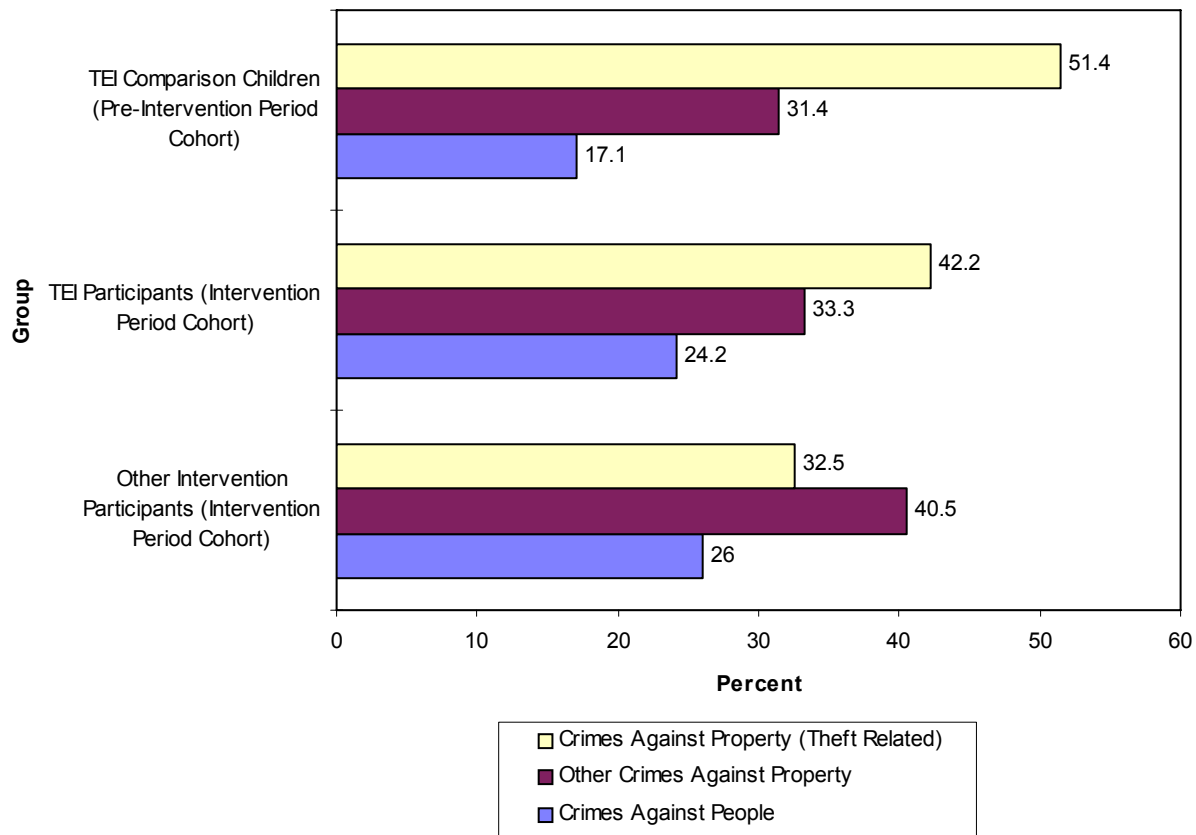
**Figure 4. Number of Police Contacts by Group
(n=268)**



Severity of Offenses

This risk factor is determined by the most severe offense for which a child is referred. For example, if a child is referred for two offenses, a shoplifting and an assault, the severity of the offense would be based on the assault. Status offenses, such as curfew violation, represented a small fraction of the offenses committed by subjects, while “crimes against property (theft related)” were the most common for all groups. Approximately one quarter of the youth in all groups had committed “crimes against people;” this was true for 24.2 percent of TEI Participants, 17.1 percent of children in the TEI Comparison group, and 26.0 percent of Other Intervention Participants (see Figure 5).

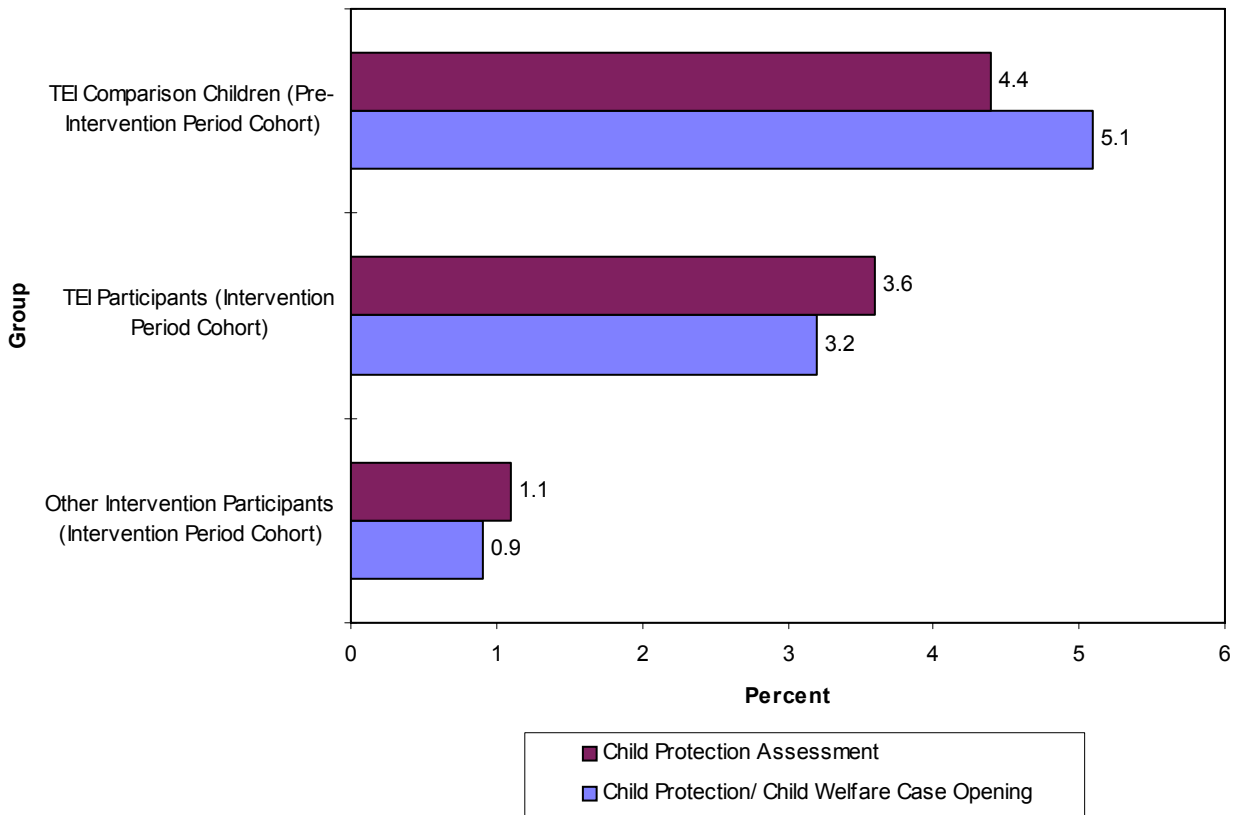
Figure 5. Maximum Severity of Offense by Group (n=268)



Family Violence, Child Abuse & Neglect (Risk Factor Checklist Section 2)

With the exception of the Other Intervention Period Participants, the majority of youth in both the TEI Comparison group and the TEI Participant group live in families that have had previous contact with the child welfare system. Fully 91.0 percent of TEI Participants and 94.3 percent of TEI Comparison children live in families where there as been at least one child protection assessment, while the same proportion live in families where there has been at least one child protection or child welfare case opening. In comparison, 48.0 percent and 36.0 percent of Other Intervention Participant families experienced at least one child protection assessment and at least one child protection or child welfare case opening, respectively. The number of child protection assessments ranged from 0 to 12, while the number of child protection or child welfare case openings ranged from 0 to 18.

Figure 6. Mean Number of Child Welfare Service Contacts by Group (n=268)



CHIPS petitions in which a juvenile court proceeding was initiated were less common, with only 45.5 percent of TEI Participants, 45.7 percent of TEI Comparison children and 12.0 percent of Other Intervention Participants living in families that have ever had a CHIPS petition filed. Both TEI Participants and TEI Comparison Group Participants live in families in which the children experienced more out-of-home placements than did the other Intervention Period Participants. TEI Participants had a mean number of 3.8 placements for one or more children in the family, while TEI Comparison children had a mean number of 4.3 placements for one or more children in the family. This compares to a mean of 0.6 for Other Intervention Period Participants.

Domestic abuse charges within the family were extremely common among the TEI Participants. Fully 75.8 percent of TEI Participant children and 31.4 percent of TEI Comparison children lived in families with at least one domestic abuse charge.⁸ This was true for 22.0 percent of Other Intervention Participants. The difference between the TEI Participant and TEI Comparison groups was statistically significant for this item ($p \leq .001$).⁹ Overall, these numbers may underestimate the actual incidence of domestic abuse because the criminal information is collected only for charged crimes; incidents in which no charge was filed or in which the parent was a victim and the assailant was unknown are not reflected in these data.

Other Factors Related to Family Functioning (Risk Factor Checklist Section 3)

Services Received from Hennepin County Social Services

Only a handful of families in these cohorts had experienced a developmental disability case opening in Hennepin County. Mental health and chemical dependency case openings were much more common for all groups of subjects. More than half of TEI Participant children (60.6%) and 48.6 percent of TEI Comparison children lived in families which had experienced at least one mental health case opening in Hennepin County. This compares to 21.5 percent of Other Intervention Period Participants. The mean number of mental health case openings for TEI Participant and TEI Comparison groups was 1.9 and 1.1, respectively. More than half of the TEI Participant (60.0%) and TEI Comparison (68.6%) children lived in families that had at least one chemical dependency case opening in Hennepin County. This compares to 24.0 percent of Other Intervention Period Participants. The mean number of chemical dependency case openings was 1.9 for both TEI Participant and TEI Comparison groups. Because these numbers only reflect mental health and chemical health services provided by the County, it is likely that these numbers underestimate the actual number of services utilized by family members. Mental health and chemical health services that are obtained through HMOs, private insurance or private payor are not contained in the Hennepin County social service database and are therefore not part of this analysis.

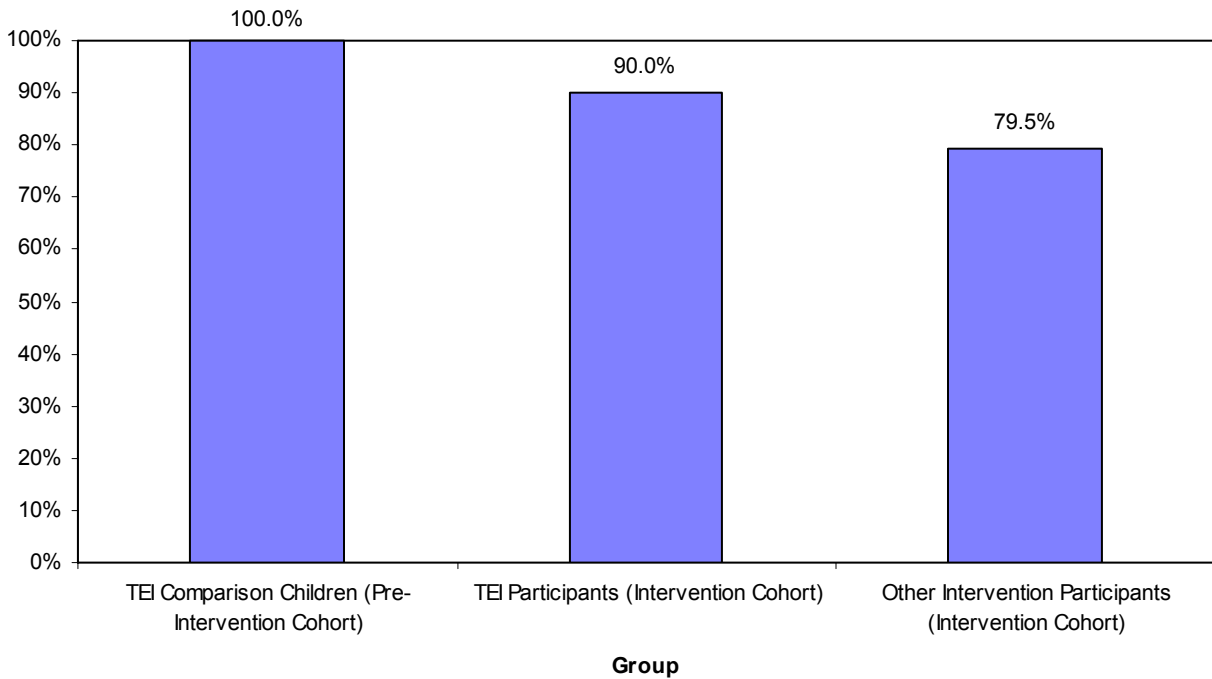
⁸ For purposes of this report, crimes charged refers to any misdemeanor for which a citations has been filed or any misdemeanor, gross misdemeanor or felony for which a criminal complaint has been filed in district court.

⁹ This difference may be partially explained by the fact that over the past few years, prosecutors and police have been more aggressive in filing complaints for domestic assault.

Family Self-Sufficiency and Composition

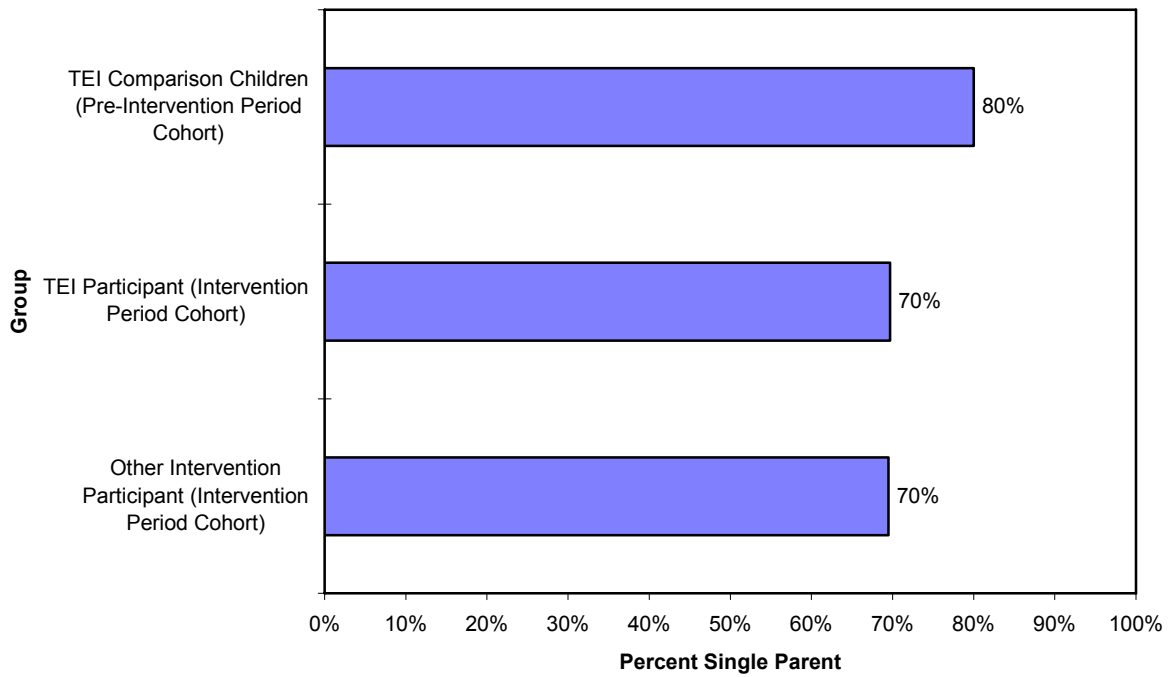
The vast majority of youth in these groups live in families that have received some form of economic assistance at some point in time. This was true for 90.9 percent of TEI Participant children and 100 percent of TEI Comparison children. While still substantial, Other Intervention Period Participants were the least likely to have received cash assistance (79.5%) (see Figure 7).

