

Delinquents Under 10: Targeted Early Intervention

Phase 3 evaluation report

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Summary

In 1995, in response to an 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 project description

Targeted Early Intervention is an intensive, long-term intervention for children whose delinquent behaviors while under the age of 10, in conjunction with other risk factors, place them at high risk for future delinquency. The Targeted Early Intervention model aims for the following long-term outcomes:

- Reduction in delinquent (criminal) behavior
- Reduction in exposure to abuse, neglect and violence in the home
- School success
- Social competency

The Targeted Early Intervention model has two key components: 1) an Integrated Service Delivery Team (ISDT) composed of county staff representing a variety of disciplines and departments that provides a combination of direct and case management services with the goal of stabilizing and strengthening families, and 2) Community Agencies that work intensively and one-on-one with each participating child to build the child's strengths through involvement with school and positive extracurricular activities.

Because the program focuses on long-term outcomes, the intent is for each child to remain in the program until age 18. To date, none of the participants have turned 18. The oldest child has recently turned 16 years old.

Program participation

Eligibility determination

A Screening Team reviews all referrals for children under age 10 who have engaged in law-breaking behavior in Hennepin County. The Screening Team, made up of representatives from the County Attorney's Office and the Department of Children, Family and Adult Services, determines the level of service intervention based upon the nature of the delinquent act, the child's level of responsibility for the act, and the number, type and severity of risk factors each child presents. Out of 818 children referred to the Hennepin County Attorney's Office between January 1, 1996, and December 31, 2001, 115 met the criteria for the program and 69 children have entered the Targeted Early Intervention program. Since December 2001, 10 more children have entered the program.

The Screening Team uses a checklist of risk factors shown to be highly predictive of future delinquency: police contacts, family violence, child maltreatment, problems with family functioning, and family criminal history.

Enrollment

Currently, 30 children are enrolled in the Targeted Early Intervention program. Since inception, 79 children have been enrolled and received services (10 of these children have entered since the end of 2001 and outcomes for these children not reported here). For all clients served since program inception, participant characteristics were examined.

- The most common referral offense was shoplifting, followed by damage to property, assault, and theft.
- Seventy-five percent of TEI participants have been male.
- Ninety-six percent of TEI participants have been children of color; 75 percent have been African-American, 18 percent Native American, 4 percent bi-racial or multi-racial, and 4 percent White.
- Their average age at enrollment (disposition date) was 9.0 years.
- Most children referred to Targeted Early Intervention have been Minneapolis residents.

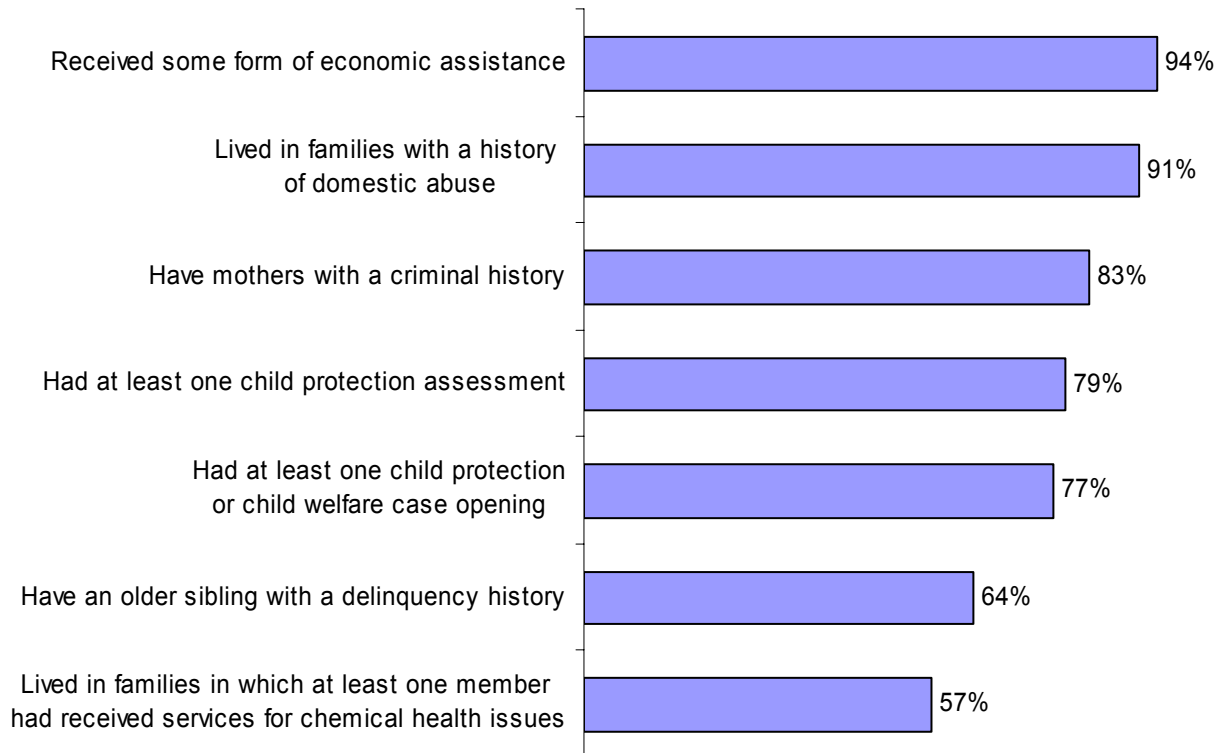
The program recognized the need to serve siblings of TEI children. In the fall of 2000, program staff approved a plan for the Community Agencies to provide supplemental

services to selected siblings who are close in age to the TEI child. In 2001, 34 siblings in 22 families had been served.

Risk factors

These children are growing up in high-risk environments.

1. Characteristics of the 69 children who have participated through December 2001



Evaluation design

The purpose of this evaluation study is to measure whether involvement with Targeted Early Intervention is associated with the intended outcomes of reduction in delinquent behavior; reduction in exposure to abuse, neglect and violence in the home; increased school success; and increased social competency.

Research methods include interviews with parents; staff activity and service tracking results; feedback from teachers, including a standardized behavioral assessment; analysis of Minneapolis school attendance data; and analysis of Hennepin County administrative data, including police reports and social service records.

Outcome data were collected through December 2001 for the 35 children who had received at least 18 months of service. Follow-up data was examined for the 12 month period after these children received 18 months of service. Some of these cases continue to be open (N=16), and some closed during the follow-up period (N=19).

Groups described in this study

This report focuses on one comparison group and two groups of program participants.

Comparison group (under age 10, offenses committed in 1993-1995)

- 34 children referred to the Hennepin County Attorney's Office prior to the development of the Targeted Early Intervention program, with risk factor scores most similar to those later served by Targeted Early Intervention.

Targeted Early Intervention participants (under age 10, offenses committed in 1996-2001)

- **TEI study group.** 35 children served by the program for at least 18 months (enrolled between April 1997 – December 1998), and thus with sufficient follow-up time to examine outcomes.
- **Other TEI participants.** 34 children referred January 1999 – December 2001.

The discussion of outcomes includes only the 35 TEI study group participants and 34 comparison group children. The participant satisfaction and perceived impact section contained in the Appendix includes all 69 TEI participants who had received services at the time of the interview.

In order to study outcomes, a 12-month study period was identified for each child. For the TEI study group, this period began on the day the child had been enrolled in TEI for 18 months and continued for the following 12 months.¹ These 12 months of study were divided into two six-month periods (the outcomes for the first six months were reported in the Phase 2 report). The average age for the TEI study group children at the beginning of the study period was 10.68 years. To ensure that the follow-up period for the comparison group children was equivalent, comparison group child outcomes were assessed during the 12-month time period after they turned 10.68 years old.

¹ The nature of qualifying risk factors and intervention methods requires children to receive a significant program "dosage" before measurable outcomes are likely to be detected. Program staff and researchers agreed on an 18 month service period as adequate length of program exposure on which to base an assessment of program effectiveness using key outcome measures.

Results

Reduction in delinquency

In examining the Hennepin County administrative data for the 12-month period following 18 months of service, records show:

- Targeted Early Intervention children were *referred* to the Hennepin County Attorney's Office for fewer offenses overall than the comparison group of children. In addition, the ratio of referred offenses per child was slightly higher for the comparison group children. However, these differences were not statistically significant. Fifteen TEI children (43%) were referred for 38 offenses, and 12 comparison children (35%) were referred for 46 offenses.
- Targeted Early Intervention children and the comparison group were *charged* with nearly equal numbers of offenses (32 for TEI vs. 33 for comparison group). The percentage of *referred* offenses that ended up being *charged* was higher for the TEI children (84% for TEI vs. 72% for comparison group).
- During the first six months studied, TEI children were *charged* with significantly fewer severe offenses (felonies and gross misdemeanors). During the second six-months studied, TEI children were *charged* with slightly more severe offenses than the comparison group of children. For the entire 12 months, Targeted Early Intervention children were *charged* with five "major" offenses (felonies and gross misdemeanors), while comparison group children were charged with nine.

Reduction in exposure to abuse, neglect, and violence in the home

In examining the Hennepin County administrative data for the 12-month period following 18 months of service, child protection and police records show the following results:

- TEI families had nine child protection assessments, while comparison families had 10.
- Slightly fewer of the child protection assessments involving TEI families resulted in a finding of maltreatment (4 of 9 TEI families vs. 6 of 10 comparison families). During the second six months studied, both groups had only one finding of maltreatment.
- A smaller percentage of TEI families (21%) than comparison group families (31%) had cases opened for child protection case management during the study period.

- During the first study period, five TEI families and 10 comparison families had calls related to domestic violence. During the second study period, eight comparison group families and eight TEI families had calls related to domestic violence.
- For the entire 12 months studied, 12 of 30 TEI families (40%) and 14 of 32 comparison families (44%) had calls to police related to exposure to domestic violence.

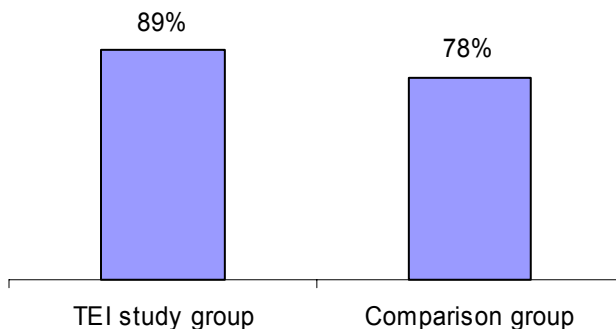
None of these differences between the TEI and comparison families were statistically significant.

School success

Results of school attendance analysis indicate that participation in Target Early Intervention is associated with improved school attendance.

- TEI children missed on average 11.5 percent of enrolled days during the study school year, while comparison children missed 22.3 percent of enrolled days. (This difference is statistically significant.)

2. Average attendance rate for study year



Results of standardized academic assessments given to Minneapolis Public Schools students show that Targeted Early Intervention children score well below average in math and reading, although scores show promising improvement after two years of program involvement. These results were not examined for the comparison group, because there were only four comparison children who had a baseline and two-year follow-up math or reading assessment score available.

Teachers identified aggression, conduct problems, and learning problems as barriers to school success for many of the children in Targeted Early Intervention. (Teachers completed the Behavioral Assessment System for Children for each TEI participant.)

Despite indicators of serious academic problems, the vast majority of teachers described their relationships with TEI children as “good,” “very good,” or “fantastic.”

Furthermore, most parents say that things have improved at school since they enrolled in Targeted Early Intervention. In particular, 73 percent of parents surveyed had noticed an increase in their child’s enthusiasm for school since starting the program. These findings indicate that although many of the participants may be doing poorly academically, they may still be better connected to school. This positive connection with school is clearly an important avenue for healthy youth development.

Social skill-building

- 71 percent of parents felt that their child’s feelings of self-esteem had increased since participating in Targeted Early Intervention.
- 64 percent of parents felt that their child’s willingness to help others had increased since participating in Targeted Early Intervention.
- 57 percent of parents felt that their child better understood the difference between right and wrong as well as the consequences of their behavior.

Teachers also observed average or above levels of social skills and leadership skills in the TEI children, as evidenced by behavioral assessment scores. Teachers reported that most participants respect the teachers’ authority in the classroom.

Participant satisfaction and perceived impact

In voluntary telephone interviews, parents expressed high satisfaction with the Targeted Early Intervention program.

- 92 percent of parents whose cases were open with TEI and 89 percent of parents whose cases were closed were “satisfied” or “very satisfied” with the services their child received as part of Targeted Early Intervention.
- 75 percent of parents whose cases were open with TEI and 100 percent of parents whose cases were closed were “satisfied” or “very satisfied” with the support provided by the Primary Organization worker.

- 71 percent of parents whose cases were open with TEI and 67 percent of parents whose cases were closed were “satisfied” or “very satisfied” with the support provided by the county Integrated Service Delivery Team worker.
- 100 percent of parents whose cases were open with TEI and 90 percent of parents whose cases were closed would recommend the program to other families who might need similar services.

Project costs

Hennepin County staff reported that the total costs of the program in 2002 are \$703,024. As of September 16, 2002, 30 children were enrolled in the program. This indicates that the program costs approximately \$23,434 per child served annually.

Issues to consider

Targeted Early Intervention is designed as a long-term intervention for children who are at greatest risk of future delinquency. It is clear from each child’s record that the program is successful in identifying some of the highest risk children and families in Hennepin County. Previous findings in Phase 2 showed that Targeted Early Intervention is a promising strategy for working with high-risk delinquent children. In Phase 3, the outcome period was extended and an additional six-month period of time was studied for each child (to measure juvenile delinquency and child protection data as well as another year of school attendance data). In Phase 3, program participants once again had attendance rates that were significantly better than a comparison group of children with similar risk factors (statistically significant differences). While these findings, along with the consistently high satisfaction ratings provided by TEI parents, remain encouraging, TEI children nevertheless received a substantial number of referrals for offenses after receiving 18 months of program services. The findings from Phase 3 of the evaluation identify several issues to consider for the ongoing implementation and operation of the Targeted Early Intervention model.

Attention to delinquency factors

TEI children live in extremely high-risk environments. The calls to the police from TEI households indicate high rates of domestic violence, child maltreatment, crime, chemical dependency, and mental health issues. Many of the TEI children are clearly growing up in family and neighborhood environments in which crime, violence, and social disorganization are highly prevalent. Despite the efforts of TEI staff, these factors continue to have an impact on the children in the program, as the number of re-offenses by TEI children attest. In fact, 24 (69%) of the TEI study group participants were

referred for offenses after receiving 18 months of program service. When compared with a group of children with similar risk factors who had not received the intervention, TEI children had similar numbers and severity of offenses. Clearly, the program is serving the right children; the program must ensure that children who continue to offend receive targeted and individualized services of sufficient strength to address the factors in their lives that promote delinquency and criminal behavior.

Program staff currently develop an “Individual Success Plan” for each of the children enrolled in TEI based on discussions with the child and parent regarding individual and family needs to be addressed. To strengthen and focus this process, the program may wish to consider assessing and prioritizing specific delinquency risk factors present in the child’s life in a more standardized way. For example, the program may wish to utilize the Youth Level of Service Inventory (YLSI) or a similar tool to develop individually tailored plans for delinquent youth. The YLSI can allow staff to plan around the specific strengths and challenges faced by the family and to measure progress toward preventing delinquency.

In addition, given the number of TEI children who do become involved with the delinquency system, it may be useful for the Integrated Service Delivery Team to evaluate what kinds of juvenile justice expertise will be most helpful to their work with these children, and what kinds of support the juvenile justice system can provide. This may be done through training of existing staff, addition of a staff member with expertise in the juvenile justice system (a team member from probation was part of the original design for the program), or development of a liaison relationship with the juvenile probation department. Also, it may be helpful to have a representative from the justice system in program planning so staff may keep abreast of issues and innovations in the field of juvenile justice. It is clearly important that the Integrated Service Delivery Team have the ability and know-how regarding procedures and resources within the delinquency system to appropriately and effectively address the needs of program participants in this area.