Figure 7. Percent of Children Who Live in Families That Have Received Economic Assistance by Group (n= 268)



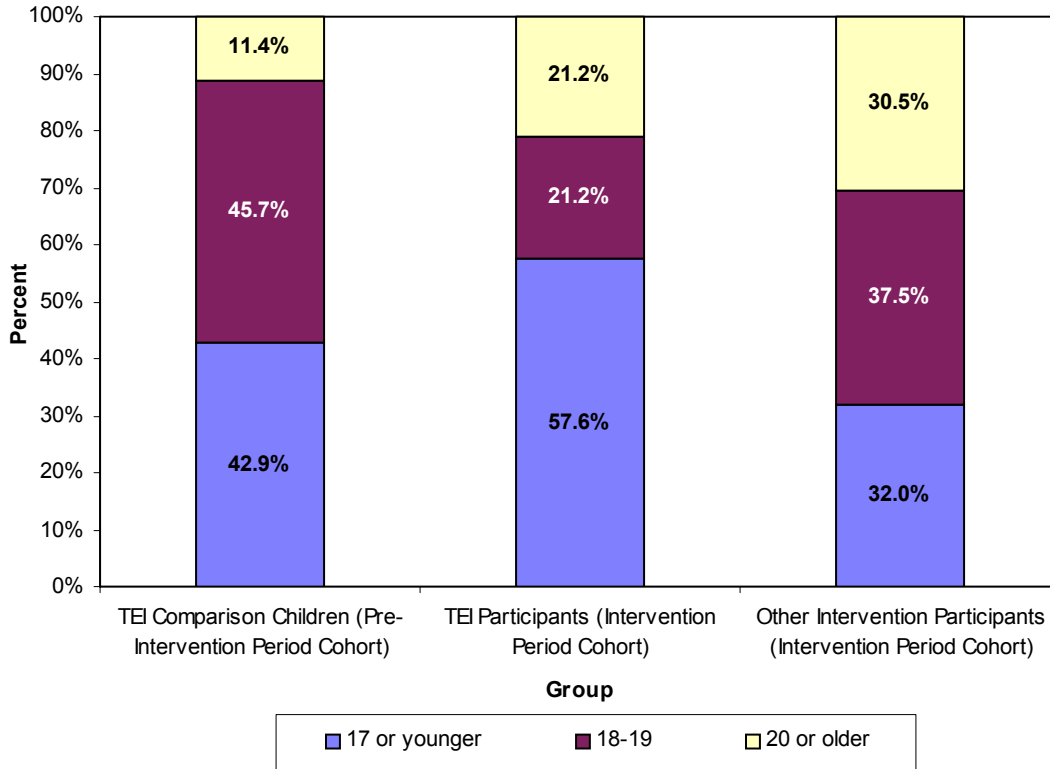
The majority of youth in all groups come from single parent families. This was true for 69.7 percent of TEI Participants and 80.0 percent of TEI Comparison children and did not vary widely across groups (see Figure 8).

Figure 8. Percent of Subjects with a Single Parent by Group (n= 268)



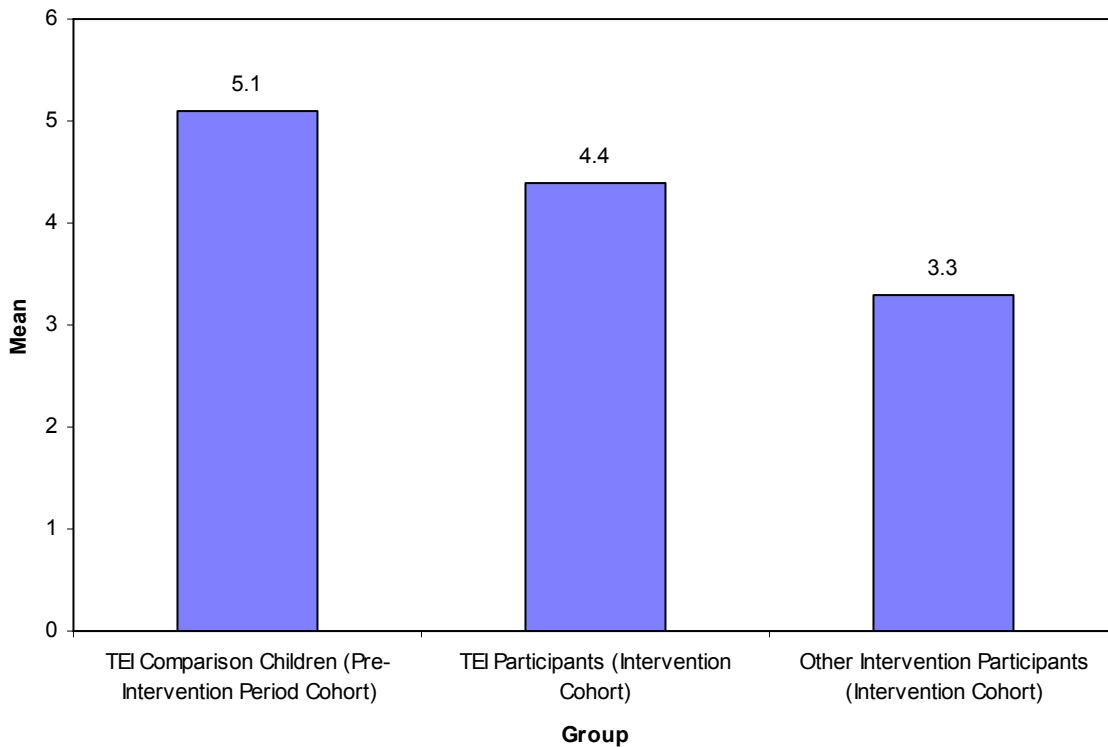
The vast majority of mothers from all groups were teens (19 or younger) at the time of their first birth (78.8% of TEI Participant mothers and 88.6% of TEI Comparison mothers). Furthermore, 57.6 percent of TEI Participants' mothers were age 17 or younger at the birth of their first child (see Figure 9).

Figure 9. Mother's Age at Birth of First Child by Group
(n= 268)



On average, TEI Participant and TEI Comparison children had more children living in their household than did children in the other groups. TEI Participant children lived in families that had a mean number of 4.4 children in the home (including the subject), while TEI Comparison children lived in families with a mean of 5.1 children. This compares to 3.3 children in Other Intervention Period Participants' families (see Figure 10).

Figure 10. Mean Number of Children in the Home by Group (n= 268)



Family Criminal & Delinquent Histories (Risk Factor Checklist Section 4)

The majority of mothers, siblings and fathers in the TEI Participant and Comparison groups have criminal and delinquent histories. This represents all levels of crime (excluding petty offenses for adults and status offenses for juveniles). However, the majority of the offenses are misdemeanors. Almost three-quarters of TEI Participants (72.7%) have mothers who had been charged with a crime.¹⁰ This was true for 68.6 percent of TEI Comparison children and 37.5 percent of Other Intervention Period Participants. Similarly, 66.7 percent of TEI children had one or more siblings with delinquency histories, while 71.4 percent of TEI Comparison children and 22.0 percent of Other Intervention Period Participants had one or more siblings with such histories. Mothers of TEI Participants were charged with a mean number of 3.6 crimes and TEI Comparison mothers were charged with a mean of 2.7 crimes. This compares to 1.0 crimes for Other Intervention Period Participants' mothers. TEI Participants lived in families in which siblings were referred for a mean number of 5.5 delinquent acts and TEI Comparison children lived in families in which siblings were referred for a mean number of 6.7 delinquent acts. This compares to 1.1 delinquent acts for the siblings of Other Intervention Period Participants (see Figure 12). Information about crimes charged to fathers was more difficult to obtain due to low rates of paternity establishment among this population. The available data, however, suggest that many of the subjects' fathers have also been charged with crimes; 54.5 percent of TEI Participants and 51.4 percent of TEI Comparison children have fathers who have been charged with at least one crime.

¹⁰ For the purposes of this report, crimes charged refers to any misdemeanor for which a citation has been filed or any misdemeanor, gross misdemeanor or felony for which a criminal complaint has been filed in district court.

Figure 11. Mean Number of Charged Crimes for Mother and Father by Group (n=268)

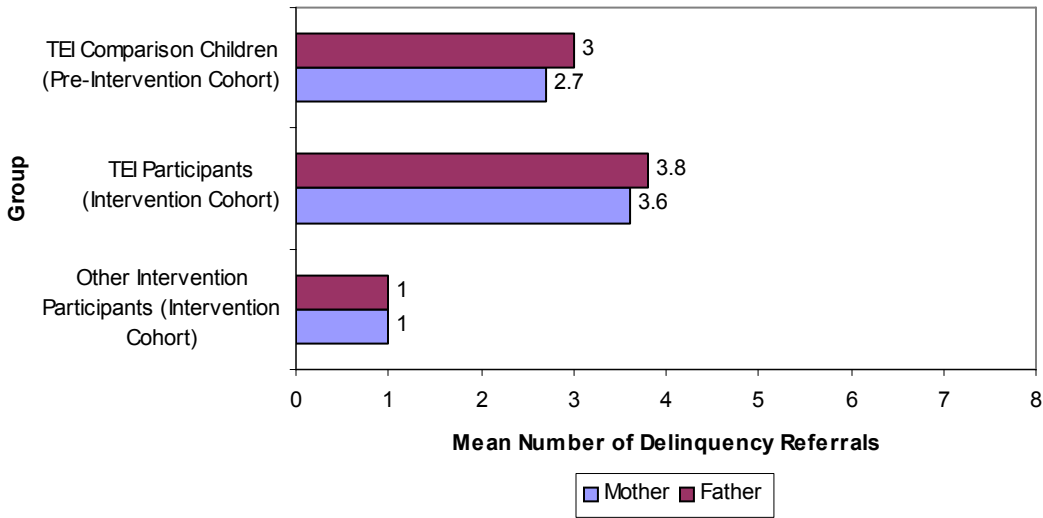
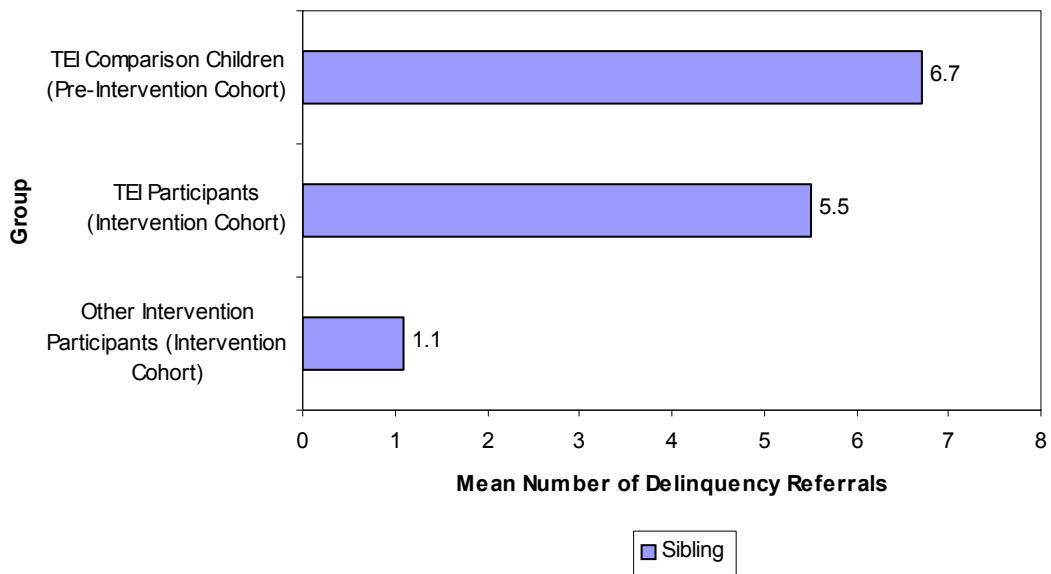


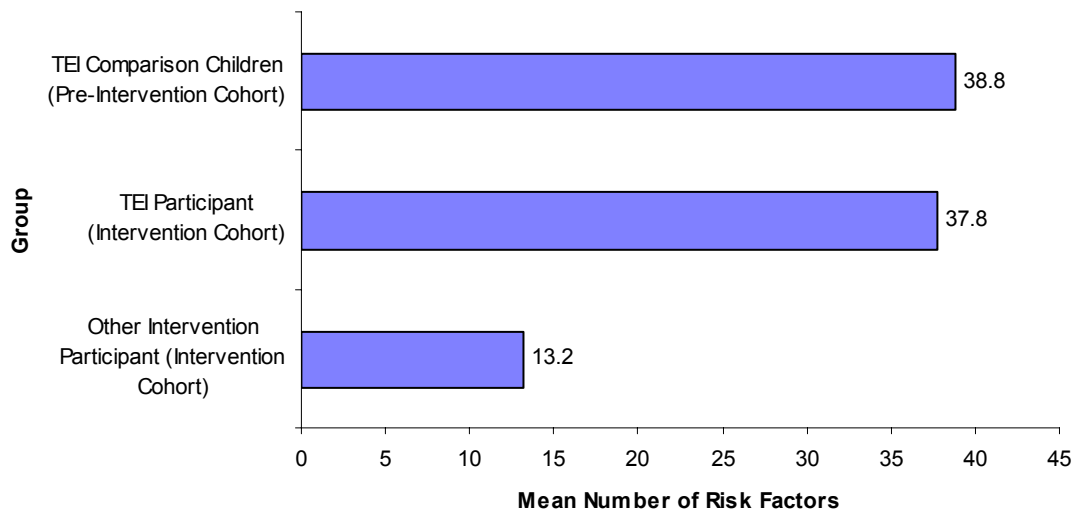
Figure 12. Mean Number of Delinquency Referrals For Siblings Group (n=268)



Risk Factor Profiles

The total number of risk factors includes the indicators from sections two, three and four of the Risk Factor Checklist: family violence, child maltreatment, family functioning, family self-sufficiency and composition and family criminal histories. As expected, TEI Participants and TEI Comparison children had the greatest number of risk factors. TEI Participants had a mean number of 37.8 risk factors and TEI Comparison children had a mean number of 38.8 risk factors. Other Intervention Period Participants had much lower risk totals (mean = 13.2) (see Figure 13).

Figure 13. Mean Total Risk Factors by Group (n=268)



INTERVIEW WITH PRIMARY ORGANIZATION STAFF

As discussed earlier, a total of seven Primary Organization staff were interviewed with regard to the 24 children in the TEI baseline cohort (see Appendix G for interview questions). All of these children had been enrolled in TEI for at least six months by the end of the first year (April, 1998). Because some of the TEI children are siblings, the TEI children are from only 20 families. The number of children with which each staff person worked ranged from 1 to 9. While all of the children at the time of the interviews had been involved in TEI for at least 11 months, the length of time that a Primary Organization staff person had actually been working with each child ranged from 1 to 19 months. In addition, the length of time that each Primary Organization staff person had been working on the TEI effort ranged from 3 to 19 months.

Child-Specific Questions

The following findings derive from questions asked about specific children on each Primary Organization staff person's TEI case load (n=24). Questions were asked regarding Critical Support Persons, types of services provided, perceived value of the TEI model and family abilities and barriers.

The majority of respondents (70.8%) indicated that they had been working with the specified children for more than six months (see Table 11). The maximum length of time was 19 months (1 child), while the minimum was 1 month (4 children).