Issues related to learning, academic progress and success at school

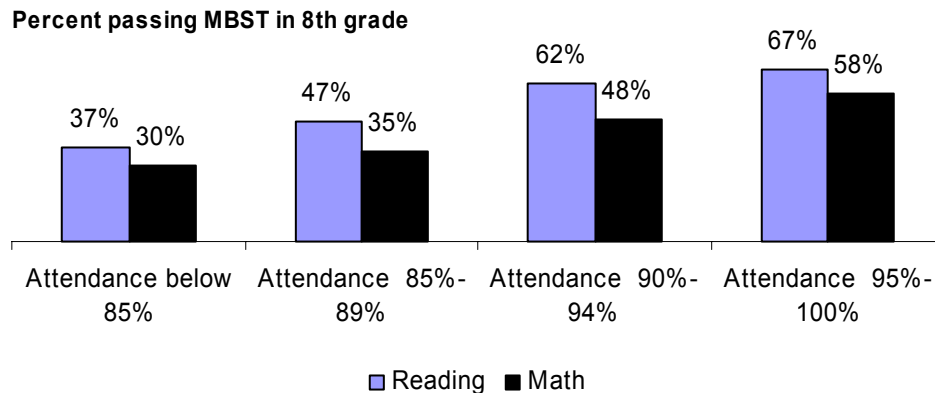
Currently, Targeted Early Intervention staff report significant involvement with the TEI child’s school. Community Agency workers and/or ISDT staff provide some type of school-related service to nearly all of the children on their caseloads. Often Community Agency workers are advocates for the child at school, provide counseling to children, or provide support to teachers when issues or problems arise. Integrated Service Delivery staff engage in similar activities in addition to providing a variety of case management services related to the child’s education, such as monitoring attendance and academic progress, requesting and arranging assessments, obtaining resources, educating and supporting parents, and coordinating and attending school meetings.

Continued progress on attendance is essential

Targeted Early Intervention has proven effective in improving the attendance of TEI children. In the school year that coincided with two years of program service, TEI children attended on average nearly 89 percent of the school days, while comparison children attended on average 78 percent of the time.

Minneapolis Public Schools adopted an attendance policy in 2000 requiring students to attend school 95 percent of the time. That means students can miss no more than eight days a year. According to the Minneapolis Public Schools, currently slightly less than half of all Minneapolis students have 95 percent attendance. In 2000-01, 3 of the 21 TEI study group children (14%) who were enrolled in the Minneapolis schools had attendance rates at 95 percent or above. Recently, Minneapolis Public Schools staff analyzed the test scores of students based on their attendance rates, and confirmed the long-held assumption that students with lower attendance rates have much lower scores in reading and math than those who attend at higher rates. The following graph from the Minneapolis Public Schools web site shows the Minnesota Basic Standards Test results for students in the 8th grade based on their attendance percentages.

3. Minneapolis Public Schools attendance correlated with 8th grade Minnesota Basic Standards Test passing rates, 1999-2000



Source: <http://www.mpls.k12.mn.us/about/Attendance.shtml>, Downloaded December 2002.

Further emphasis on basic skills and academic progress

Nearly three-quarters of parents surveyed noticed an increase in their child's enthusiasm for school since starting the program. This positive connection with school and improvement in attendance are two essential keys to success in school for TEI children. However, evaluation results indicate that TEI children still display aggressive behaviors at school, struggle with learning, and tend to lag academically. Standardized test scores for the study group in both math and reading were far below the Minneapolis average. This information, coupled with the assessments completed by teachers, indicates that even after two years of program service, TEI children need continued and intensive academic assistance. Nearly 9 out of 10 TEI children are below grade level in reading, writing, and math.

Teachers and schools may need assistance in meeting the serious academic needs of Targeted Early Intervention participants. Program staff already meet frequently with teachers, school social workers, and other relevant school staff to discuss and address the performance, behavior and needs of TEI students. However, many of the TEI children need extra academic attention, such as individual tutoring, beyond that which is available through the school. Flexible and individual services to promote academic success may help children do better in school, addressing a major risk factor for future delinquency. However, TEI families face significant barriers to accessing such services, such as lack of transportation and the high cost of academic support programs provided by qualified tutors. It may be worthwhile for Hennepin County to consider increasing the resources available to program participants in this area.

Tailor interventions to reduce long-term family risks, including domestic violence

The results of the examination of family risk factors show that Targeted Early Intervention families have serious long-term needs. For instance, 83 percent of the mothers and 64 percent of the siblings have a criminal history, 57 percent of the children had family members who had received chemical health services at some point in their lives, and 91 percent of the children live in homes with a history of calls to police regarding abuse or domestic violence.

These issues are not always targeted by TEI staff (according to the staff's quarterly logs), and appear to be some of the *least* common services provided by the program. Logs show that:

- chemical dependency was addressed in about one-third of logs for the period studied;
- domestic violence was addressed in less than one-third of logs during the study period;

- parent employment and job training (a serious issue for parents who have a history of incarceration) was addressed in only about one-quarter of logs during the study period.

In general, the Quarterly Service Logs indicate that the bulk of the services provided by both Community Agency staff and ISDT staff relate to the child's needs, particularly in the areas of school, extracurricular activities and tutoring. Services targeting parents' issues were less frequently reported. Program staff report that parents of children in the program are typically much more likely to agree to efforts on the part of TEI staff to address their children's behavior and needs, rather than their own. Issues related to parent/family functioning may be some of the most difficult areas in which to obtain parent cooperation.

Nevertheless, it is crucial that TEI staff maintain focus on the issues that affect family functioning even if parents are not yet ready to face them. For example, program staff must be attuned to signs of relapse in the area of chemical use or exacerbation of mental health difficulties. In other cases, staff may need to develop specific crisis plans for families with extensive histories of domestic violence. At a minimum, it is essential that each child be involved in the development of an individualized safety plan that can be followed when domestic issues arise. In addition, ISDT staff can play a vital role in helping parents navigate the many barriers to employment and housing they face.

Community Agency staff have indicated that they are not always certain which of the multiple family issues take priority. Given the extremely high-risk nature of TEI families, it is crucial that close communication and coordination regarding provision of services to TEI families be present.

In the Hennepin County Targeted Early Intervention 2000-2003 strategic plan, one of the strategies planned was to convene a group that included families, to plan family fun events and to get feedback from families about what they value in the TEI project. This group may also be useful in identifying potential solutions to family resistance. In addition, parents favor more events with other families and the creation of a support group for parents. These families often experience crises and significant isolation. Further exploration of informal support networks that can be utilized by TEI families may be an effective way of reducing formalized services over time while providing necessary help for families.

Mentor identification

The identification of mentors is an integral part of program activities. The program has been successful in connecting about half of the TEI children with mentors. The role of the mentor has changed from the original program model, in which it was anticipated that each child would have an identified “critical support person” who had previous ties to the child (like an extended family member, a teacher, or a neighbor) and who would be a key support in the child’s achievement of the long-term outcomes. The critical support person was seen as a more intensive and active relationship than a traditional mentor. However, Targeted Early Intervention children and their families are often extremely isolated, and the social networks of which program families are a part frequently lack appropriate candidates for the role of critical support person. To date, it has not been possible to identify critical support persons for the majority of the children. Rather, the Community Agency staff have themselves filled this role for many of the children. As a support for each child, the Community Agency workers participate in or attend extracurricular activities with Targeted Early Intervention children and spend one-on-one time with each child.

Nevertheless, more of the Targeted Early Intervention children may benefit from a long-term relationship with a mentor. Many need to establish informal supports in their communities. It is important that each mentor fits the specific needs of each child, and that the parents feel comfortable enough with the relationship to support continued activities.

Also, there is little information about the quality of the relationship between the mentor and the TEI child. We know from other research that it is important for each mentor to maintain a regular and long-term commitment to each child.² Research shows that short-term (less than three months) mentor relationships can have negative impact on children. It may be important to gather some information and feedback from mentors and families about the quality and impact of the mentor relationship.

Decisions to close cases

Within the past year, Targeted Early Intervention staff have worked together to better define the criteria for closing cases. Previously, because a few parents agreed to work with one part of the program but not the other, there were some cases that were open with the Community Agency and closed with the county Integrated Service Delivery Team. At times this created difficulties, due to the Community Agencies’ lack of access to

² Grossman, Jean Baldwin, ed. (1999) *Contemporary Issues in Mentoring*. Philadelphia: Public/Private Ventures.

resources involving issues typically handled by county staff. This problem has now been resolved by a decision to provide services only as a package (ensuring that families agree to involvement with both the Community Agency and the county ISDT). Currently, there are 30 children open in the TEI program. The cooperation of parents varies among participants; some families are more resistant to services.

Since program inception, 49 of 79 cases have been closed. Of these, nearly half were closed because the family was not utilizing or was resisting services. In addition, the evaluation shows that youth who were closed were slightly more likely to re-offend, and had more severe offenses than youth whose cases have remained open. Fourteen of the 19 TEI study group children whose cases have been closed (74%) have re-offended. Although only 11 of the 56 offenses committed by these youth occurred after program closure, five of these were felonies.

This data reinvigorates the debate about closing cases. Staff may need to continue to address the following questions: 1) What should the program do about uncooperative or resistant families? Is closing the child's case the right decision considering the high-risk nature of the child's life? 2) Can the program do more outreach to reconnect with families after they have dropped from services? 3) Should there be a specific referral protocol to other services for closed cases? 4) If the child is cooperative and the parents are not, should TEI serve these children or should the children receive services elsewhere?

The program has served a limited number of children, and has the capacity to serve more (due in part to the choices by some families not to take advantage of the services offered). The quandary then arises as to whether the program should consider offering less intensive services to many more children, or target its services toward the highest risk population – who are often the most resistant to county services.

Currently the choice made by the program is to maintain its focus on working with the children at highest risk of future delinquency and to carefully manage the limited resources available to it by eventually terminating involvement with those families that have chosen not to make use of the services offered (despite repeated efforts at outreach and engagement by the program), thereby making these services available to other similarly needy families who might not otherwise be served.

Cost per client served

As mentioned previously, costs of the program in 2002 were \$703,024. On average, there are approximately 30 children enrolled in the program. This indicates that the program costs approximately \$23,000 per child served annually. This cost includes the additional services provided to 30 siblings. Though substantial, services are less expensive than placement for many of these high-risk children; the same amount would pay for approximately eight months of residential placement.

According to the Child In need of Protective Services (CHIPS) records, parental rights have been terminated for five of the Targeted Early Intervention children. For these children, costs associated with placement may be a permanent part of their future. In addition to these children, records show that TEI children have had a high rate of placement during their lifetimes due to abuse, neglect, parental substance abuse, and parental incarceration. A number of children have also required placement for treatment of mental health issues or due to their own delinquency. To date, it is difficult to ascertain whether or not the program has helped prevent placements in the long-term, by involvement in the child's life at an earlier age. We do know that comparison group children with similar risk factors (who are now in their late teens) had many days of placement and many costs associated with these placements.

As with placement options, it will be important to continue to monitor the benefits of the program, the intensity of the services necessary to produce change in families, and the most effective interventions that positively influence the long-term behavior of the targeted youth.

Connection and coordination between the ISDT and Community Agency staff

Staff activity logs show that both the Community Agency staff and the ISDT staff spent a significant portion of their time on services related to school and education, extracurricular activities and tutoring, the child's mental health, and accessing basic needs such as food, clothing, utilities, and furniture.

These activity logs show that both the Community Agencies and ISDT are devoting considerable effort to these areas, suggesting the possibility that there may be duplication of efforts across the two components of the program. According to discussions with program staff, at times, the overlap in areas of focus between the Community Agency and ISDT staff may be complementary rather than duplicative. Community Agency and ISDT staff have differing skills and access to different resources, and may be likely to focus on different aspects of the same issue in their work with program families. Nevertheless, data from Activity Logs indicate that the program may be well served by

evaluating the possibility of service duplication, since elimination of any duplication that exists may make it possible to increase service capacity.

Another implication of the activity log data noted above is that Community Agency staff appear to be doing a significant amount of work with the family in areas that were slated to be the exclusive domain of ISDT in the original program model. It is clear from inspection of such data, as well as discussion with TEI staff, that numerous significant adjustments have been made in the implementation of the program compared with the design originally envisioned. The fact that Community Agency and ISDT staff often work on different aspects of the same issues with families points again to the crucial role of clear and regular communication and coordination between agencies regarding service provision. In addition, according to staff, there are times in which a family communicates different messages to different agencies, which can lead to confusion. In response to such issues, staff from the program report that they have been working to improve communication regarding specific cases and make certain that they are providing a united and clear message to families. ISDT staff members, who are housed together, meet as a team at least weekly to discuss and process cases; ISDT and each Community Agency staff person meet monthly for the same purpose. In addition, individual ISDT staff members and Community Agency workers have contact in person or by phone as needed between regular meetings. Steps have already been taken by Hennepin County staff to copy Community Agency staff on correspondence regarding specific cases. Such efforts need to continue.

Finally, it is important to note that many of these issues have been discussed by the TEI team at various times since program inception. It should be acknowledged that these issues are complicated and difficult to solve. The program should be commended on the progress that has been made. It is the intention of this report to inform next steps, future directions, and to urge the program to continue the strongest effort to address solutions.

Background

Impetus for the project

In 1995, the Hennepin County Attorney's Office began to document the increasing number of police reports describing children under the age of 10 who had committed delinquent acts. These children, even though the oldest was only 9 years old, were reported for crimes including burglary, arson, damage to property, assault, theft, shoplifting and criminal sexual conduct. Under Minnesota law, children under the age of 10 cannot be adjudicated delinquent. While it was possible to file a Child in Need of Protection and Services (CHIPS) petition or to informally refer the case to Child Protection staff, these interventions focus primarily on the parents. Until the development of the Targeted Early Intervention (TEI) program in 1997, little was done to directly intervene with very young children who committed delinquent acts.

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). The report documented the high correlation of delinquent behavior with child protection reports, problems with school attendance and criminal activity of older siblings and parents. In addition, it was found that while a number of public agencies were working with these children's families, there was little focus on long-term outcomes for the children in terms of their overall well-being or crime prevention. (The Appendix contains a summary of the findings from the 1995 research report.)

After the 1995 research report was published, work began on the design and implementation of intervention strategies for delinquents under 10. 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."

Predicting delinquency

Findings from the 1995 research report and a number of research studies carried out over the past 15 to 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). In the 1995 research report, these factors were categorized into six areas:

- Age at first contact with the police or first documented incident of delinquency
- Abuse, neglect or violence in the home

- Other factors related to family functioning, including chemical and mental health problems, developmental disabilities, etc.
- Criminal or delinquent histories of parents or siblings
- Poor school attendance and school failure
- Absence of positive, supportive relationships with adults and peers

Early contact with the police has been shown to be one of the most reliable predictors of future delinquency. For example, one study found that children whose first contact with the police came between the ages of 7 and 12 subsequently averaged more serious crimes than those whose first contact with the police occurred between the ages of 13 and 16 (Wolfgang, 1972 in Loeber, 1982).

However, early contact with police is not in itself a cause of later delinquency, but rather a symptom of serious difficulties. The delinquent behavior generally arises 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. (For details on the predictive value of selected risk factors, see the Appendix.)

Program development and project description

Program development³

In January 1996, a Design Group was formed to develop a program model that would foster positive long-term outcomes and continued involvement for children who entered the program. The Design Group was comprised of representatives from both county and community-based agencies.

Targeted Early Intervention (TEI) was designed as an intensive, long-term intervention for children whose delinquent behavior while under the age of 10, in conjunction with the presence of other risk factors, places them at highest risk of future delinquency. The Targeted Early Intervention model utilizes many of the recommendations for delinquency prevention programs that previous research has found effective. Studies have found that programs that identified and served children exhibiting risky behavior at younger ages, and combined early education, intervention, family support services and an integrated approach, had the broadest range of positive effects on children and families.

According to the design of the Targeted Early Intervention program, the child would remain in the program until age 18. The intensity of services for each child would increase or decrease as the need for services and support changes. The program's designers anticipated that a child would have the greatest need for intensive services upon first entering the program, and that as the child experienced more stability and success, he or she would require less intensive services.