Table 11. Number of Months Primary Organization Staff Reported Working with Specified Children (n= 24)

	Number	Percent
1-5 months	7	29.2%
6-10 months	8	33.3%
11-15 months	6	25.0%
16-19 months	3	12.5%

Identifying, Recruiting and Supporting Critical Support Persons (CSPs)

The development of a sustained relationship between the child and a CSP is a critical part of the TEI model. Because a supportive relationship with a trusted adult is associated with positive outcomes for youth, the CSP is seen as a vital and protective resource for the TEI child. Ideally the CSP is someone with whom the child already has a relationship, such as an aunt or uncle or a teacher. Other community volunteers can also be recruited to be CSPs. Primary Organization staff are responsible for identifying each child's CSP.

Primary Organization staff workers reported that the majority of the specified children on their caseloads (66.7%) do not yet have a CSP (see Table 12). As originally envisioned in the TEI model design, most of the children who do have CSPs are paired with someone they already knew prior to that person being identified as a mentor (see Table 13). Slightly more than half (57.1%) of the CSPs are a blood relative or kin to the child (see Table 14).

Table 12. Have You Been Able to Establish a CSP for This Child?
(n=24)

	Number	Percent
Yes	8	33.3%
No	16	66.7%

Table 13. Did the CSP Know This Child Before Being Identified by You as a CSP?
(n=8*)

	Number	Percent
Yes	7	87.5%
No	1	12.5%

* Tables 13-14 display findings from questions asked regarding only children with CSPs.

Table 14. Is this CSP a Blood Relative or Kin to the Child?
(n=7*)

	Number	Percent
Yes	4	57.1%
No	3	42.9%

* This question was only asked for children who already knew their CSP before being identified by TEI.

Respondents were asked to rate what they believe to be the CSP's effectiveness in helping the child to meet the goals of the TEI program. The rating scale for these items was as follows: 1=poor, 2=okay, 3= good, 4= very good, 5= outstanding. Using this five-point rating system, Primary Organization staff reported feeling most optimistic about the CSP's ability to get the specified child engaged in school and least optimistic about their ability to get that child involved in extracurricular activities (see Table 15). Table 16 shows that most respondents characterized the relationship between the CSP and the child/ family as being a good one.

Table 15. Ability of the CSP to Help the Child

How would you rate the ability of the CSP to help this child to...	Poor	OK	Good	Very Good	Outstanding
Keep from engaging in delinquent acts (mean = 3.0) (n=7)	14.3%	14.3%	28.6%	42.9%	0.0%
Get engaged in school (mean = 3.75) (n=8)	0.0%	25.0%	-	50.0%	25.0%
Get involved in extracurricular activities (mean = 2.86) (n=7)	28.6%	14.3%	14.3%	28.6%	14.3%

Table 16. Quality of the Relationship between the CSP and the Child/ Family (n= 8)

How would you rate the quality of the relationship between the CSP and...	Poor	OK	Good	Very Good	Outstanding
The child (mean = 3.0)	12.5%	12.5%	37.5%	37.5%	0.0%
The child's family/parents (mean = 3.0)	12.5%	12.5%	50.0%	12.5%	12.5%

Respondents identified several specific problems that impede their ability to identify and recruit CSPs. A lack of suitable relatives and parental hesitation were most commonly mentioned (see Table 17). They suggest that increased parental cooperation, stipends, and greater availability of stable and positive people in the child's families as ways to make identifying and recruiting CSPs easier (see Table 18).

Table 17. What Barriers Have You Come Across in Identifying And Recruiting a CSP for This Child?

	Number
Lack of suitable relatives	7
Parental resistance or hesitation/ parents wary of strangers	4
Lack of resources	3
Lack of willing male mentors in the community	3
No barriers	3
Isolated family/family new to Minnesota	2
Unstable housing/transient family	2
No opportunities to meet relatives (child in foster care)	1
Potential CSP unwilling to do criminal background check	1
"Agency burn-out"/family working with too many different service providers	1
Child's acting out behavior deters mentor involvement	1

Selected Responses (Difficulty Finding and Maintaining a Suitable CSP):

He lives in a very unstable household. He is constantly moving—he has moved three times in the last eight months.

When it came time to fill out the criminal background check, the person wouldn't do it. There's really no one else.

There are some people in his life—but I'm trying to find a male CSP, not a female. He has enough contact with supportive females already.

Selected Responses (Parental Resistance and Other Family Barriers):

The family is somewhat isolated—they moved here from California. The father is hesitant to meet people. He stays in the house all the time.

The mother is very religious—this made it hard because she wanted to be matched up with someone with very similar values.

The mother has a lot of issues. The family works with a variety of social service agencies. The mother is burned out from all the agencies. She doesn't know what advice to take anymore. There are too many agencies working with her.

The family refuses. They've been very uncooperative. They wouldn't even let us in the house for a while. It's getting better now.

Table 18. What Would Have Made it Easier To Identify and Recruit a CSP for This Child?

	Number
More parental cooperation	3
Provide stipend for activities and transportation	3
More stable and positive people in the family	3
Don't know	3
Nothing	3
Advertising/more outreach to recruit mentors	2
Family more involved in community	1
People that want to mentor	1
Phone access (for family)	1
Stable housing (for family)	1
Allow other siblings to also be mentored by same CSP	1

Selected Responses (efforts that would make it easier to identify and recruit a CSP):

More participation from mom.

More positive people in his family.

If the family was involved in church or something like that where they were out and meeting good people.

I think more ability to promote the needs these kids have, like advertising. Like Big Brothers and Sisters does.

Mom's desire to participate with the program. Mom doesn't keep appointments and gets agitated if I just drop by. Mom is high crisis-oriented. Mom doesn't have a car. She doesn't have a phone.

I think if he was living in one location that would help a lot.

Primary Organization respondents cited lack of follow-through on the part of the CSP and the CSP's own personal problems as the primary barriers to supporting and maintaining the CSP relationships (see Table 19). Four respondents suggested that providing a stipend for activities would help to overcome some of these barriers (see Table 20).

Table 19. Barriers to Supporting and Maintaining CSP Relationships

	Number
Lack of follow-through and consistency on part of CSP	4
CSP's own personal problems (unemployment, health problems, etc.)	3
Lack of transportation	1
Parental resistance/lack of co-operation from parents	1
Child thinks CSP is "un-cool" and avoids him	1
No barriers	1

Selected Responses (barriers to supporting and maintaining CSP relationship):

Transportation issues—it's hard to get out and do stuff. Also, he is out of work so he is trying to get a job so he's busy with that.

The child thinks the CSP is square--un-cool. He finds ways to avoid his CSP. The CSP doesn't play basketball.

Getting a consistent time set up with the child and the CSP.

Table 20. What Would Make it Easier to Support And Maintain This CSP Relationship?

	Number
Stipend for activities	4
Get a different CSP	1
More follow-through	1
Frame CSP as a resource, not just entertainment	1
Don't know	1

Selected Responses (efforts that would make it easier to support and maintain the CSP relationship):

A clear way to get them financial help without going through all the paperwork. I know we have to do it, but sometimes we just want to let them go do something but instead we have to do all this paperwork.

It would be nice if money existed to pay for activities. Also, consistency of the CSP.

If they could have a petty cash fund it would be helpful. People just want to go do things and often if it is unplanned and they have to deal with all these checks and things it's a problem. So having some extra money on hand would be helpful.

Services Provided

One of the Primary Organization staffs' primary roles is to coordinate services and activities for the child and his/her family that will help the child to fulfill his/her Individual Success Plan.

Respondents reported that they had provided resource referral services for 18 of the 24 children (see Table 21). Many also said that they or someone in their organization does counseling and/or play or art therapy with the children. Resource referral was also the type of service most frequently provided to the children's families (see Table 22). Transportation help for the families (mostly giving rides) and providing food were also frequently mentioned.

Table 21. Services Provided Directly to Child by Primary Organization Staff

	Number
Resource referral (getting child connected with after-school activities, recreation, camps, tutoring, etc.)	18
Counseling/ play and art therapy	8
Provided school supplies	5
Advocacy (court, school, housing, etc.)	3
Provide transportation/give rides	3
Provide clothes	3
Provide food	3
Emergency assistance	2
Phone hook-up	1
Set up residential treatment	1

Table 22. Services Provided Directly to Families

	Number
Resource referral (getting families connected with services such as parenting classes, domestic abuse treatment, and mutual assistance programs)	13
Transportation/give rides	9
Provide food	8
Advocacy (school, child protection, court, etc.)	5
Counseling (individual and family)	5
Nothing/ parent refused	3
Housing assistance	3
Provide Christmas presents/toys	2
Provide money	1
Home visiting	1
Provide school supplies	1

Respondents reported that they had arranged for services to be provided by someone else outside of their organization for 15 of 24 children and/or their families (68.2%). Of these, recreational activities and lessons were the most common, followed by chemical dependency treatment for parents (see Table 23). Of these services, only the costs of the recreational activities and lessons are covered by TEI funds. Some of the other services may be paid for by other County dollars (e.g., existing contracts with providers, family preservation funds, etc.). Still other services are

supported by non-County dollars. Primary Organization staff indicated that, to the best of their knowledge, 9 of 15 children (60.0%) receiving these outside services had them paid for by non-TEI funds. Food was the most commonly cited service that was not paid for with TEI funds.

Table 23. Services Provided By Outside Service Provider

	Number
Activities/lessons (karate, YMCA membership, music lessons, etc.)	5
Chemical dependency treatment for parent	4
Day treatment, counseling or other intensive services for child (Bar None, St. Joseph's, Wilder CAP, Horizon, etc.)	3
Housing assistance	2
Psychological testing for child	1
Legal help	1
Medical help	1
Family Counseling	1

Perceived Value of the TEI Model

Respondents were asked to rate their effectiveness in helping the specified children to meet the goals of the TEI program. Using the same five-point rating mentioned above, Primary Organization staff reported feeling most optimistic about their ability to get children engaged in school, and least optimistic about their ability to get children involved in extracurricular activities (see Table 24). Primary Organization staff report that this is often related to the problem of poor parent follow-through with outside activities.

Table 24. Primary Organization Staff Perceptions of Their Effectiveness within the TEI Model with Specific Children (n=24)

How would you rate your effectiveness in...	Poor	Okay	Good	Very Good	Outstanding
Getting this child engaged in school (mean = 3.83)	-	12.5%	20.8%	37.5%	29.2%
Getting this child involved in extracurricular activities (mean = 2.67)	41.7%	4.2%	8.3%	37.5%	8.3%
Providing needed services for this child's family (mean = 3.25)	-	25.0%	33.3%	33.3%	8.3%
Preventing future delinquency (mean = 3.22)	8.7%	13.0%	34.8%	34.8%	8.7%

Family Abilities and Barriers

Primary Organization staff were asked several questions to gauge existing family abilities and barriers. Identifying families' abilities to meet childrens' needs and barriers to meeting those needs, such as housing instability and chemical dependency, is a critical part of developing appropriate goals and services for each child.

Respondents indicated that only one TEI child in this sample was living with a foster family at the time of the interview. The Primary Organization staff rated most of the childrens' families' ability to meet their child's needs as poor or okay (72.8%). Only one family's abilities were rated as very good (see Table 25).

**Table 25. Overall, How Would You Rate the Ability of This Child's Family to Meet His/Her Needs?
(n= 22)**

	Number	Percent
Poor	8	36.4%
Okay	8	36.4%
Good	5	22.7%
Very Good	1	4.5%
Outstanding	0	0
Don't Know	0	0
Missing	2	0

Respondents were asked to identify the three biggest barriers faced by families. This was an open-ended question. The responses have been categorized and tallied and are displayed in Table 26. Poverty, chemical dependency, housing needs, and mental health problems were the barriers most frequently mentioned. In addition, respondents reported that about one-quarter (23.8%) of the specified families had been homeless since being involved in TEI. Only one family was identified as being new to the Twin Cities metropolitan area. These barriers are notable because they indicate what activities and resources may be most helpful in serving these families.

**Table 26. What are the 3 Biggest Barriers This Family Faces in Meeting Their Child’s/Children’s Needs?
(n= 20 families)**

	Number	Percent of Families
Poverty/financial needs	12	60.0%
Chemical dependency	8	40.0%
Housing needs	6	30.0%
Mental health problems	6	30.0%
Lack of social supports/social isolation	3	15.0%
Single parenting	3	15.0%
Domestic violence	2	10.0%
Poor parenting skills	1	5.0%

General Program Questions

Critical Support Person (CSP) Component

Primary Organization staff respondents were asked several questions about the overall benefits and functioning of the Critical Support Person (CSP) component of the TEI model. Several respondents indicated that the CSPs are beneficial in that they provide an additional source of support and caring for the child (5 responses), provide a role model (1), and expose the children to new things (1).

Selected Responses (Most Beneficial Aspects of Using CSPs):

It gives the kid another support system. It gives them someone else besides me and his mother. It lets the kids know they have lots of people who care about them.

It gives the child a person in their life that cares about them. Especially if parents are using drugs or not interested in the child. The child is about to have more experiences through the other person.

Despite these benefits, all five Primary Organization respondents reported that it was “very difficult” to identify CSPs (see Table 27). Most respondents also indicated that it was at least “somewhat difficult” to recruit, maintain and support CSPs.

Table 27. Overall, How Easy or Difficult Has it Been for You To...?:
(n= 5)

	Very Easy	Somewhat Easy	Somewhat Difficult	Very Difficult	Don't Know
Identify CSPs	-	-	-	100%	-
Recruit CSPs	-	-	20%	80%	-
Maintain and Support CSPs	-	40%	-	60%	-

Relationships with Other Staff

Respondents were asked to rate their relationships with ISDT staff and the project management at the Hennepin County Attorney’s Office. The rating scale for these items was as follows: 1=poor, 2=okay, 3= good, 4= very good, 5= outstanding. Respondents were most positive about their working relationship with the ISDT team, with most rating this relationship as “very good”. The working relationship with project management was slightly lower, but still maintained an average in the “good” to “very good” range (see Table 28).

Table 28. Primary Organization Staff Perceptions of Team Relationships
(n=5)

How would you rate your...	Poor	Okay	Good	Very Good	Outstanding
Working relationship with the <u>ISDT team</u> ? (mean = 4.2)	-	-	-	80%	20%
Working relationship with the <u>project management staff</u> at Hennepin County? (mean = 3.4)	-	20%	20%	20%	20%

Respondents were also asked how these working relationships with the ISDT staff and project management could be improved. Increased communication and contact were the most commonly suggested improvements for both working relationships.

Selected Responses (Primary Organization Staff Suggestions for Improving Working Relationships with ISDT Staff):

Being able to communicate better. It’s helped to meet once a month—that has helped.

The only barrier is phone tag.

It could be improved if there were more meetings and more contact between the primary organizations and the ISDT team.

Selected Responses (Suggestions for Improving Working Relationship with Project Management Staff at the Hennepin County Attorney's Office):

I think what helped is when the management had a site visit. Having a manager where we can talk about cases and the problems we have helps.

I think they're doing all they can do.

Also if there was more contact. I have only met with them once.

Implementing the TEI Model

Respondents were asked two open-ended questions about barriers to successful implementation of the TEI model. Lack of suitable CSPs (3 responses) and the model's narrow focus on the child (2) top the list as impediments to actualizing the program's goals. Other concerns included lack of clarity of the model (1), difficulty in getting the children to realize that staff are trying to help them and not punish them (1), lack of parental commitment (1), difficulty getting teachers involved (1) and bureaucracy and time lags in the court and child protection systems (1).

Selected Responses (Primary Organization Staff's Perceived Barriers to Implementing the TEI Model):

In some instances things are not clear cut. But that can be helpful too. Well, what I mean is that it's new and we're still working through things, but that's not all bad because we can experiment a bit.

Lack of a CSP. Focusing on only one child in a family. You have to work on the whole family.

Lack of positive adults and mentors. The time and energy put into the family and kids. We have to deal with the whole family. The model is not designed for the family.