Focus on long-term outcomes

The findings from the 1995 research report show that delinquent children under the age of 10 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 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 differs from this approach in that all of the services for the TEI child and the child's family are focused on the achievement of long-term outcomes identified for each child.

³ A more detailed description of the development of the Targeted Early Intervention program is contained in the *Delinquents Under 10: Targeted Early Intervention Phase I Evaluation Report*. This report is available from the Hennepin County Attorney's Office.

Four basic outcomes are the primary focus in this program model:

- Reduction in delinquent (criminal) behavior
- Reduction in exposure to abuse, neglect and violence in the home
- School success
- Solid social skills

Research has documented the relationship between the achievement of these outcomes and a reduction in future delinquency. (A review of relevant literature is contained in the Delinquents Under 10: Targeted Early Intervention Phase 2 Evaluation Report.)

Project description

The Targeted Early Intervention model has two key components: the integrated delivery of county services and the use of community-based agencies (referred to in the program model as primary organizations). The services delivered by these two components of the program are intended to be provided in a coordinated and complementary manner.

Integration of county service delivery

The majority of children participating in the Targeted Early Intervention program live in families who have extensive histories of involvement with numerous Hennepin County agencies. Within Hennepin County, a team of workers was formed to provide and coordinate ongoing services to the families. This Integrated Service Delivery Team, representing three Hennepin County Departments, consists of social workers (2.0 FTE), a clinical psychologist (0.6 FTE), and a supervisor from Children, Family and Adult Services (0.5 FTE); a financial worker (1.0 FTE) and a support staff member (1.0 FTE) from Economic Assistance; and a community health nurse (.8 FTE) from Community Health. In addition, the County Attorney's Office provides an attorney (0.25 FTE) for consultation to the team and for any court activities involving children in the program. The Integrated Service Delivery Team is the first project in Hennepin County in which workers from several departments share office space and responsibility for a caseload of families. The roles and responsibilities of each of the county team members, along with general case management responsibilities shared by the team, are described in Appendix 1, along with the 2002 budget for the program.

When a child and family are enrolled in Targeted Early Intervention, the Integrated Service Delivery Team meets with the parents to assess their capacity to support the long-term outcomes for the child and to identify barriers to the achievement of these outcomes.

Based on the assessment results, a primary function of the Integrated Service Delivery Team is to develop a plan for addressing the needs of the child and family in a way that is sensitive to the family's current situation. Frequently, the initial plans are designed to help stabilize families, who often enter the program in a crisis situation with multiple issues. For many of the families, basic needs such as food, clothing and shelter must be addressed before other efforts aimed at achieving positive, long-term outcomes for the child can be effective. Beyond providing crisis assistance, the Integrated Service Delivery Team addresses such areas of need for the child and family as: improving school attendance, performance, and behavior; maintaining stable housing; obtaining employment; improving the families financial management, strengthening parenting skills, reducing risk from domestic violence, managing court involvement, assessing and treating chemical and mental health issues, and responding to chronic physical health concerns. Many of these efforts fall under the broad umbrella category of “case management.” The Integrated Service Delivery Team provides both direct services and coordination of services provided by other county staff and outside agencies.

Community agencies

While the Integrated Service Delivery Team works primarily with the parents of the Targeted Early Intervention children, much of the work that is done directly with the children is performed by community-based, nonprofit service organizations. Hennepin County currently contracts with four community-based agencies to work directly with the Targeted Early Intervention children. These agencies are located in Minneapolis and include: the Division of Indian Work, Phyllis Wheatley Community Center, Pillsbury Neighborhood Services – Camden Neighborhood Center, and the YMCA – Hiawatha Branch. Each agency works with only a small number of children (5 to 10 per full-time-equivalent staff person). The principal focus of the staff in the Community Agencies is to work intensively with the Targeted Early Intervention child to build the child's assets (personal strengths) and resiliency (ability to bounce back from difficulties) through an emphasis on school participation and involvement with positive activities in the community. (See Appendix 1 for a description of the role of Community Agency staff.)

To accomplish this, the Community Agencies conduct a comprehensive evaluation of the child's experiences and develop an Individual Success Plan for each child that emphasizes long-term goals. The plan is reviewed regularly to measure the child's progress toward his or her outlined goals. Initially, much of the work is with parents, teachers and the child to improve school attendance and behavior, involve the child with positive after-school activities, tutor the child, and work with the parents to establish rules and expectations for the child at home.

Community Agency staff are considered the bridge between the child, the family, the school and the service delivery team to ensure that the outcomes in each child's plan are being achieved and that the children are receiving the best possible services. Because the Community Agencies are often located in the communities in which the children live, staff are able to identify community resources, services and supports and connect the Targeted Early Intervention children to them. In addition, the Community Agencies operate their own ongoing programming (for example: camp, after-school activities, family services, etc.) that serve the TEI children and families as well as the broader community.

Relationship between Community Agency and Integrated Service Delivery Team

The Community Agency and Integrated Service Delivery Team (ISDT) work 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 Community Agency to which the child will be referred. Each Community Agency worker meets monthly with the entire ISDT 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. Telephone and in-person contacts between individual members of the ISDT and Community Agency workers occur as needed between monthly meetings.

Because of the relationship between county departments and community-based agencies, Targeted Early Intervention is unique in the area of service delivery. Workers from community-based agencies tend to be more readily accepted than county staff by families. Some of the families have negative feelings about county agencies and may hesitate to work with them. For these families, the Community Agency plays a key role in bringing the families and ISDT staff together so that the child and family's needs can be met.

TEI program changes since Phase 2 report

Since the Phase 2 report that covered the reporting period of January 1999 to July 2000 there have been a number of program changes:

- An additional 30 children have been identified and served by the program (21 during this study period August 2000 – December 2001, and an additional 9 after this study period who enrolled between January and September 2002).
- The program recognized the need to serve siblings of TEI children. In the fall of 2000, program staff approved a plan for the Community Agencies to provide

supplemental services to selected siblings who are close in age to the TEI child. In 2001, 34 siblings in 22 families had been served.

- In the original program design, the Community Agency staff were also responsible for identifying a critical support person for each child. It was anticipated that the critical support person would be someone with whom the child already had a relationship (e.g., an extended family member, a teacher, a neighbor) and who would be a key support in the child's achievement of the long-term outcomes. The critical support person was seen as a more intensive and active relationship than a traditional mentor. However, Targeted Early Intervention children and their families are often extremely isolated. To date, it has not been possible to identify critical support persons for the majority of the children. Rather, the Community Agency staff have themselves filled this role for many of the children. As a support for each child, the Community Agency workers participate in or attend extracurricular activities and spend one-on-one time with each child.
- In 2001, the program formalized this practice. Instead of identifying and recruiting critical support persons, Community Agency staff worked toward recruiting and connecting mentors to TEI children. In 2001, 15 out of 33 children had mentors.
- Program participation for the families was previously mandatory. Court proceedings were pursued under Child in Need of Protective Services to compel parent participation. Program staff found that court involvement created an adversarial role with the families and the program moved to voluntary participation. Since this change very few families have declined the offer of services and the program's relationship-building capacity was strengthened.
- In 2002, the child's court case no longer needs to be legally sufficient in order to be referred to Targeted Early Intervention. It was recognized that identified risk factors were more important in determining a child's eligibility for the program than the "legal sufficiency" of the court case.
- The program success as reported in the Phase 2 report has moved the program from a grant-operated pilot project to a Hennepin County operated program in 2002. In addition, the program was moved for the Hennepin County Attorney's Office in January 2002 to the Department of Children, Family and Adult Services. Both Departments continue to work together closely in administering the program.
- The project staff has been decreased by a part-time position in the evaluation and administration area.
- In 2001, the name of the contracted community partners was changed from "Primary Organizations" to "Community Organizations."

Program participation

Eligibility and enrollment

Eligibility determination

Screening of a child for potential enrollment in the Targeted Early Intervention program begins with a police report to the County Attorney's Office. The majority of referrals have originated from the Minneapolis Police Department. Upon receipt of the referral, an attorney screens the report to determine if there is legal sufficiency to proceed with the case.⁴

If the case is not legally sufficient, either it is 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, comprised of representatives from the County Attorney's Office, Department of Children and Family Services, and the Integrated Service Delivery Team (see the Appendix for a list of Screening Team members). There were 818 children referred to the Delinquents Under 10 Screening Team between January 1, 1996 and December 31, 2001.

The Screening Team determines the level of service intervention based on three considerations:

- 1) The nature of the delinquent act
- 2) The child's level of responsibility for the act
- 3) The number, type and severity of risk factors that the child presents

A checklist of predictors of future delinquency, designed for this program, is currently used as a screening guide (see the Appendix). If the Screening Team determines that the child is not appropriate for the intensive Targeted Early Intervention program, other options available in Hennepin County include: a letter from the county attorney to the family, referral to child protection, direct referral to community services, diversion programs, child-focused services provided by the Department of Children and Family Services, or a Child In Need of Protection or Services (CHIPS) petition.

⁴ In order to proceed with a CHIPS 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. In 2002, there was a change and "legal sufficiency" was no longer seen as a necessary prerequisite to the referral to Targeted Early Intervention.

Enrollment

Targeted Early Intervention began serving children and families in April 1997. Since then, 115 children have been identified as appropriate for enrollment in TEI and 79 children have been enrolled and received services.⁵

As of September 16, 2002, 30 children were currently enrolled in Targeted Early Intervention.

- In addition, approximately 34 siblings of the TEI child were served. Services provided to siblings vary, but generally include case management and advocacy. Community organization workers may involve siblings in extracurricular activities, provide support to siblings in school, and connect siblings to caring adults.

Forty-nine children have closed from the program. The average number of days after their first offense that they were closed from the TEI program was 983 or about 2.7 years after their first offense.

- During the previous reporting periods (April 1997 – July 2000), 49 children were enrolled and 16 children were closed from the program; the average length of enrollment for closed cases during this period was 1.4 years.
- During this report's study period (August 2000-December 2001), 20 children were enrolled and 20 children closed; the average length of enrollment for closed cases during this period was 2.6 years.
- After the close of this study period (January 1, 2002 – September 16, 2002), 10 children were enrolled and 13 have closed; the average length of enrollment for closed cases during this period was 3.2 years.

The reasons for closing cases are listed in Figure 4.

⁵ There are five reasons why children were identified for TEI but may not have received services: 1) Because TEI was not implemented until April 1997, children that were identified as appropriate for TEI prior to the program implementation were provided other services; 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 in other court actions that would have affected their involvement in TEI (i.e., Termination of Parental Rights proceedings); 4) the TEI program was at capacity; or 5) the child and family were offered services, but declined to participate in the program.

4. Reasons for closing cases

Total: 49 cases	Number	Percent
Child moved out of county	18	37%
Family does not want services	11	22%
Family not utilizing ISDT/Community Agency services	10	20%
Child in placement – no services needed	3	6%
Case transferred to child protection	2	4%
Mother/parents died	2	4%
Reason not listed	2	4%
Lack of follow-through by family	1	2%

Note: Percentages may not total 100 due to rounding.

Source: TEI program records.

The date of enrollment into the Targeted Early Intervention program is the date of the disposition unless the child's disposition date was before the program started. In the cases in which a child's disposition date was in 1996, their date of enrollment is the start of the TEI program: April 1997.

- The average length of enrollment for both open and closed cases was 2.4 years (as of September 16, 2002).
- For open cases, the enrollment period currently ranges from four weeks to 5.5 years, with an average of 2.6 years.
- For closed cases, the length of enrollment has ranged from two weeks to 5.4 years, with an average enrollment of 2.3 years.

While court intervention was initially used to compel participation, involvement in the program has become increasingly voluntary. Currently, parents of children who are identified as appropriate for Targeted Early Intervention can refuse services or drop from the program, as long as there is not an active court case plan which requires participation.

Participant characteristics

For all clients served since program inception:

- The most common offense was shoplifting, followed by damage to property, assault and theft.
- Seventy-five percent of TEI participants were male.
- Ninety-six percent of TEI participants were children of color; 75 percent were African-American, 18 percent Native American, 4 percent bi-racial or multi-racial, and 4 percent White.
- Their average age at enrollment (disposition date) was 9.0 years.
- Most children referred to Targeted Early Intervention were Minneapolis residents.

These children are growing up in high-risk environments. Of the 69 children who have participated in the program through December 31, 2001, approximately 94 percent lived in families that have received some form of economic assistance, 77 percent lived in families that have had at least one child protection or child welfare case opening, 79 percent lived in families that have had at least one child protection assessment, 83 percent have mothers with a criminal history, 64 percent have an older sibling with a delinquency history, 54 percent lived in families that have received a citation for domestic abuse and 57 percent lived in families in which at least one member had received services for chemical health issues. In addition, 54 percent of the mothers were age 17 or younger at the birth of their first child.

Behavioral assessment

The Behavioral Assessment System for Children (BASC) is a standardized tool used to evaluate children's behavior. The BASC Teacher Rating Scale is a comprehensive measure of both adaptive and problem behaviors in the school setting. Each school year, teachers are asked to complete a BASC assessment for children enrolled in TEI. Participation by teachers is voluntary. This report analyzed data from the initial BASC completed by the TEI child's teacher. This data provides information about the emotional and behavioral risks of TEI participants. Initial BASC assessments were available for 52 of the 69 children (75%) who have participated in TEI.

Results of the analysis show that TEI children experience serious risks in nearly every area. Fifty of the 52 children (96%) scored in the clinically significant range (the most severe rating on this scale) on at least one of the 14 scales. On average, TEI children scored in the clinically significant range on 6 of the 14 scales.

5. Behavioral assessment of participants by their teachers (BASC scores)

All TEI children for whom assessment was completed (52)	Number in at-risk range at first assessment	Number in clinically significant range at first assessment
Externalizing	31%	45%
Hyperactivity	39%	24%
Aggression	34%	40%
Conduct problems (misbehavior)	22%	53%
Internalizing	20%	14%
Anxiety	26%	6%
Depression	12%	8%
Somatization (physical symptoms of stress)	14%	10%
Withdrawal	24%	8%
Atypicality (acting in unusually odd ways)	20%	22%
School problems	41%	22%
Attention problems	50%	15%
Learning problems	18%	31%
Adaptive skills	52%	10%
Adaptability	37%	37%
Social skills	46%	4%
Study skills	42%	10%
Leadership	30%	-

Note: “Clinically significant” is the most severe rating on this scale; “at risk” is the second most severe.

Source: BASC Teacher Rating.

These findings indicate that many of the children involved in TEI display disruptive and aggressive behaviors at school and struggle with learning tasks. Teachers do not see most TEI children as withdrawn, depressed or anxious. Instead, the majority of TEI children exhibit average or above average social and leadership skills.

The high proportion of children scoring in the “clinically significant” and “at-risk” range indicates that many of the TEI participants may suffer from emotional, behavioral, and/or learning problems or disabilities.

Services provided by the program

Every quarter during this evaluation, ISDT and Community Agency staff completed a service log and a “dosage” tracking form. The Quarterly Service Activity Log documents the various types of services provided to children and families served by the program. The dosage tracking form asks staff to rate each child and family’s exposure and level of participation with TEI services during that quarter. Both forms are qualitative measures requiring staff to estimate the types and amounts of service provided to each case each quarter. Therefore, this data can be used to guide understanding of implementation practices, but cannot be used or interpreted as a formal auditing of staff time.

Integrated Service Delivery Team

The county Integrated Service Delivery Team staff reported the types of services they provided to the youth and families on their TEI caseload each quarter (see the Appendix for a sample of the Quarterly Service Activity Log completed by staff). From July 2000 to December 2001, the most commonly reported services provided by the Integrated Service Delivery Team staff was case management. In particular, case management related to the child’s school or education (reported on 63% of the logs), case management related to child’s health care (reported on 40% of the logs), case management related to the child’s mental health (reported on 36% of the logs), and case management related to the child’s extra-curricular activities or tutoring (reported on 34% of the logs).

The biggest areas of focus for county ISDT staff work included:

- school or education related services (reported on 72% of logs),
- services related to the child’s health care (reported on 54% of logs),
- services related to the child’s mental health (reported on 48% of logs), and
- services related to the child’s extracurricular activities and tutoring (reported on 45% of logs).