Respondent suggestions for reducing these barriers included: providing more resources, including stipends for CSPs (2 responses), giving the program more time to mature (1), having an initial meeting between Primary Organization staff, the family and Hennepin County staff when children are first enrolled (1), being more creative within the system (1), holding parents more accountable (1) and altering the model to include the entire family (1).

Selected Responses (Primary Organization Staff Suggestions for Reducing Barriers):

Alter design to include the family. Money—stipend money for gas, events, etc. Need money to help kid's family, not just the kid. It looks like the kid is rewarded for getting into trouble. But it's a great program in the long term.

Parents should be charged. They should have to do parenting classes or some kind of consequences for the parents. Also, setting up, developing a program where the kids can go—the kids get kicked out of other programs. A program just for our kids, being able to have creative outlets. There's not many programs for kids 10 and under, not for our kids.

INTERVIEW WITH INTEGRATED SERVICE DELIVERY TEAM (ISDT) STAFF

The ISDT is made up of staff from a variety of departments within Hennepin County, including corrections, social services, economic assistance and public health. In addition to providing individual services to the child and family, each team member acts as a liaison for special resources within their respective agencies and offers expertise to the team in their area of specialty.

The eight ISDT staff members who were interviewed included: two social workers (the current worker and the former worker), two probation/corrections officers (the current officer and the former officer), one financial worker, one clinical psychologist, one ISDT coordinator, and one community health nurse (see Appendix F for interview questions). While the ISDT all share the same cases, it is clear from the interviews that they all have different roles in the lives of the TEI children and their families. Many of the responses in the following section pertain to each staff member's role on the ISDT rather than the role of the ISDT role as a whole.

Expertise and Services Provided

The IDST staff members were asked what types of services they provide directly for the children and families involved in TEI. Brokering services/resource referrals/case management services (5 responses) and individual assessments/case planning (3) were the most frequently reported types of services provided to the TEI children. ISDT staff also reported providing brokering services/resource referrals/case management services (7) and transportation help (2) to the other family members.

Of the seven respondents who said they had arranged for services to be provided for TEI participants by someone other than themselves, five reported that some of these services were

provided by an organization other than Hennepin County. Examples of these services include camps (2), community mental health providers (2), school services/after school programs/summer school (2), residential treatment centers (2) and housing assistance (2).

Relationships with Other Staff

ISDT staff were asked several questions about their working relationships with the Primary Organization staff, the project management and other ISDT team members. When asked about the types of services they most often provide for the Primary Organizations, many said that they help with problem-solving/trouble-shooting (5 responses) and referrals/recommendations (3). Several respondents reported that Primary Organization staff often contact them to request financial assistance (6) or transportation help (3) for the participating families.

Respondents were asked to rate their relationships with Primary Organization staff, project management and other ISDT team members. They were also asked to rate their experience in a self-directed work team. (The ISDT has always functioned as a self-directed work team. The group has no formally assigned leader.) The rating scale for these items was as follows: 1=poor, 2=okay, 3= good, 4= very good, 5= outstanding. Respondents were most positive about their relationship with other ISDT team members, which most rated as very good (overall mean of 3.8). They were slightly less positive about their relationship with the management staff at the Hennepin County Attorney’s Office and their experience working with a self-directed team, which both received mean ratings of 2.9 (see Table 29).

Table 29. ISDT Staff Perceptions of Team Relationships (n=8)

How would you rate your...	Poor	Okay	Good	Very Good	Outstanding	N/A
Working relationship with the <u>Primary Organization staff</u> members? (mean = 3.6)	-	-	37.5%	50.0%	-	12.5%
Working relationship with the <u>project management staff</u> at Hennepin County? (mean = 2.9)	12.5%	-	75.0%	12.5%	-	-
Working relationship with other <u>ISDT team members</u> ? (mean = 3.8)	-	-	37.5%	50.0%	12.5%	-
Experience in a <u>self-directed work team</u> ? (mean = 2.9)	12.5%	12.5%	37.5%	25.0%	-	12.5%

Respondents were also asked how these working relationships could be improved. Suggestions for improving relationships with Primary Organization staff included simply having more time and experience working together (3), clarifying roles (2) and communicating more frequently (2).

Selected Responses (ISDT staff suggestions for improving working relationships with Primary Organization staff):

I think time. Time to get to know each other and understand the project. Yeah, just time. I think people just need to figure out everyone's roles.

Sometimes I get concerned that roles are confused. Clarification of roles would be good here also so we don't step on each others' toes.

We need better communication... Everything works fine with the people who have been around for a while.

Suggestions for improving work relationships with management staff included having more direct management involvement (3) and clarifying roles and goals (2).

Selected Responses (ISDT Staff Suggestions for Improving Relationship with Management Staff):

Clearer direction. More time to start up. The inclusiveness in the planning process, more in the decision-making process. We tend to only hear what they tell us to do. It would be better if we could be more informed early on.

The Design Team needs to be more involved, have more first hand knowledge of what we do. They don't know about anything we are fighting against—they don't know about the barriers we are up against trying to get these things through the system.

Suggestions for improving working relationships among ISDT staff included having more staff and more time devoted to TEI (3), having more evenly distributed work loads (3), clarifying goals and the model (3) and clarifying roles (3).

Selected Responses (suggestions for improving relationships among ISDT staff):

If we were better staffed it would make it easier to do our jobs. If we weren't as stressed and busy we'd have more time to work together. We need more staff.

I think there are a lot of things about team process and development that have not been utilized. There needs to be more clarity in terms of the goal of the team. There are some problems in management. Things are still unclear. Often times work that was to be done by five people was only getting done by 2 and that was a problem. We need more management and support. I think things are evolving, but lots still needs to be done.

For me, I need clarification on the model we are actually implementing. I don't think we have implemented that model. Also, clarification of roles. It's confusing as to what everyone should be doing. I think people at the top often do more than others.

I think defining the roles that each team member has. WE are starting to work on this but it still needs to be defined. Each team member needs their roles defined so everyone knows what everyone else does.

Including more people. Making sure the work load is evenly distributed. Everyone hasn't had equal responsibility. A lot of times the work has fallen in the hands of social service workers. Lots of different departments claim it's not their problem or responsibility, yet social service workers do it all.

Suggestions for improving the self-directed structure of the ISDT included and getting more staff support (3), clarifying roles and goals (2) and doing more team-building and team process training (2).

Selected Responses (suggestions for improving self-directed structure of the ISDT):

We've been sort of put out here to do a very demanding job and when you lack leadership for the team as a whole it's difficult. Our leader needs to know all the systems and know them well—psychology, social services, etc. Our leader is a full time supervisor too and she's great but we need a full time person who is the leader who knows the ins and outs of the system.

Again, more clarity. What are the rights and responsibilities of the members? What does the board do? More clear implementation of the model. Have more people who are full time, primary workers. Also more team process, maybe someone who is involved in team building should come in and assess the team and give them suggestions.

More support from all parties involved. We thought there were supposed to be five full time people and then that number dropped to three and some part time work. We need everyone to be supportive.

Building a closer relationship with the supervising group. Have the reins to do what we need to do. Often times they don't know exactly what we do and then we need to implement a plan and we aren't allowed to do it.

Effectiveness of the TEI Model

Respondents were asked to rate their effectiveness in helping children to meet the goals of the TEI program. Using the same rating system described above, ISDT staff reported feeling most optimistic about their effectiveness in getting children involved in extracurricular activities and providing needed services for participating families (see Table 30). It is important to note that a half or more of the respondents felt that the questions about getting children engaged in school

and preventing future delinquency, while applicable to the ISDT as a whole, were not applicable to them. This may indicate that many ISDT staff feel that they do not have a role in this area.

Table 30. ISDT Staff Perceptions of Their Effectiveness Within the TEI Model (n= 8)

How would you rate your effectiveness in...	Poor	Okay	Good	Very Good	Outstanding	N/A
Getting TEI children engaged in school (mean = 2)	25.0%	-	25.0%	-	-	50.0%
Getting TEI children involved in extracurricular activities (mean = 2.6)	-	37.5%	12.5%	12.5%	-	37.5%
Providing needed services for the child's family (mean = 2.6)	-	50.0%	25.0%	12.5%	-	12.5%
Preventing future delinquency (mean = 2.0)	12.5%	12.5%	12.5%	-	-	50.0%

All but one of the ISDT respondents reported that their skills are put to good use on the ISDT team at least some of the time. Half of the respondents (50.0%) said that their skills are put to good use almost always or most of the time, while 37.5 percent reported that their skills are put to good use some of the time.

Respondents were asked two open-ended questions about barriers to successful implementation of the TEI model. Table 31 displays the types of barriers ISDT staff have encountered, while Table 32 displays their suggestions for reducing these barriers. Systems barriers, lack of resources, lack of input from direct service providers and under-staffing top the list as impediments to actualizing the TEI model.

Table 31. Barriers Encountered in Trying to Implement the TEI Model

	Number
Systems barriers/bureaucracy/red tape/time delays	5
Lack of resources/need corporate sponsors	3
Upper management lacks direct knowledge/lack of direct staff input in planning and decision making	3
Under-staffing/unequal work loads	3
Lack of clear model/different visions of the model	2
Lack of power to compel families to cooperate	1
Cultural dilemmas	1
Not enough focus on suburban kids	1
Lack of interdisciplinary cooperation/turf issues	1
Too many meetings	1

Selected Responses (barriers encountered in trying to implement the TEI model):

Time delays on everything. Nothing was in place when we started so that was not so good either. Time delays with getting primary organizations up and running. We had to keep promising things to clients and then they just wouldn't happen. Also, I think the program is understaffed. Some people say it isn't so bad, but I disagree.

The inability of agencies to set aside how they traditionally do things to make this model work. The door is often shut because I am on [one] side of things [and other agencies] don't normally work with [my agency]. It's been a closed area. People need to readjust their thinking.

I'm still unclear what the model is. Procedural battles within our agency are always an issue.

Under-staffing, primarily in the social work area, secondarily in the probation area. They end up with the bulk of the work, and most of them are overwhelmed. We end up doing a lot of reactive work, instead of proactive. A lot of putting out fires. Having more staff we'd be in a better position. There are so many players. We have to meet a lot. All the meetings are important, but this is a pitfall of interdisciplinary team work. It takes a lot of time. You're not doing some of the direct stuff that needs to be done. Having to do things the traditional way in the County—red tape and bureaucracy. Some of the things like the review process and committees for the County seem redundant. For us to go through that to get approval slows us down. It would be nice to bypass that. Not having a corporate sponsor and secondary organizations. Funding for activities and rewards for doing a good job—it would be very nice to have that.

Table 32. ISDT Staff Suggestions for Reducing Barriers to Implementing the TEI Model

	Number
Agency and department managers need to buy-in and commit to TEI model/more cooperation and advocacy from upper levels of the system	4
Involve direct service providers in planning and decision making	2
More staff	2
Clarify roles/goals/model	2
Provide cultural diversity training	1
Involve families in planning	1
Increase flexibility in the system	1
Get corporate sponsors	1
Provide seminars on issues affecting families	1

Selected Responses (ISDT staff suggestions for reducing barriers to implementing the TEI model):

1) More staffing. 2) Getting a stronger commitment from the departments involved. 3) Work on getting corporate support at the project staff level. 4) Going to the issue of planning—direct service people should be included in the planning. 5) Get commitment from County departments to pass through the bureaucracy and be more flexible and work outside the box. Give us some leeway and more freedom.

Strong support from my department. They need to work at changing things if they need to be changed. But overall, I just haven't seen a lot of support, especially coming from upper management.

It's gotta start all the way at the top managers and department heads. That's difficult—so many people don't want to know we exist. But it needs to start all the way at the top to make any of this work the way it's intended.

More definition from the Design Team in regards to what the model is supposed to be—what it should look like.

Have departments advocate more for us to implement the model the way it is supposed to be. People higher up need to be more involved. If our departments won't let us do something we are kind of stuck.

Family Abilities and Barriers

When asked how well they would rate TEI families' abilities to meet their child's/ children's needs, half of the ISDT respondents said they didn't know. Of the four respondents who felt they could respond to the question, three rated the families' abilities as okay (37.5%) and one as poor (12.5%).

Respondents were also asked the open ended question, “What are the three biggest barriers these families face in meeting their child/ren’s needs?” Poverty (7 responses) and chemical dependency (3) were most frequently mentioned.

BASELINE FAMILY SUMMARY RESULTS (ISDT STAFF)

ISDT staff worked with WRC to develop a Baseline Family Summary form to assist in determining each parent’s capacity to support the child’s progress toward long-term outcomes (see Appendix G). The Summary form contains several questions about possible risk and protective factors present for each child. It is anticipated that the Summary form will be updated each year in order to measure whether the TEI services make a difference in the parent’s capacity to support the long-term outcomes for the child. The information contained in the Summary form is based only on observed or known behavior at the time of the assessment as opposed to any speculation on the part of the ISDT members.

Parent Characteristics

ISDT staff were asked to respond to several questions about possible risk and protective factors present for each child’s primary female and male caregiver. One grandmother was included in the female caregiver sample, while two stepfathers were included in the male caregiver sample. It can be assumed that the rest of the mothers and fathers were biological or adoptive parents. Staff were able to provide much more information about the mothers than about the fathers. Data was totally missing on six of the fathers and partially missing for most of the remaining fathers. Data was also totally missing for 1 mother. Ninety-one percent of the mothers were thought to have regular contact with the child, while this was thought to be true for only 39 percent of the fathers.

Staff reported that many of the mothers are functioning quite well in terms of communicating with their children and encouraging school attendance; all mothers reportedly listen to the child when he/she addresses her, and 92 percent praise their child or offer positive comments directly to them at least some of the time. Eighty-eight percent of mothers reportedly help get their child to school on time at least some of the time.

Mothers appear to be less successful in attending to the health needs of their children. Staff reported that only about one-quarter of the mothers attend to the child’s medical needs or follow-up on recommended mental health services for the child most of the time.

Staff reported that all of the parents could speak, read, and write English. English proficiency and literacy do not appear to be barriers for this population. Most of the mothers (73%) reportedly do not work outside the home, while most of the known fathers (73%) are employed outside of the home. Overall, this represents a relatively high rate of joblessness.

Sixty-seven percent of the fathers and 50 percent of the mothers were reported to have a substance abuse disorder which interferes with his/her ability to function as a parent at least some of the time. This indicates that chemical dependency is a major risk factor within this population. Tables 33 and 34 summarize some of the key parental characteristics (see Appendix D for full results).

Table 33. Selected Characteristics of the Mother or Other Primary Female Caregiver

	N of Cases	% Reporting Yes, Most of the Time, or Some of the Time
Is mother incarcerated?	22	18.2%
Is mother employed outside the home?	19	26.7%
Is there any history of abandonment of child?	22	22.7%
Does mother identify strengths or positive attributes of child?	20	80.0%
Does mother praise child or offer positive comments directly to child?	12	91.7%
Does mother attempt to protect child from physical harm?	13	76.9%
Does mother attend to the medical needs of the child?	8	87.5%
Does mother follow-up on recommended mental health services for child?	10	50.0%
Does mother help get the child to school on time?	16	87.5%
Does mother read to child?	9	44.4%
Does mother have a psychiatric disorder which interferes with her ability to function as a mother?	12	41.7%
Does mother have a substance abuse disorder which interferes with her ability to function as a mother?	16	50.0%
Does mother speak and understand English?	22	100.0%
Does mother read and write English?	22	100.0%

Table 34. Selected Characteristics of the Father or Other Primary Male Caregiver*

	N	% Reporting Yes, Most of the Time, or Some of the Time
Is father incarcerated?	12	33.3%
Is father employed outside the home?	11	100%
Is there any history of abandonment of child?	9	55.6%
Does father identify strengths or positive attributes of child?	7	100.0%
Does father attempt to protect child from physical harm?	7	71.4%
Does father help get the child to school on time?	6	83.3%
Does father have a substance abuse disorder which interferes with his ability to function as a father?	6	66.7%
Does father speak and understand English?	11	100.0%
Does father read and write English?	11	100.0%

* Only selected items where $n \geq 6$ are included in this table.

Child Characteristics

ISDT staff were asked to respond to several questions assessing risk and protective factors for the children on their caseloads. Staff were not able to answer many of the questions regarding behaviors and household conditions that he/she may not have been able to observe (i.e., meal times and homework), resulting in a great deal of missing data.

Many of these children appear to be at high risk for experiencing or witnessing violence. Staff reported that 41.7 percent of the children are exposed to or at risk of physical or sexual abuse at least some of the time. Fully 87.5 percent of the children are reportedly exposed to domestic violence at least some of the time. This indicates that abuse and violence are major risk factors for these children and were perhaps underreported in the initial risk assessment.

Staff reported that many of the children do have some degree of structure and reinforcement of positive behaviors at home. Ninety-one percent of the children are thought to attend school almost every day, while 82 percent are thought to be expected to do their homework at least some of the time. All of the children reportedly have curfews and have a caregiver present, at least some of the time, when parents are absent. Tables 35 summarizes some of the key child characteristics (see Appendix D for full results).

Table 35. Selected Child Characteristics

	N	% Reporting Yes, Most of the Time, or Some of the Time
Is child exposed to domestic violence?	16	87.5%
Is child exposed to illegal drug use at home?	7	28.6%
Is child exposed to/at risk of physical or sexual abuse?	12	41.7%
Is child exposed to adults or youth with weapons?	8	25.0%
Does child have a curfew?	10	100.0%
Is child expected to do homework?	11	81.8%
Does child have a caregiver when parents are absent?	12	100.0%
Does child feel safe in neighborhood?	11	81.8%
Does child feel safe from victimization in home?	10	90.0%

Household Characteristics

ISTD staff were asked similar questions about risk and protective factors present in the household. The mean number of adults living in the households was 1.6, while the mean number of children was 3.4.

Many of the households appear to be chaotic. Staff indicated that in about three-quarters of the households there are frequent changes in adult household members and frequent visits by persons with known criminal histories at least some of the time. There is thought to be a history of police calls to the residence for more than half of the households (58.4%). Furthermore, staff report that 34.8 percent of the families have been homeless in the past year and that 43.5 percent have moved two or more times during the past year.

All of the households appear to have basic amenities such as hot and cold running water, refrigeration, a bath or shower, an adequate heat source and a working stove for cooking. Access to transportation and telephones are less prevalent; 27.3 percent of the households reportedly never have a phone and 18.8 percent never have access to reliable transportation other than the bus. Tables 36 summarizes some of the key household characteristics (see Appendix D for full results).

Table 36. Selected Household Characteristics

	N	% Reporting Yes, Most of the Time, or Some of the Time
Are there frequent changes in adult household members?	22	72.7%
Do persons with known criminal histories frequent the household?	9	77.8%
Is there a history of police calls to residence?	12	58.3%
Has family moved 2 or more times during past year?	23	43.5%
Has family been homeless during past year?	23	34.8%
Does household have a phone?	15	72.7%
Does household have access to reliable transportation other than bus?	16	81.2%
Does household have hot and cold running water?	21	100.0%
Does household have an adequate heat source?	21	100.0%

CHILD ASSESSMENT RESULTS (PRIMARY ORGANIZATION STAFF)

Primary Organization staff worked with WRC to develop the Child Assessment Form (please see Appendix G). Primary Organization staff were responsible for filling out this comprehensive assessment which included questions to be answered by each child on their caseload, as well as some to be answered by each child’s parent and teacher. Primary Organization staff also answered some background questions. The assessment comprised five domains: individual and household demographics, school success and connectedness, risk behaviors, hope for the future, and parent/ adult connectedness. It is anticipated that a modified version of this form will be developed for the Primary Organizations to complete on a yearly basis in order to measure any changes in the five domains.

Household Composition and Stability

Most of the children reportedly live with their mothers (83.3%), while few live with their fathers (12.5%). There appears to be a high degree of housing instability among these families; 64.6 percent were estimated to have moved two or more times over the past three years. Staff reported that one family had been without housing at some point during the two months prior to the child assessment being completed.

School Success and Connectedness

Primary organization staff asked teachers to answer several questions about the children involved in TEI. These questions help to assess school success and the child's degree of connectedness to school. Each child was also asked a question about their relationship with their teacher.

Teachers reported that the mean number of missed school days was 9.4 within the past 90 days, and that children had been removed from class due to behavior problems a mean number of 4.8 times within the past 30 days. Teachers reported that 33.4 percent of the children had been removed from class one or two times within the past 30 days. Twenty-two percent of children had been removed three or more times.

Teachers were asked to rate the child's ability to focus while in school using a six-point scale: 1= terrible, 2= poor, 3= OK, 4= good, 5= very good, and 6= fantastic. The mean rating for this question was 2.8, indicating that most teachers perceived that these children have a poor to OK ability to focus in school (see Table 37). Using the same six-point scale, teachers were also asked to rate their relationship with this student. The mean rating for this item was 4.3, indicating that most teachers describe their relationships with these children as good to very good (see Table 37).

Table 37. Ability to Focus and Parent-Teacher Relationship

	N	Terrible, Poor or Okay	Good, Very Good or Fantastic
Child's ability to focus while in school	18	73.7%	26.3%
How would you describe your relationship with this student?	19	22.3%	77.7%

Teachers were then asked a series of questions about the child's academic ability and classroom behavior. Less than half of the children were reported to be performing at or above their grade level in reading, writing, or math. Indeed, only 10.5 percent and 15.8 percent, respectively, of the children were reported to be reading and writing at their grade level. This indicates serious academic problems.

Most teachers described the children as being relatively responsive and respectful in the classroom. Eighty-three percent of the teachers said that the child responds when called on, and 77.8 percent said that the child respects their authority as a teacher.

Each child was also asked to rate their relationship with their teacher using the previously mentioned six-point scale. The mean rating was 4.2—approximately the same mean rating given by the teachers—indicating that most of the children described their relationship with their teacher as being good to very good (see Table 38).

Table 38. How Would You Describe Your Relationship with Your Teacher at School? (n= 19)

Terrible, Poor or Okay	Good, Very Good or Fantastic
31.9%	68.4%

Hope for the Future

Primary Organization staff asked each child two questions to assess the child’s sense of hope for the future and educational goals. The vast majority of the children said that they think that they will finish high school (84.2%) and that they would like to attend college or vocational school after high school (84.2%).

Parent/Adult Connectedness

Primary Organization staff asked the parents of the children on their TEI caseloads three questions about their relationship with their child and their child’s connectedness to home and other adults. Most of the children appear to be spending at least some time at home after school; 72.2 percent of the children reportedly spend most of their after-school time at home. Only 11.1 percent of parents reported that their child does not talk with them at all about things that are important to them. This indicates that most parents perceive some degree of connectedness with their children. More than half (66.7%) also reported that their child also has at least one other adult that he/she likes to spend time with.

BEHAVIORAL ASSESSMENT SYSTEM FOR CHILDREN (BASC) TEACHER RATING SCALE RESULTS

The *Behavioral Assessment System for Children* (BASC) is a standardized assessment tool used to evaluate children's behavior. The BASC Teacher Rating Scales (TRS) is a comprehensive measure of both adaptive and problem behaviors in the school setting. It is made up of descriptors of behavior that the teacher rates on a four-point scale of frequency, ranging from "never" to "almost always". A high score on the clinical scales indicates negative or undesirable characteristics, while a high score on the adaptive scales indicates positive or desirable characteristics.¹¹

Primary Organization staff distributed the BASC TRS forms to the teachers of children on their TEI caseloads. Completed BASC forms could only be collected for 16 of the 24 children.

The highest mean scale scores were for the Aggression, Conduct Problems, and Learning Problem scales. The mean score for these three scales was in the "at-risk" or "clinically significant range". Large proportions of the children scored in the "clinically significant" range for these scales: 43.8 percent for Conduct Problems; 37.5 percent for Aggression; and 18.8 percent for Learning Problems. This is not surprising, considering that these behaviors are associated with delinquency. The lowest mean scores were for the Adaptability, Study Skills and Adaptive Skills scales—all adaptive scales in which a high score is desirable (see Appendix E for all BASC score results).

Composite scores show that children in TEI have behavior problems that cluster in the areas of Externalizing and School Problems. The mean scores for each of these composites was in the "at-risk" range. The Externalizing Problems composite consists of the Hyperactivity, Aggression and Conduct Problem scales. These behaviors tend to be very disruptive and readily come to the attention of teachers and other adults. The School Problems composite consists of the Attention Problems and Learning Problems scales. A high score on this composite indicates academic difficulties, including low motivation, attention problems and cognitive problems. The children scored lowest in the Adaptive Skills composite, which includes the Adaptability, Social Skills and Leadership scales. A low score on this composite reflects problems with prosocial,

¹¹ Reynolds, C.R., and Kamphaus, R.W. (1992). *Behavior Assessment System for Children Manual*. American Guidance Service, Inc.: Circle Pines, MN.

organizational, study and other adaptive skills. Table 39 displays the proportion of TEI children who scored within the “at-risk” and “clinically significant” range for each of the composites.

Table 39. Percent of TEI Children within Clinically Significant and At-Risk Range for BASC TRS Composite Scores (n=16)

	Mean Score	Clinically Significant	At-Risk
Externalizing	65.4	37.5	25.0
Internalizing	50.1	6.7	-
School Problems	60.0	18.8	43.8
Behavior Symptoms	58.0	13.3	20.0
Adaptive Skills	40.1	-	-

These findings indicate that many of the children involved in TEI display disruptive and aggressive behaviors at school and struggle with learning tasks. The high proportion of children scoring in the “clinically significant” and “at-risk” ranges indicate that many of the TEI participants may suffer from emotional, behavioral, and/or learning problems or disabilities.

DISCUSSION

The baseline indicators outlined in the first phase of this evaluation clearly show that the children participating in Targeted Early Intervention face numerous challenges to achieving the identified long-term outcomes. The first phase of the evaluation identified these baseline indicators as well as process issues associated with implementing the Targeted Early Intervention model. These findings are discussed on the following pages.

BASELINE DATA FOR OUTCOME INDICATORS

Reduction in Risk Factors and Risk Behaviors

Although family risk factor and child risk behavior outcomes are not yet available, baseline risk data from the Risk Factor Checklist and other assessment tools indicate that TEI Participants live in extremely high-risk environments. High rates of exposure to domestic violence, child maltreatment, crime, chemical dependency and mental health issues are particularly striking. Many of these children are clearly being socialized in family and neighborhood environments in

which violence and social disorganization are highly prevalent. Family functioning and household stability are compromised by these environments. These constellations of severe risk factors and the multiple service contacts that accompany those factors create many challenges for the ISDT and Primary Organization staff.

School Success

Results of the BASC TRS indicate that teachers identify aggression, conduct problems and learning problems as major barriers to school success for many of the children in TEI. These types of problems are typically associated with delinquency and are consistent with patterns of acting-out behavior. Despite indicators of serious academic problems, the vast majority of teachers and students described their relationships with each other as good or better.

Furthermore, most TEI children reported that they planned to finish high school and go to college or vocational school. These findings indicate that although many of the TEI children may be doing poorly in school, they still feel somewhat connected to school and have positive feelings about school. This positive connection with school is clearly an important avenue for healthy youth development.

Stable Relationships with Caring Adult

In the Child Assessment form completed by the Primary Organization staff, parents of the TEI children reported that more than half of the children have a relationship with an adult other than their parent with whom they like to spend time. It is unclear what proportion of these adults are CSPs established by the TEI program and what proportion are other adults within the child's environment. It is also unclear whether these adults provide a positive role model for the child. That 77.8 percent of TEI households are reportedly frequented by "persons with known criminal histories" indicates that some of these relationships with adults may not necessarily provide positive support for the child.

Successful Extracurricular Activity

Primary Organization and ISDT staff report that they have had some success in getting the children involved in extracurricular activities. Examples of the types of extracurricular activities the children have been involved in include summer camps, YMCA/YWCA memberships, after-school programs and sports teams.

PROCESS ISSUES

Ability to Identify Risk Factors

The domains represented on the Risk Factor Checklist—family violence, child maltreatment, family functioning and family criminal histories—have been shown to be strongly predictive of delinquency. The Risk Factor Checklist is clearly a good tool for assessing need. In addition, work is needed to determine if there are particular risk factors that place a child at higher risk for future delinquency. In addition, work is needed to identify treatment approaches that are likely to be most effective given a child’s specific configuration of risk factors.

Ability to Implement CSP Component

Primary Organization staff indicated that identifying CSPs has been extremely difficult. Only one-third of TEI Participants had a CSP at the time of the interviews. Lack of suitable relatives and parental resistance or hesitation were cited as the major impediments to identifying and recruiting CSPs. A few children have been assigned CSPs whom they did not previously know. Anecdotal evidence suggests that these “stranger matches” may not be working as well as matches in which the child and the CSP already had an existing relationship. The lack of suitable relatives or connections with other positive individuals, however, serves as a major impediment to fully implementing the CSP component.

Staff Relationships

Primary Organization and ISDT staff appear to be largely satisfied with their relationships with each other and with the management staff at the Hennepin County Attorney’s Office. Many respondents indicated that communication could be improved and that roles could be defined more clearly. Most of these respondents seemed optimistic about their abilities to make these improvements and attributed many of the past and existing challenges to the newness and experimental nature of the program.

Barriers to Service Delivery

Systems barriers and family barriers appear to be the biggest impediments to effective service delivery. Complex interactions with “the system” and the multiple layers of red tape associated with those interactions was cited as a major problem by ISDT staff. Staff also commented that many parents are wary of working with TEI because they have already been involved with so

many different providers and are suffering from “agency burnout”. Poverty, chemical dependency, housing needs and mental health problems were cited as the major family barriers impacting the success of TEI. Interdepartmental boundaries and lack of support from some department leaders within Hennepin County were also mentioned as systems barriers.

Ability to Implement TEI Model

Although TEI staff and families have had to deal with the above-mentioned barriers, most staff appear to be very optimistic about their ability to help the children and their families within the TEI model. Primary Organization staff described their effectiveness in preventing future delinquency, getting the child engaged in school and getting the child involved in extracurricular activities as very good or outstanding for approximately half of the TEI children.

Primary Organization staff expressed concerns about the model’s explicit focus on the relationship between their agencies and the TEI child. Many respondents indicated that they would like to provide more services to the child’s caregivers and siblings. As the model was originally designed, the Primary Organizations were to work directly with the TEI child and the ISDT was to provide the services to the child’s family. Indeed, the Design Team intended for the ISDT staff to work with *every* family member. Resource constraints within the ISDT and the development of strong relationships between Primary Organization staff and the TEI families have altered this aspect of the model somewhat, making the community-based Primary Organizations the more natural locus for family involvement. Time and resource constraints among Primary Organization staff, however, may restrict these activities.

Many of the process concerns raised by staff are typical of the first years of implementation of any pilot program. Concerns about the clarity of the model, systems barriers, communications patterns and the adequacy of resources are to be expected in the initial phases of a program. These concerns should be heeded carefully so that the TEI program can continue to improve the quality of service provided to the TEI children and their families. The following recommendations may help the intervention to focus on the areas that warrant improvement.

ISSUES TO CONSIDER

Targeted Early Intervention is a long-term intervention for children identified as being at greatest risk of future delinquency. Given the long-term nature of the effort, it was not expected that the outcome analysis contained in the first phase of the evaluation would reflect the full impact of the program. Rather, this phase of the evaluation focused primarily on gathering and reporting baseline data for the outcomes as well as identifying findings that pertain to process issues associated with implementing the Targeted Early Intervention model. The findings from this first phase of the evaluation identify several issues to consider for the ongoing implementation and operation of the Targeted Early Intervention model.