Services less commonly provided by ISDT staff were those addressing domestic violence (10%), chemical dependency in the family (11%), parent employment or job training (21%), outings or activities (22%), and services related to informal support or community involvement (24%).

Community Agency

Community Agency staff reported the types of services they provided to the youth and families on their TEI caseload each quarter (see the Appendix for a sample of the Quarterly Service Activity Log completed by staff). From July 2000 to December 2001, the most commonly reported service provided by the Community Agency staff was advocacy. This included advocacy related to the TEI child's education (reported on 57% of the quarterly logs), the child's extracurricular activities or tutoring (reported on 56% of the logs), setting up or supporting the child's critical support person or mentor (53%), setting up outings or activities (reported on 50% of logs), and advocacy related to community involvement or informal support (reported on 48% of logs).

The biggest areas of focus for Community Agency staff work included:

- outings and activities (reported on 95% of logs),
- extracurricular activities and tutoring (reported on 93% of logs),
- school or education related services (reported on 91% of logs), and
- developing informal supports or community involvement (reported on 86% of logs).

In addition, Community Agency workers assisted over two-thirds of the families with accessing basic needs such as food, clothing, utilities, and furniture (71%), provided services for siblings of the TEI child (71%), and helped the TEI child access mental health services (54%).

Services less commonly provided by Community Agency staff were those addressing domestic violence (29%), chemical dependency in the family (36%), and adult health care (37%).

Services to siblings

In 2001, 34 siblings who were close in age to the Targeted Early Intervention child received services. These 34 children were in 22 families. According to the activity logs, community agency staff provided case management and advocacy services to siblings in over a third of the logs completed. ISDT staff provided case management to siblings in over one-fifth of the logs completed. Counseling of siblings and referrals to resources

were services provided less frequently to siblings (checked on less than 16% of the activity logs).

Similarities and difference in the types of services provided by the Community Agency and Integrated Service Delivery Team staff

Information from service logs indicates that both Community Agency staff and ISDT staff provided the bulk of their services related to the child's needs, particularly in the areas of school, extracurricular activities and tutoring. The ISDT staff's time is concentrated on case management and case plan follow-through for the child, while the Community Agency staff's time is spent with the youth pursuing educational and community involvement goals and with the family providing a broad range of services.

Level of contact

Program staff reported varying levels of in-person and/or telephone contact with TEI participants and their families, as recorded in the Quarterly Update Dosage Tracking Forms (see the Appendix for a copy of the Quarterly Update Dosage Tracking Form that was completed by the ISDT and Community Agency staff). For the 69 children who were involved in Targeted Early Intervention through December 2001, contact with their Community Agency and/or ISDT workers ranged from "no contact" in a quarter to "high" (8 or more contacts per month for three months). Community Agency workers recorded higher levels of contact with the child and the child's family (as recorded in the Quarterly Update Dosage Tracking Form). On average, Community Agency workers recorded 2-7 contacts per month per family, and ISDT workers recorded 1-3 contacts per month. Results of an analysis of the quarterly logs from July 2000 through December 2001 are reported in Figure 6.

As noted earlier, this data is based on staff estimates done each quarter. Therefore, this data can be used to guide understanding of implementation practices, but cannot be used or interpreted as a formal auditing of staff time.

6. Level of contact provided to child and family by Community Agency and ISDT staff, percentage of client logs with record of activity between July 2000 and December 2001

Level of contact between:	Percent of TEI participants receiving the following level of contact		
	No contact	Minimal to low contact (1-3 contacts per month)	Medium to high contact (3 + contacts per month)
ISDT worker and child's family (N=31-37)	17%	55%	28%
Community Agency worker and child's family (N=18-36)	3%	40%	58%
Community Agency worker and child (N=18-36)	0%	40%	60%

Note: Percentages may not total 100 due to rounding.

Source: Community Agency and ISDT Quarterly Dosage logs: August 2000 – December 2001

The Quarterly Update Dosage Tracking forms were also used by the workers to track the level of cooperation between the Community Agency and/or ISDT staff and the parents. Ratings varied between “never cooperative” in a three month period and “always” cooperative. These ratings showed that Community Agency workers and ISDT staff reported similar levels of cooperation by parents and families. For several families, ISDT staff rated a parent’s cooperation as “not applicable,” since ISDT was not working with the family during a quarter. This was due to either parental choice or the removal of a child from his or her family of origin. Results of an analysis of the quarterly logs from July 2000 through December 2001 are reported in Figure 7.

7. Parental cooperation rated by Community Agency and ISDT staff, average of quarterly ratings between July 2000 and December 2001

Level of parental cooperation with:	Percent of TEI participants' parents rated by staff		
	Never cooperative	Rarely or sometimes cooperative	Usually or always cooperative
ISDT/Case Plan (N=22-31)*	2%	38%	60%
Community Agency worker/Case Plan (N=17-35)	4%	29%	67%

Source: Community Agency and ISDT Quarterly Dosage logs: August 2000 – December 2001

In comparing the level of service contact and parental cooperation between the previous reporting period (January 1999 – June 2000) and this reporting period (July 2000 – December 2001), there may have been a slight decrease in the average level of contact with families by both the ISDT and the Community Agency worker. In addition, ISDT staff rated the level of parent cooperation as slightly lower, on average, than during the previous 18-month time period, while Community Agency staff rated parent cooperation slightly higher, on average, than during the previous 18-month time period. These differences, however, were not statistically significant.

Evaluation design

Primary research questions

Wilder Research Center designed and implemented an evaluation that has three phases. The first phase provided a foundation for the ongoing research and evaluation of the Targeted Early Intervention model, and includes process evaluation findings, as well as baseline data for the outcomes. The purpose of the second and third phases of the evaluation is to answer the following questions:⁶

Outcomes

- Is participation in Targeted Early Intervention associated with a reduction in delinquent (criminal) behavior?
- Is participation in Targeted Early Intervention associated with a reduction in exposure to abuse, neglect and violence in the home?
- Is participation in Targeted Early Intervention associated with school success?

Participant satisfaction and perceived impact

- Are parents and children satisfied with the Targeted Early Intervention program?
- Is participating in Targeted Early Intervention associated with an increase in social competency?

Wilder Research Center and the Hennepin County Attorney's Office used several kinds of information to answer these questions. Data sources included interviews with participating families, staff activity records and service tracking forms, feedback from teachers including Behavioral Assessment System for Children (BASC) results, school attendance data, and Hennepin County administrative data, which included police reports and out-of-home placement data.

⁶ The Phase 1 and Phase 2 evaluation reports are available from the Hennepin County Attorney's Office.

Study cohorts

This report focuses on two groups of program participants and one comparison group:

Comparison group (under 10 offenses committed in 1993-1995)

- This group consists of 34 children referred to the County Attorney's Office between July 1, 1993 and January 31, 1995, prior to the development of Targeted Early Intervention. These children had risk factor scores most similar to those served in TEI. These children constitute a comparison group to the children who are currently being screened in the Delinquents Under 10 effort; they did not receive any significant intervention in response to their delinquent behavior while under the age of 10. Comparisons between this group and the TEI participants are age-adjusted as described on page 41.

Targeted Early Intervention Study Group (at least 18 months of service before July 2000)

- **Study group children referred to program April 1997 – December 1998.** There were 33 children who participated in the program for at least 18 months, enrolling between April 1997 and July 1998, whose first six months of outcome data (following 18 months of service) were examined in the *Delinquents Under 10: Targeted Early Intervention Phase 2 evaluation report* (Wilder Research Center, 2001). An additional two children who entered TEI between July 1998 and December 1998 had sufficient service time and follow-up to examine outcomes.

All 35 study group children participated in the program for at least 18 months. In this report, outcomes for TEI study group children were analyzed during the 12 months that followed 18 months of program service.

Other Targeted Early Intervention participants (less than 18 months of service before July 2000)

- 35 children enrolled between January 1999 and December 2001. These children did not have sufficient enrollment time in the program to be included in the examination of long-term outcomes.

Note: for the outcome section of the evaluation, only Targeted Early Intervention study group participants (n=35) and comparison group children (n=34) are included.

The participant satisfaction section in the Appendix includes all TEI participants (n=69), but not the comparison group children.