TEI Model Design and Implementation

Every effort should be made to complete the implementation of the Targeted Early Intervention model. In addition, modification of particular model elements should be considered based on the findings of this report.

Targeted Early Intervention staff should experiment with new strategies for identifying, recruiting, maintaining and supporting CSPs. The CSP component may benefit from the following activities:

- Expand the pool of eligible mentors through increased advertising and outreach efforts.

- Work with parents and family members to foster an understanding of and support for the role of CSP. Greater “buy-in” from family members may enhance the relationship between the child and his/her CSP.

- Provide greater support for the CSPs. This could include increased availability of stipends, transportation assistance, more contact from Primary Organization staff, mentorship training or group activities.

- Consider identifying a network of multiple support persons when a specific CSP is not available.

Targeted Early Intervention staff should consider clarifying the existing service model with regard to the focus on long-term outcomes for the TEI child and services provided to TEI family members. Rules regarding service delivery should be flexible in order to meet the needs of the family unit, not just the participating child. Staff must continue to be realistic, however, in determining what services can and should be provided to family members.

Emphasis should be placed on establishing relationships with corporate sponsors and formalizing the Family and Community Advocacy components of the model.

Staffing the TEI Model

The issue of resources has had an impact on the manner in which the TEI model has been implemented. While Hennepin County departments have responded by increasing the staffing levels on the ISDT, there are other possible avenues for addressing some of the resource concerns.

All Targeted Early Intervention staff may benefit from increased interdisciplinary communication, role clarification and a more integrated and participatory planning process.

Efforts should be made to ensure equal workload distribution among ISDT staff. This may involve increasing the number of staff members on the team, providing in-depth cross-training to ISDT staff, or reevaluating current job classifications.

Addressing Current Barriers to Implementation

Primary Organization and ISDT staff identify systems barriers and family barriers as the biggest impediments to effectively implementing the TEI model and providing service delivery. It is important to recognize that the barriers that the Primary Organization and ISDT staff identified as the most significant may have an impact on the overall effectiveness of the TEI model.

Targeted Early Intervention staff should advocate for systems change on several levels:

Targeted Early Intervention staff should continue to expand “buy-in” from higher levels of management within the county system. Increased support for the program may result in less “red tape” for TEI families.

Targeted Early Intervention staff are in a unique position to assess sources of service fragmentation within Hennepin County. This information should be shared with county policy makers in an effort to reduce systems barriers to effective implementation of the TEI model and other programs that serve high-risk youth and families.

Targeted Early Intervention staff should work with policy makers to identify and implement strategies for holding parents accountable for their lack of participation in or actual disruption of, activities that would prevent future delinquency for their child.

On-Going Evaluation

It is anticipated that the second year evaluation will be expanded to include more data on the outcomes as well as findings from interviews with TEI children and their families. While the ongoing work of the Targeted Early Intervention effort regularly results in the identification of new issues for evaluation—some of which may be included in upcoming evaluations—the findings from this evaluation clearly identify some focus areas for future evaluations as well.

Future evaluation efforts should assess which types of TEI participants benefit most from the program. For example, subsequent delinquency rates may differ according to the severity of the initial delinquent act, the age of the child when referred to TEI and the presence of a stable CSP relationship.

Data collection forms and evaluation instruments should be streamlined to avoid redundancy and unnecessary paperwork. For example, questions regarding housing stability should be asked of only one respondent.

Targeted Early Intervention Evaluation – Phase 2

The first phase of the evaluation provides a foundation for the ongoing research and evaluation of the Targeted Early Intervention model. The second phase of the evaluation will focus on the attainment of the following long-term outcomes:

- Reduction in delinquent (criminal) behavior
- Reduction in risk behavior
- School success
- Stable relationship with at least one caring adult
- Successful experience with extracurricular activity

In addition, updated Baseline Family Summary forms will be used to measure any changes in the ability of the parents to support the long-term outcomes for the child.

Another component of the evaluation will include a cost analysis of the Targeted Early Intervention model to determine the cost effectiveness of TGI. This will be accomplished by comparing the long-term costs of the children and families in TEI with the long-term costs of the TEI Comparisons children and their families.

Finally, the second phase of the evaluation will continue to assess the process issues associated with the Targeted Early Intervention model. It will take into account any modifications to the model as well as the implementation of model components during the second phase of the project.

A variety of methods will be employed to collect this information including: interviews with TEI children and parents, interviews with the Primary Organization and ISDT staff, analysis of Individual Success Plans, BASC results and new police reports.

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APPENDIX A: Risk Factor Checklist

APPENDIX B: TEI Design Group and Participating Organizations and Individuals

Targeted Early Intervention Design Group

Chair: Kristi Lahti-Johnson, *County Attorney's Office**
Ann Ahlstrom, *formerly of County Attorney's Office*
Jill Alverson, *Department of Children and Family Services**
Peter Benson, *Search Institute*
Bill Calder, *Department of Community Corrections**
Kathy Cook, *Department of Community Health*
Peg Douglass, *Department of Economic Assistance**
Dan Engstrom, *Assistant County Administrator of Human Services**
Bill Jones, *Minneapolis Police Department*
Jamie Halpern, *Office of Budget and Finance**
Jack Hauer, *formerly of Department of Community Corrections*
Nancy Leffert, *Search Institute*
Harvey Linder, *Department of Children and Family Services**
Lynn Malfeld, *Department of Children and Family Services**
Phyllis Marmo, *Department of Community Health**
William Moore, *Department of Children and Family Services**
Bob Mowatt, *Department of Community Corrections**
Walter Perkins, *Department of Children and Family Services**
Lucy Quaintance, *Department of Adult Services, Chemical Dependency Division**
Phyllis Seichrist, *formerly of St. Joseph's Home for Children*
Barbara Shin, *Andersen Elementary School*
Shirlee Stone, *Ginew/Golden Eagles*
Simeon Wagner, *Department of Community Corrections**
Janet Wiig, *formerly of County Attorney's Office*

* Indicates currently active member.

Primary Organizations

Division of Indian Work

Phyllis Wheatley Community Center

Pillsbury Neighborhood Services – Camden Neighborhood Center

Pillsbury Neighborhood Services – Oak Park Neighborhood Center

YMCA – Hiawatha Branch

Integrated Service Delivery Team

Children and Family Services

Tracy Allen, *Senior Social Worker**

Lynn Malfeld, *Supervisor**

Paula Sanders, *Senior Social Worker*

Michael Sancilio, *Senior Clinical Psychologist**

Anne Sundt, *Senior Social Worker**

Community Corrections

Royetta McBain, *Probation/Parole Officer*

Beth Peters, *Probation/Parole Officer**

Community Health

Sharon Fix, *Senior Community Health Worker*

Diane Strahan, *Senior Community Health Worker**

County Attorney's Office

Todd Fellman, *Assistant County Attorney*

Judy Harrigan, *Senior County Attorney**

Jim Keeler, *Assistant County Attorney*

Dan Rasmus, *Assistant County Attorney*

Economic Assistance

Heidi Deford, *Principal Financial Worker**

* Indicates currently active member

Delinquents Under 10 Screening Team

Children and Family Services

Ruben Aponte

Shirley Barfknecht

Lynn Malfeld

Renee Paetzel

Zachary Rice

Paula Sanders

Lelia White

County Attorney's Office

Judy Harrigan

Kristi Lahti-Johnson

JoAnne LaMere

Elisha Tamura

APPENDIX C: Comments About Disposition Options

Comments about Disposition Options

While the disposition options are along a continuum moving from least intensive to most intensive, a child does not start at the lowest available disposition. Rather, the disposition decision is based on the level of risk presented by the child's behavior and family history. There may be times, however, when a child does move from a lower intervention to a more intensive one. For example, a child may be referred to the Police Intervention Program for diversion services. If the child and parent do not participate in the program, the case is referred back to the Screening Team for further review. At that time, the Screening Team may decide to forward the case to one of the Strategic Early Intervention units in DCFS for Child Focused Services.

Not all of the disposition options were available until April 1997. In fact, the Direct Referral to Services disposition was not used during this time period because the statutory authority to make a referral directly from the Screening Team did not exist until August 1997. As a result, the relationships with the resources had not yet been developed.

The diversion programs are a primary referral source for the delinquents under 10 population. These programs have met with varying levels of success. It is clear that the diversion programs that include an outreach component are more successful in connecting with the children and their families than those that do not have an outreach component. However, participation rates tend to be lower than desired.

APPENDIX D: Baseline Summary Results Tables

Table D-1
Characteristics of the Mother or Other Primary Female Caregiver
(n= 23)

	N	Yes or Most of the Time		Some of the Time		No or Never	
		N	%	N	%	N	%
Is mother incarcerated?	22	-	-	4	18.2	18	81.8
Is mother in a residential treatment program (CD or MH)?	21	-	-	-	-	21	100.0
Is mother employed outside home?	19	1	5.3	4	21.1	14	73.3
Can mother physically care for child?	22	19	86.4	2	9.1	1	4.5
Does mother have regular contact with child?	22	20	90.9	1	4.5	1	4.5
Is there any history of abandonment of child?	22	2	9.1	3	13.6	17	77.3
Does mother identify strengths or positive attributes of child?	20	13	65.0	3	15.0	4	20.0
Does mother praise child or offer positive comments directly to child?	12	9	75.0	2	16.7	1	8.3
Does mother curse child, call the child names or scream at child?	5	2	40.0	-	-	3	60.0
Does mother listen to the child when addressed by child?	11	10	90.9	1	9.1	-	-
Does mother engage in leisure/recreational activities with child?	13	6	46.2	2	15.4	5	38.5
Does mother act as if the child were an adult?	13	-	-	5	38.5	8	61.5
Does the mother attempt to protect child from physical harm?	13	7	53.8	3	23.1	3	23.1
Does mother attend to the medical needs of the child?	8	2	25.0	5	62.5	1	12.5
Does mother follow-up on recommended mental health services for child?	10	3	30.0	2	20.0	5	50.0
Does mother help get the child to school on time?	16	12	75.0	2	12.5	2	12.5
Does mother read to child?	9	4	44.4	-	-	5	55.6
Does mother have any adult contacts that support the mother's ability to meet the child's needs?	16	11	68.8	2	12.5	3	18.8

Table D-1 (Continued)
Characteristics of the Mother or Other Primary Female Caregiver
(n=23)

	N	Yes or Most of the Time		Some of the Time		No or Never	
		N	%	N	%	N	%
Does mother have a psychiatric disorder which interferes with her ability to function as a mother?	12	3	25.0	2	16.7	7	58.3
If yes, is mother receiving services to address the issue?	5	1	20.0	2	40.0	2	40.0
Does mother have a substance abuse disorder which interferes with her ability to function as a mother?	16	7	43.8	1	6.3	8	50.0
If yes, is mother receiving services to address this issue?	5	1	20.0	1	20.0	3	60.0
Does mother speak and understand English?	22	22	100.0	-	-	-	-
Does mother read and write English?	22	22	100.0	-	-	-	-
Does mother have an order for protection?	17	2	11.8	1	5.9	14	82.4
If yes, does mother allow order for protection to be violated?	1	-	-	-	-	1	100.0

Table D-2
Characteristics of the Father or Other Primary Male Caregiver
(n=23)

	N	Yes or Most of the Time		Some of the Time		No or Never	
		N	%	N	%	N	%
Is father incarcerated?	12	2	16.7	2	16.7	8	66.7
Is father in a residential treatment program (CD or MH)?	11	-	-	2	18.2	9	81.8
Is father employed outside home?	11	8	72.7	3	27.3	-	-
Can father physically care for child?	9	8	88.9	-	-	1	11.1
Does father have regular contact with child?	13	5	38.5	6	46.2	2	15.4
Is there any history of abandonment of child?	9	4	44.4	1	11.1	4	44.4
Does father identify strengths or positive attributes of child?	7	4	57.1	3	42.9	-	-
Does father praise child or offer positive comments directly to child?	2	2	100.0	-	-	-	-
Does father curse child, call the child names or scream at child?	2	-	-	1	50.0	1	50.0
Does father listen to the child when addressed by child?	1	1	100.0	-	-	-	-
Does father engage in leisure/recreational activities with child?	6	2	33.3	3	50.0	1	16.7
Does father act as if the child were an adult?	4	-	-	2	50.0	2	50.0
Does the father attempt to protect child from physical harm?	7	1	14.3	4	57.1	2	28.6
Does father attend to the medical needs of the child?	2	1	50.0	-	-	1	50.0
Does father follow-up on recommended mental health services for child?	2	-	-	-	-	2	100.0
Does father help get the child to school on time?	6	3	50.0	2	33.3	1	16.7
Does father read to child?	3	-	-	-	-	3	100.0
Does father have any adult contacts that support the father's ability to meet the child's needs?	7	4	57.1	1	14.3	2	28.6

Table D-2 (Continued)
Characteristics of the Father or Other Primary Male Caregiver
(n=23)

	N	Yes or Most of the Time		Some of the Time		No or Never	
		N	%	N	%	N	%
Does father have a psychiatric disorder which interferes with his/her ability to function as a father?	2	-	-	-	-	2	100.0
If yes, is father receiving services to address the issue?	0	-	-	-	-	-	-
Does father have a substance abuse disorder which interferes with his/her ability to function as a father?	6	3	50.0	1	16.7	2	33.3
If yes, is father receiving services to address this issue?	2	-	-	1	50.0	1	50.0
Does father speak and understand English?	11	11	100.0	-	-	-	-
Does father read and write English?	11	11	100.0	-	-	-	-
Does father have an order for protection?	7	-	-	1	14.3	6	85.7
If yes, does father allow order for protection to be violated?	7	-	-	1	14.3	6	85.7

Table DC-3
Characteristics of the Child
(n=23)

	N	Yes or Most of the Time		Some of the Time		No or Never	
		N	%	N	%	N	%
Is child exposed to domestic violence?	16	6	37.5	8	50.0	2	12.5
Is child exposed to illegal drug use at home?	7	1	14.3	1	14.3	5	71.4
Is child exposed to/at risk of physical or sexual abuse?	12	3	25.0	2	16.7	7	58.3
Is child exposed to adults or youth with weapons?	8	-	-	2	25.0	6	75.0
Is child exposed to unhealthy housing conditions (bugs, rodents, environmental hazards)?	15	3	20.0	-	-	12	80.0
Is child exposed to pornographic materials (TV, videos, etc.)?	4	1	25.0	-	-	3	75.0
Does child attend school most every day?	21	19	90.5	2	9.5	-	-
Does child have a regular bedtime?	9	3	33.3	3	33.3	3	33.3
Does child have mealtimes with adults?	9	3	33.3	5	55.6	1	11.1
Does child have a curfew?	10	8	80.0	2	20.0	-	-
Is child expected to do homework?	11	6	54.5	3	27.3	2	18.2
Does child have a caregiver when parents are absent?	12	11	91.7	1	8.3	-	-
Does child feel safe in neighborhood?	11	3	27.3	6	54.5	2	18.2
Does child feel safe from victimization in home?	10	8	80.0	1	10.0	1	10.0
Does child have assigned chores?	13	10	76.9	3	23.1	-	-

Table D-4
Characteristics of the Household
(n=23)

	N	Most of the Time		Some of the Time		Never	
		N	%	N	%	N	%
Does family have their own housing (owned or rented)?	23	19	82.6	4	17.4	-	-
Are adequate sanitary conditions maintained within the household?	16	15	93.8	1	6.3	-	-
Are there frequent changes in adult household members?	22	10	45.5	6	27.3	6	27.3
Do persons with known criminal histories frequent household?	9	4	44.4	3	33.3	2	22.2
Is there a history of police calls to residence?	12	2	16.7	5	41.7	5	41.7
Has family moved 2 or more times during past year?	23	10	43.5	-	-	13	56.5
Has family been homeless during past year?	23	8	34.8	-	-	15	65.2
Are there adequate financial resources to meet basic household needs (shelter, utilities, food, clothing)?	21	18	85.7	3	14.3	-	-
During the past 3 months have family financial resources required for basic needs been used for other purposes?	15	5	33.3	1	6.7	9	60.0
Does household have a phone?	22	15	68.2	1	4.5	6	27.3
Does household have access to reliable transportation other than bus?	16	9	56.3	4	25.0	3	18.8
Does household have hot and cold running water?	21	21	100.0	-	-	-	-
Does household have a working refrigerator?	21	21	100.0	-	-	-	-
Does household have a bath or shower?	20	20	100.0	-	-	-	-
Does household have an adequate heat source?	21	19	90.5	2	9.5	-	-
Does household have a working stove for cooking?	21	21	100.0	-	-	-	-

APPENDIX E: BASC Score Tables

Table E-1
BASC TRS Scale Scores
(n=16)

Clinical Scales	Mean Score	Clinically Significant (70+)		At-Risk (60- 69)		Average (41- 59)		Low (31-40)		Very Low (≤ 30)	
		N	%	N	%	N	%	N	%	N	%
Hyperactivity	58.0	3	18.8	3	18.8	10	62.5	-	-	-	-
Aggression	65.0	6	37.5	4	25.0	6	37.5	-	-	-	-
Conduct Problems	70.0	7	43.8	4	25.0	5	31.3	-	-	-	-
Anxiety	51.3	1	6.7	2	13.3	12	80.0	-	-	-	-
Depression	53.1	2	12.5	2	12.5	12	75.0	-	-	-	-
Somatization	48.3	-	-	2	12.5	14	87.5	-	-	-	-
Attention Problems	59.0	2	12.5	6	37.5	7	43.8	-	-	-	-
Learning Problems	60.0	3	18.8	7	43.8	5	31.3	1	6.2	-	-
Atypicality	54.1	1	6.3	2	12.5	13	81.3	-	-	-	-
Withdrawal	50.0	-	-	2	12.5	13	81.3	1	6.3	-	-
Adaptive Scales											
Adaptability	39.4	-	-	1	6.3	6	37.5	5	31.3	4	25.0
Social Skills	42.4	-	-	1	6.3	6	37.5	9	56.3	-	-
Leadership	44.0	-	-	-	-	8	50.0	8	50.0	-	-
Study Skills	40.0	-	-	-	-	6	37.5	9	56.3	1	6.3

Table E-2
BASC TRS Composite Scores
(n=16)

	Mean Score	Clinically Significant (70+)		At-Risk (60- 69)		Average (41-59)		Low (31-40)		Very Low (≤ 30)	
		N	%	N	%	N	%	N	%	N	%
Externalizing	65.4	6	37.5	4	25.0	6	37.5	-	-	-	-
Internalizing	50.1	1	6.7	-	-	14	93.3	-	-	-	-
School Problems	60.0	3	18.8	7	43.8	6	37.5	-	-	-	-
Behavior Symptoms	58.0	2	13.3	3	20.0	9	60.0	1	6.3	-	-
Adaptive Skills	40.1	-	-	-	-	6	37.5	10	62.5	-	-

APPENDIX F: Individual Success Plan

TARGETED EARLY INTERVENTION Individual Success Plan

Child's Name: _____ Date of Birth: _____

Person assisting with the preparation of this plan: _____ Date: 9/22/98 Review Date: 12/31/98

Child's signature: _____ Parent/Guardian's Signature: _____ Date: _____

Outcome: School Success				
Indicators	Action Steps	Person(s) Responsible	Frequency/Time Frame	Progress on Indicators
1. Increase reading skills	1. Focus in on class discussion	1. Child responsible for activities. Teacher to monitor	1. Daily	1. Needs improvement
2. Increase math skills	2. Do problems independently and then check problems when done	2. Child responsible for activities. Teacher to monitor	2. Daily	2. Some improvement
3. Increase writing skills	3. Complete daily journal	3. Child responsible for activities. Teacher to monitor	3. Daily	3. Some improvement

Outcome: No Delinquent Behavior and Reduction in Risk Behaviors				
Indicators	Action Steps	Person(s) Responsible	Frequency/Time Frame	Progress on Indicators
1. Show respect towards peers	1. Avoid rough house play	1. Child responsible for activities. Teacher to monitor	1. Daily	Needs to work on processing negative behavior with peers
2. Respect people of authority	2. Learn to accept the consequences that result from your actions	2. Child responsible for activities. Teacher to monitor	2. As situations arise	
3.	3.			

Outcome: Stable relationship with at least one caring adult				
Indicators	Action Steps	Person(s) Responsible	Frequency/Time Frame	Progress on Indicators
1. Identify Critical Support Person 2.	1. Meet regularly with Critical Support Person 2.	Critical Support Person and child. Primary Organization staff to monitor	Every Sunday	Critical Support Person and child have met every Sunday for activities

Outcome: Successful experience with extracurricular, recreational, spiritual and/or skill-building activity				
Indicators	Action Steps	Person(s) Responsible	Frequency/Time Frame	Progress on Indicators
1. Improve football skills in order to participate in the next level 2. Improve karate skills to earn a new classification belt 3.	1. Participate in football at the recreation center near home 2. Participate in karate at recreation center 3.	1. Child to participate, mom and/or Primary Organization staff responsible for getting child to practice, coach to monitor activity 2. Child to participate, mom and/or Primary Organization staff responsible for getting child to karate, instructor to monitor	1. Everyday at 5:00 2. Weekly	

Outcome: Other (please describe)				
Indicators	Action Steps	Person(s) Responsible	Frequency/Time Frame	Progress on Indicators
1. Learn to give back to the community 2. 3.	1. Service project – cleaning at the park, bagging groceries at the food shelf 2. 3.	Child to participate. Primary Organization staff to identify possible projects and monitor	Once a week	Puts in a lot of effort and seems to enjoy the work

APPENDIX G: Evaluation Instruments

Risk Factor Check List - Delinquents Under 10

Child's Name: _____

1) Earliest point of known contact with police

_____ frequency

_____ severity

2) Family violence, child abuse and neglect

_____ number of previous Child Protection Assessments

_____ number of previous Child Protection or Child Welfare case openings

_____ any record of domestic abuse

_____ previous placements (of any child)

_____ previous court petitions for Child in Need of Protection or Services (CHIPS)

3) Other problems with family functioning

_____ chemical abuse

_____ developmental disabilities

_____ mental health

_____ number of children in family

_____ single parent

_____ receiving AFDC/ever received

_____ age of mother at birth of first child

4) Family criminal and delinquent histories (number of charged crimes and severity)

_____ mother

_____ father

_____ other siblings

5) School N/A

_____ attendance problems

_____ behavior problems

_____ special needs

6) Lack of positive supportive relationships

Hennepin County Attorney's Office

October 1996

Name of Respondent: _____

**Key Informant/Interview Questions for
*ISDT Staff***

Delinquents Under Ten Targeted Intervention Project

Organization Code: 01-40308

Cost Center Code: 3668-2

INTERVIEWER: The following questions ask about your role as a member of the Integrated Service Delivery Team (ISDT) for the Targeted Early Intervention Project (TEI). Some of the questions also ask about your overall opinion of the effectiveness of the TEI model.

1. What is your job title? _____

2. What is your area of expertise as it related to your work with the Targeted Early Intervention Project?

3. How often are your skills put to good use on the Integrated Service Delivery Team? Would you say:

Almost always,.....	1
Most of the time,.....	2
Some of the time,.....	3
Not very often, or.....	4
Almost never?.....	5

4. What services have you directly provided for the children involved in TEI?

5. What services you have directly provided for the families of children involved in TEI?

6A. Have you arranged for any other services to be provided for the children or families involved in TEI?

Yes1
No.....(GO TO Q.7).....2

6B. If yes, were any of these services provided by an organization other than Hennepin County?

Yes1
No.....(GO TO Q.7).....2

6C. What services?

7. What types of direct assistance have you given to the Primary Organizations? (PROBE: What kinds of help have they requested?)

8. What types of services have been requested most often by the Primary Organizations?

9. Overall, how would you rate the families' abilities to meet their child's/children's needs?
 Would you say . . .

- Poor, 1
- Okay, 2
- Good, 3
- Very good, or 4
- Outstanding? 5
- Don't know 8

10. What are the 3 biggest barriers these families face in meeting their child/ren's needs?
 Would you say . . . (DO NOT READ LIST)

- Housing needs, 1
 - Mental health problems, 2
 - Chemical dependency, 3
 - Domestic violence, 4
 - Criminal behavior, 5
 - Single parenting, 6
 - Lack of social supports/ social isolation, 7
 - Discrimination/racism, 8
 - Health/medical problems, 9
 - Transportation needs, 10
 - Poverty/financial needs, 11
 - Poor parenting skills, or 12
 - Other (please describe): _____ 13
-
- Don't know -8

11. Compared to other children and families you have worked with, how difficult is it to help the families in the TEI? Would you say they are...:

- Extremely difficult to help,..... 1
- Very difficult to help,..... 2
- Somewhat difficult to help,..... 3
- Not too difficult to help, or 4
- Not at all difficult to help? 5

12. Overall, how would you rate your effectiveness in:

	Would you say . . .					
	Poor,	Okay,	Good,	Very Good, or	Outstanding?	N/A
12A. Getting TEI children engaged in school	1	2	3	4	5	9
12B. Getting TEI children involved in extracurricular activities	1	2	3	4	5	9
12C. Providing needed services for the child's family	1	2	3	4	5	9
12D. Preventing future delinquency	1	2	3	4	5	9

13A. How would you rate your working relationship with other ISDT team members? Would you say...?

- Poor,..... 1
- Okay,..... 2
- Good,..... 3
- Very good, or 4
- Outstanding? 5

13B. How could this relationship be improved?

14A. How would you rate your working relationship with the Primary Organization staff members?
Would you say...?

- Poor, 1
- Okay, 2
- Good, 3
- Very good, or 4
- Outstanding? 5

14B. How could this relationship be improved?

15A. How would you rate your working relationship with the project management staff at Hennepin County Attorney's office? Would you say . . .

- Poor, 1
- Okay, 2
- Good, 3
- Very good, or 4
- Outstanding? 5

15B. How could this relationship be improved?

16A. How would you rate your experience in a self-directed work team?

- Poor, 1
- Okay, 2
- Good, 3
- Very good, or 4
- Outstanding? 5

16B. How could this experience be improved? (PROBE: How could the self-directed structure of the ISDT team be improved?)

17. What barriers have you encountered in trying to implement the TEI model?

18. What do you think could be done to reduce these barriers?

Interviewer Name: _____

Date: _____

Interviewer Employee #: _____

Time: _____
(24 hour clock)

Name of Respondent: _____

**Delinquents Under Ten Targeted Intervention Project
Primary Organization Staff**

**Organization Code: 01-40308
Cost Center Code: 3668-2**

INTERVIEWER: The first questions are about specific children in your Targeted Early Intervention (TEI) caseload.

PART I: CHILD-SPECIFIC QUESTIONS

According to our records, you are working with the following children:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____

Is this correct?

Yes 1
 No.....(make necessary changes to above list)2

The following questions refer to Child #_____ : _____

1. How long have you been working with this child?
 _____ months

2. Have you been able to establish a stable Critical Support Person (CSP) for this child?
 Yes 1
 No.....(GO TO Q.8).....2

3A. Did the CSP know this child before being identified by you as a mentor?

Yes 1
 No.....(GO TO Q.4)..... 2
 Don't know 8

3B. Is this CSP a blood relative or kin to the child?

Yes 1
 No..... 2
 Don't know 8

4. Overall, how would you rate the ability of the CSP to help this child to:

	Would you say . . .					
	Poor,	Okay,	Good,	Very Good, or	Outstanding?	Don't Know
4A. Keep from engaging in delinquent acts	1	2	3	4	5	8
4B. Get engaged in school	1	2	3	4	5	8
4C. Get involved in extracurricular activities	1	2	3	4	5	8

5. How would you rate the quality of the relationship between the CSP and:

	Would you say . . .					
	Poor	Okay	Good	Very Good	Outstanding	Don't Know
5A. The child	1	2	3	4	5	8
5B. The child's family/ parents	1	2	3	4	5	8

6. What barriers have you come across in supporting and maintaining this CSP relationship?

7. What would make it easier to support and maintain this CSP relationship?

*8. What barriers have you come across in identifying and recruiting a CSP for this child?

9. What would have made it easier to identify and recruit a CSP for this child?

10. How would you rate your effectiveness in helping:

	Would you say . . .					
	Poor,	Okay,	Good,	Very Good, or	Outstanding?	Don't Know
10A. To get this child engaged in school?	1	2	3	4	5	8
10B. To get this child involved in extracurricular activities?	1	2	3	4	5	8
10C. Provide needed services for the child's family?	1	2	3	4	5	8
10D. Prevent future delinquency?	1	2	3	4	5	8

INTERVIEWER: For the purposes of the following questions, we have divided services into two types:

1. Services provided by you or someone in your agency, and
2. Services provided by someone outside your agency.

11. What services have been directly provided by you or by someone in your agency for this child either individually or in a group setting?

12. What services have been directly provided by you or by someone in your agency for this child's [biological and/or foster] *family* individually or in a group setting?

13A. Have you arranged for any services to be provided for this child or family by someone else outside of your organization?

- Yes1
No.....(GO TO Q.14).....2
Don't know8

13B. What services?

13C. Were any of these services not paid for by TEI funds?

- Yes1
No.....2
Don't know8

13D. What services?

14A. Is this child currently living with a foster family?

- Yes 1
- No..... (GO TO Q.15)..... 2
- Don't know 8

14B. Has their been a TPR determination for this child or is their a TPR in process?

- Yes (SEE NOTE)..... 1
- No..... (GO TO Q.14)..... 2
- Don't know 8

(INTERVIEWER NOTE: If answered "Yes" to 14A and 14B, the following questions about the "child's family" refer to his/her *foster family*. Otherwise, these questions refer to the child's biological family.)

15. How would you rate the ability of this child's family to meet his/her needs? Would you say . . .

- Poor, 1
- Okay, 2
- Good, 3
- Very good, or 4
- Outstanding? 5

16. What are the 3 biggest barriers this family faces in meeting this child's needs? (DO NOT READ LIST)
 Would you say . . .

Housing needs,.....	1
Mental health problems,.....	2
Chemical dependency,.....	3
Domestic violence,.....	4
Criminal behavior,.....	5
Single parenting,.....	6
Lack of social supports/social isolation,.....	7
Discrimination/racism,.....	8
Health/medical problems,.....	9
Transportation needs,.....	10
Poverty/financial needs,.....	11
Poor parenting skills, or.....	12
Other (SPECIFY): _____	13
<hr/>	
Don't know	88

17. From what you know, has this family ever been homeless since being involved in TEI?

Yes	1
No.....	2
Don't know	8

18. Has this family been living in the Minneapolis/St. Paul metro area for less than 5 years?

Yes	1
No.....	2
Don't know	8

INTERVIEWER: Use Supplement Form to repeat Part I for all children listed on page 1.

PART II: GENERAL QUESTIONS

INTERVIEWER: The following questions are about the overall effectiveness of the TEI model.

19. What do you think is the most beneficial aspect of using CSPs to form relationships with the children in your TEI caseload?

20. Overall, how easy or difficult has it been for you to:

	Would you say . . .				
	Very Easy,	Somewhat Easy,	Somewhat Difficult, or	Very Difficult?	Don't Know
20A. Identify CSPs?	4	3	2	1	
20B. Recruit CSPs?	4	3	2	1	
20C. Maintain and support CSPs?	4	3	2	1	

21. How would you rate your working relationship with the ISDT team? Would you say... ?

- Poor,1
- Okay,2
- Good,3
- Very good, or4
- Outstanding?5
- Don't know8

22. How could this relationship be improved?

23. How would you rate your working relationship with the management staff at Hennepin County Attorney's Office? Would you say...

- Poor, 1
- Okay, 2
- Good, 3
- Very good, or 4
- Outstanding? 5
- Don't know 8

24. How could this relationship be improved?

25. What barriers have you encountered in trying to implement the TEI model?

26. What do you think could be done to reduce these barriers? (PROBE UNTIL NO MORE SUGGESTIONS)

Interviewer Name: _____

Date: _____

Interviewer Employee #: _____

Time: _____
(24 hour clock)

**Delinquents Under 10
Targeted Early Intervention
Baseline Family Summary Form**

Name of Worker Completing Form: _____

Date of Completion: _____

Agency: _____

Is this a baseline measure? Yes

No

Name of Child: _____

ID #: _____

Parent Items	Mother or Mother Substitute					Father or Father Substitute				
	Relationship to Child				Code	Relationship to Child				Code
	Yes or Most of the Time	Some of the Time	No or Never	Insufficient Oppty. To Observe	NA	Yes or Most of the Time	Some of the Time	No or Never	Insufficient Oppty. To Observe	NA
1. Is parent incarcerated?	1	2	3	8	9	1	2	3	8	9
2. Is parent in a residential treatment program (CD or MH)?	1	2	3	8	9	1	2	3	8	9
3. Is parent employed outside home?	1	2	3	8	9	1	2	3	8	9
4. Can parent physically care for child?	1	2	3	8	9	1	2	3	8	9
5. Does parent have regular contact with child?	1	2	3	8	9	1	2	3	8	9
6. Is there any history of abandonment of child?	1	2	3	8	9	1	2	3	8	9
7. Does parent identify strengths or positive attributes of child?	1	2	3	8	9	1	2	3	8	9
8. Does parent praise child or offer positive comments directly to child?	1	2	3	8	9	1	2	3	8	9

Parent Items	Mother or Mother Substitute					Father or Father Substitute				
	Relationship to Child				Code	Relationship to Child				Code
	Yes or Most of the Time	Some of the Time	No or Never	Insufficient Oppty. To Observe	NA	Yes or Most of the Time	Some of the Time	No or Never	Insufficient Oppty. To Observe	NA
9. Does parent curse child, call the child names or scream at child?	1	2	3	8	9	1	2	3	8	9
10. Does parent listen to the child when addressed by child?	1	2	3	8	9	1	2	3	8	9
11. Does parent engage in leisure/recreational activities with child?	1	2	3	8	9	1	2	3	8	9
12. Does parent act as if the child were an adult?	1	2	3	8	9	1	2	3	8	9
13. Does the parent attempt to protect child from physical harm?	1	2	3	8	9	1	2	3	8	9
14. Does parent attend to the medical needs of the child?	1	2	3	8	9	1	2	3	8	9
15. Does parent follow-up on recommended mental health services for child?	1	2	3	8	9	1	2	3	8	9
16. Does parent help get the child to school on time?	1	2	3	8	9	1	2	3	8	9
17. Does parent read to child?	1	2	3	8	9	1	2	3	8	9
18. Does parent have any adult contacts that support the parents ability to meet the child's needs?	1	2	3	8	9	1	2	3	8	9
19. Does parent have a psychiatric disorder which interferes with his/her ability to function as a parent?	1	2	3	8	9	1	2	3	8	9

Parent Items	Mother or Mother Substitute					Father or Father Substitute				
	Relationship to Child				Code	Relationship to Child				Code
	Yes or Most of the Time	Some of the Time	No or Never	Insufficient Oppty. To Observe	NA	Yes or Most of the Time	Some of the Time	No or Never	Insufficient Oppty. To Observe	NA
19A. If yes to (19), is parent receiving services to address the issue?	1	2	3	8	9	1	2	3	8	9
20. Does parent have a substance abuse disorder which interferes with his/her ability to function as a parent?	1	2	3	8	9	1	2	3	8	9
20A. If yes to (20), is parent receiving services to address this issue?	1	2	3	8	9	1	2	3	8	9
21. Does parent speak and understand English?	1	2	3	8	9	1	2	3	8	9
22. Does parent read and write English?	1	2	3	8	9	1	2	3	8	9
23. Does parent have an order for protection?	1	2	3	8	9	1	2	3	8	9
23A. If yes to (23), does parent allow order for protection to be violated?	1	2	3	8	9	1	2	3	8	9

Child Items	Yes or Most of the Time	Some of the Time	No or Never	Insufficient Oppty. To Observe	NA
24. Is child exposed to domestic violence?	1	2	3	8	9
25. Is child exposed to illegal drug use at home?	1	2	3	8	9
26. Is child exposed to/at risk of physical or sexual abuse?	1	2	3	8	9
27. Is child exposed to adults or youth with weapons?	1	2	3	8	9
28. Is child exposed to unhealthy housing conditions (bugs, rodents, environmental hazards)?	1	2	3	8	9
29. Is child exposed to pornographic materials (TV, videos, etc.)?	1	2	3	8	9
30. Does child attend school most every day?	1	2	3	8	9
31. Does child have a regular bedtime?	1	2	3	8	9
32. Does child have mealtimes with adults?	1	2	3	8	9
33. Does child have a curfew?	1	2	3	8	9
34. Is child expected to do homework?	1	2	3	8	9
35. Does child have a caregiver when parents are absent?	1	2	3	8	9
36. Does child feel safe in neighborhood?	1	2	3	8	9
37. Does child feel safe from victimization in home?	1	2	3	8	9
38. Does child have assigned chores?	1	2	3	8	9

Household Items	Yes or Most of the Time	Some of the Time	No or Never	Insufficient Oppty. To Observe	NA
39. Does family have their own housing (owned or rented)?	1	2	3	8	9
40. Are adequate sanitary conditions maintained within the household?	1	2	3	8	9
41. Are there frequent changes in adult household members?	1	2	3	8	9
42. Do persons with known criminal histories frequent household?	1	2	3	8	9
43. Is there a history of police calls to residence?	1	2	3	8	9
44. Has family moved 2 or more times during past year?	1	2	3	8	9
45. Has family been homeless during past year?	1	2	3	8	9
46. Are there adequate financial resources to meet basic household needs (shelter, utilities, food, clothing)?	1	2	3	8	9
47. During the past 3 months have family financial resources required for basic needs been used for other purposes?	1	2	3	8	9
48. Does household have a phone?	1	2	3	8	9
49. Does household have access to reliable transportation other than bus?	1	2	3	8	9
50. Does household have hot and cold running water?	1	2	3	8	9
51. Does household have a working refrigerator?	1	2	3	8	9
52. Does household have a bath or shower?	1	2	3	8	9
53. Does household have an adequate heat source?	1	2	3	8	9
54. Does household have a working stove for cooking?	1	2	3	8	9

55. Total number of adults (18+) currently living in household? _____

56. Total number of children (<18) currently living in household? _____

ID#: _____

ASSESSMENT INFORMATION
DELINQUENTS UNDER 10 – TARGETED EARLY INTERVENTION
Project Code: 3668-2
Cost Center Number: 0182-0108

Background Information

1A. Name of child: _____

1B. Age of child: _____

1C. Gender of child:

Female 1

Male 2

1D. Racial or ethnic background of child: _____

1E. Address of child: _____

1F. Telephone number: _____

2A. Name of mother: _____

2B. Age of mother: _____

2C. Lives in household with child?

Yes 1

No 2

3A. Name of father: _____

3B. Age of father: _____

3C. Lives in household with child?

Yes 1

No 2

4. Number of times family has moved in the past 3 years?

0 1 2 3 4 5 6 7+

5. Has family been without housing at anytime during the past 2 months?

Yes 1

No 2

6. Other adults in household:

	6A. <u>Name</u>	6B. <u>Gender</u>	6C. <u>Age</u>	6D. <u>Relationship to Child</u>
1)	_____	<u>M or F</u>	_____	_____
2)	_____	<u>M or F</u>	_____	_____
3)	_____	<u>M or F</u>	_____	_____
4)	_____	<u>M or F</u>	_____	_____
5)	_____	<u>M or F</u>	_____	_____

7. Other children (<18) in household:

	7A. <u>Name</u>	7B. <u>Gender</u>	7C. <u>Age</u>	7D. <u>Relationship to Child</u>
1)	_____	<u>M or F</u>	_____	_____
2)	_____	<u>M or F</u>	_____	_____
3)	_____	<u>M or F</u>	_____	_____
4)	_____	<u>M or F</u>	_____	_____
5)	_____	<u>M or F</u>	_____	_____

8. Other adult relatives or friends in Twin Cities metropolitan area (PLEASE LIST):

8A. Name: _____ 8B. Address: _____

8C. Is person employed?

Yes (If Yes GO TO Q.8D) 1

No 2

8D. Name of employer: _____

8E. Criminal history in the past five years?

Yes 1
No 2

8F. Recommended by parent(s)?

Yes 1
No 2

8G. Recommended by child?

Yes 1
No 2

9. Other adult relatives or friends in Twin Cities metropolitan area (PLEASE LIST):

9A. Name: _____

9B. Address: _____

9C. Is person employed?

Yes (If Yes GO TO Q.9D) 1
No 2

9D. Name of employer: _____

9E. Criminal history in the past five years?

Yes 1
No 2

9F. Recommended by parent(s)?

Yes 1
No 2

9G. Recommended by child?

Yes 1
No 2

10. Other adult relatives or friends in Twin Cities metropolitan area (PLEASE LIST):

10A. Name: _____ 10B. Address: _____

10C. Is person employed?

Yes..... (If Yes GO TO Q.10D) 1
No 2

10D. Name of employer: _____

10E. Criminal history in the past five years?

Yes..... 1
No 2

10F. Recommended by parent(s)?

Yes..... 1
No 2

10G. Recommended by child?

Yes..... 1
No 2

11. Other adult relatives or friends in Twin Cities metropolitan area (PLEASE LIST):

11A. Name: _____ 11B. Address: _____

11C. Is person employed?

Yes..... (If Yes GO TO Q.11D) 1
No 2

11D. Name of employer: _____

11E. Criminal history in the past five years?

Yes..... 1
No 2

11F. Recommended by parent(s)?

Yes 1
No 2

11G. Recommended by child?

Yes 1
No 2

12. Other adult relatives or friends in Twin Cities metropolitan area (PLEASE LIST):

12A. Name: _____ 12B. Address: _____

12C. Is person employed?

Yes (If Yes GO TO Q.12D) 1
No 2

12D. Name of employer: _____

12E. Criminal history in the past five years?

Yes 1
No 2

12F. Recommended by parent(s)?

Yes 1
No 2

12G. Recommended by child?

Yes 1
No 2

13. Other adult relatives or friends in Twin Cities metropolitan area (PLEASE LIST):

13A. Name: _____ 13B. Address: _____

13C. Is person employed?

Yes..... (If Yes GO TO Q.13D) 1
No 2

13D. Name of employer: _____

13E. Criminal history in the past five years?

Yes..... 1
No 2

13F. Recommended by parent(s)?

Yes..... 1
No 2

13G. Recommended by child?

Yes..... 1
No 2

Child's Criminal History

14. Please describe any criminal acts which have occurred in the last two years:

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____
- h. _____

Other Informant Information

15. Who else can help us to know about this child? _____

BASELINE ON OUTCOMES

A. School Success:

1. List grades from most recently completed semester. Include all subjects.

	Subject	Grade
a.	_____	_____
b.	_____	_____
c.	_____	_____
d.	_____	_____
e.	_____	_____
f.	_____	_____
g.	_____	_____
h.	_____	_____
i.	_____	_____

2. Number of days of school missed in 90 school days prior to completion of assessment (INFORMATION TO BE PROVIDED BY TEACHER OR SCHOOL ADMINISTRATION).

_____ (number of days)

3. Child's Relationship Teacher (SELF DESCRIBED): Ask child, "How would you describe your relationship with your teacher at school? Would you say it is terrible, poor, OK, good, very good, or fantastic?"

- Terrible, 1
- Poor,..... 2
- OK, 3
- Good, 4
- Very good, or 5
- Fantastic? 6

4. Behavior Problems in the Classroom (INFORMATION PROVIDED BY TEACHER).
- a. Number of times child has been removed from class in past 30 days due to behavior problems? _____ (number)
- b. Child's abilities to focus while in school? (ASK TEACHER, "How would you rate _____'s Ability to focus on classroom work while at school? Would you say it is . . .")
- | | | |
|--|---------------------|---|
| | Terrible, | 1 |
| | Poor,..... | 2 |
| | OK, | 3 |
| | Good, | 4 |
| | Very good, or | 5 |
| | Fantastic? | 6 |
5. Ask teacher, "Is _____ reading at or above his grade?"
- | | | |
|--|-----------|---|
| | Yes | 1 |
| | No | 2 |
6. Is _____ writing at or above his grade level?
- | | | |
|--|-----------|---|
| | Yes | 1 |
| | No | 2 |
7. Is _____ able to do math at or above his grade level?
- | | | |
|--|-----------|---|
| | Yes | 1 |
| | No | 2 |
8. Ask teacher, "How would you describe your relationship with this student? Would you say it is . . ."
- | | | |
|--|---------------------|---|
| | Terrible, | 1 |
| | Poor,..... | 2 |
| | OK, | 3 |
| | Good, | 4 |
| | Very good, or | 5 |
| | Fantastic? | 6 |

9. Ask teacher, "How would you describe _____'s strengths and interests?" (PROBE: What are things that he/she does best, or is most interested in?)

(Administer BASC to Teacher)

B. Risk Behaviors

10. Ask teacher, "Do you know if _____ uses marijuana or any other chemicals?"

- Yes..... (IF YES, GO TO Q. 15A) 1
- No 2
- Don't Know 8

10A. If yes, please describe:

11. Do you know if _____ engages in any sexual activity?

- Yes..... 1
- No 2
- Don't Know 8

12. Have you observed _____ hitting, slapping or threatening other children without provocation?

- Yes..... 1
- No 2
- Don't Know 8

13. To your knowledge, is _____ allowed to stay out after 10 p.m., by him/herself or with friends?

- Yes..... 1
- No 2
- Don't Know 8

C. Respect for Authority

15. Ask teacher, "Does _____ respond to you in class when he/she is called on to do so?"
- Yes 1
No..... 2
Don't Know 8
16. Ask teacher, "In the classroom does _____ respect your authority as the teacher?"
- Yes 1
No..... 2
Don't Know 8

D. View of the Future

17. Ask child, "How do you think you will make money when you are an adult?"
- _____
- _____
- _____

18. Do you think that you will finish high school?
- Yes 1
No..... 2
Don't Know 8

19. Do you think that you would like to attend college or a vocational school after high school?
- Yes 1
No..... 2
Don't Know 8

20. What would be your idea of the best kind of job you could have, when you're a grown up?
- _____
- _____
- _____

E. Relationships with Adults

21. Ask of parent(s), "About how much time does _____ spend at home, after school?"

22. Ask parent(s), "Does _____ talk with you about things that are important to him/her?"

23. Ask parent(s), "Are there any other adults with whom _____ likes to spend time?"

Yes..... (IF YES, GO TO Q. 23A) 1

No 2

23A. If yes, Who is that?

F. Involvement in Activities (Ask of Parents)

24. Other than schoolwork, please identify any extracurricular activities that _____ is involved in at school:

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

25. List any activities that _____ is involved with at church, mosque or synagogue:

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

26. Please list any activities that the child is involved with at park or recreation center:
- a. _____
 - b. _____
 - c. _____
 - d. _____
 - e. _____

27. List any activities related to music the child is involved with:
- a. _____
 - b. _____
 - c. _____
 - d. _____
 - e. _____

28. List any other activities including service activities that _____ is involved in.
- a. _____
 - b. _____
 - c. _____
 - d. _____
 - e. _____