Outcome study methods

Minneapolis school attendance data and Hennepin County administrative data including child protection, delinquent activity, placement data, and police calls are examined for the TEI study group (participants who began between April 1997 – December 1998) and the comparison group of non-participants. This report presents outcome data collected through December 2001, providing for at least 18 months of service for each child and a twelve-month period for gathering information about outcomes. Youth who entered the program after December 1998 have not been in the program long enough to adequately assess outcomes. The group of newer Targeted Early Intervention participants is therefore only included in measures of participant satisfaction, perceived impact, and descriptions of program participants.

Description of TEI study group and comparison group

Selected in the first phase of the evaluation, criteria for inclusion in the comparison group include children who:

- Were under age 10 at time of referral to the County Attorney's Office.
- Were referred to the County Attorney's Office between July 1, 1993 and January 31, 1995 (prior to the development of Targeted Early Intervention program).
- Had risk factor scores most similar to those served in TEI (very high risk).
- Received no significant intervention to address their delinquent behavior while under age 10.

The TEI study group and the comparison group share very similar demographic and risk characteristics (Figure 8). Comparing school attendance, child protection, criminal activity, placement, and police calls for these two groups, therefore, provides a way to assess the impact thus far of participation in the Targeted Early Intervention program versus no early intervention targeting delinquency.⁷

⁷ The children in the comparison group may have received some form of "later" intervention in response to a delinquent act committed after they turned age 10. Such interventions, however, were not examined as part of this study.

8. Characteristics of the study group and comparison group, estimates of group equivalence at time of assignment

	TEI study group (35 children)	Comparison group (34 children)
Child characteristics		
Average age at time of offense	8.6	8.7
Gender	77% male	77% male
Children of color	94%	82%
Resident of Minneapolis	89%	85%
Most common offenses	Shoplifting, damage to property, & assault	Shoplifting, other theft, & damage to property
Average number of police contacts prior to age 10	1.16	1.06
	TEI study group participants (30 families) ⁸	Comparison children (32 families)
Family characteristics		
Average number of child protection assessments per family	4.1	3.3
Percent of families with Child in Need of Protection & Services (CHIPS) petitions	46%	50%
Average number of out-of-home placements per family	4.1	3.4
Single-parent households	73%	75%
Average number of children at home	5.2	4.2
Average number of prior offenses by siblings	6.6	8.7
Percent of families with domestic abuse citations	70%	28%
Percent of children living in homes with calls to police regarding domestic violence	91%	97%

Note: These characteristics reflect the children's and families' status at the time they either entered the TEI program or were assigned to the comparison group.

Source: Hennepin County administrative data.

⁸ Family characteristics were analyzed by family unit. In a few cases, there was more than one child involved in the study from a family. There were 35 TEI children in 30 families, and 34 comparison children in 32 families.

Demographics of TEI study group and comparison group

While the ages of the children at the time of the offense ranged from 5 to 10,⁹ the great majority were between the ages of 7 and 9 years. The mean age of the TEI study group participants was 8.6 years, nearly the same as the mean age of 8.7 years for the comparison group children.

9. Child's age at time of offense

	Mean age	5	6	7	8	9	10*
TEI study group (n=35)	8.6	3%	3%	29%	23%	40%	3%*
Comparison group (n=34)	8.7	3%	-	15%	35%	47%	-

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

The proportion of children of color is higher among TEI participants than in the comparison group. Ninety-four percent of the TEI study group participants are children of color, compared to 82 percent of the comparison group children.

10. Child's race

	Asian	African American	White	Hispanic	American Indian	Biracial
TEI study group (n=35)	-	70%	6%	-	20%	3%
Comparison group (n=34)	-	56%	18%	-	27%	-

⁹ All children were under the age of 10, except for one child whose date of birth was incorrect on the police report.

Most children in the TEI study group were Minneapolis residents (89% of TEI participants). The comparison group had a slightly higher rate of suburban residents (see Figure 11).

11. Residence of child at date of offense (comparison) or referral (TEI)

	Minneapolis	Suburban
TEI study group (n=35)	89%	11%
Comparison group (n=34)	85%	15%

Risk factors

The risk factor analysis of the two groups shows very similar indicators of family risk. With the exception of domestic abuse citations, all other areas are similar for the two groups, including child maltreatment, family functioning, family composition, and family criminal history. In the area of domestic abuse charges, 70 percent of TEI children and 28 percent of comparison group children were reported to live in families with at least one domestic abuse citation. However, Hennepin county staff report that the difference is likely due, at least in part, to differences in reporting, record-keeping, and prosecution that occurred during the two time periods rather than dramatic differences between the families' actual experiences with domestic violence.

A more accurate measure of family violence may be the incidence of domestic abuse calls to police rather than domestic abuse charges. A review of Minneapolis police records indicates that nearly all of the children in both groups (91% of TEI children and 97% of comparison group children) lived in homes with a history of police calls related to domestic violence, abuse or neglect.

In addition, it is of interest to note that according to the Child In Need of Protective Services (CHIPS) records for the comparison group and TEI study group: two comparison children have Termination of Parental Rights petitions filed to date, while seven TEI study group children have had Termination of Parental Rights petitions filed.¹⁰

¹⁰ For all TEI participants (N=69), 10 children have had Termination of Parental Rights petitions filed. Of these, five had parental rights terminated, four had the filings dismissed, and one had a transfer of legal custody.

Initial offense information

Figure 12 contains a list of the actual offenses committed by TEI study group participants referred to the County Attorney's Office from January 1996 to December 1998, and for children in the comparison group between 1993 and 1995.

For the TEI study group participants, the most common offenses were shoplifting (40%), assault (23%) and damage to property (23 %). For the comparison group, the most common offenses were shoplifting and other theft (24% each), followed by damage to property (21%).

12. Offenses that qualified children for TEI or the comparison group

	TEI study group (35 children)	Comparison group (34 children)
Theft – shoplifting	14	8
Assault	8	5
Damage to property	8	7
Arson or unintentional fire	4	2
Theft – other	3	8
Burglary	2	3
Damage to motor vehicle	2	-
Criminal sexual conduct	1	1
Motor vehicle tampering	1	-
Receiving and/or concealing stolen property	1	-
Disorderly conduct	-	1
Possession of stolen property	-	1
Total offenses	44	36

Note: The qualifying offenses outnumber the children, because some children were referred for more than one offense at the same time.

Outcome study period

For the purposes of this study, the time period measured for each child begins with the disposition date (this is the date of the decision to refer to TEI) for the TEI group and, for the comparison group, the date of the offense. In order to study outcomes, a 12-month study period was identified for each child. For the TEI study group, this 12 months of study occurred starting on the date when the child had been enrolled in TEI for 18 months and continued for 12 months (30 months after their disposition date).¹¹ These 12 months of study were divided into two six month periods (the first six month was reported in the Phase 2 report). The average age for the TEI study group children at the beginning of that time period was 10.68 years. To ensure that the follow-up period for the comparison group children was equivalent, comparison group child outcomes were assessed during the six-month time period after they turned 10.68 and again for the six-month time period after they turned 11.18 years old.

Issues related to child living outside of Hennepin County during the study period

Records indicate that two of the 34 comparison children and one of the 35 TEI children were living outside of Hennepin County during the entire study period, and two comparison children and two TEI children were living outside of Hennepin County for part of the period studied. However, all children committed their initial offenses in Hennepin County.

Since the number of children residing outside of Hennepin County for all or part of the study period is relatively small and equivalent for the two groups, and since all of the children committed initial offenses within the county, a decision was made to retain all children in subsequent analyses. However, school attendance and test score data is not available for these children.

¹¹ The nature of qualifying risk factors and intervention methods requires children to receive a significant program “dosage” before measurable outcomes are likely to be detected. Program staff and researchers agreed on an 18 month service period as adequate length of program exposure on which to base an assessment of program effectiveness using key outcome measures.

Data for measuring outcomes

A number of methods were used to collect the outcome data for this evaluation. The forms used to collect the data can be found in the Appendix of this report.

13. Data for measuring outcomes

Outcome goal	Data source	Groups included
Reduction in delinquency	Administrative data from Hennepin County	TEI study group (n=35) & Comparison Group (n=34)
Reduction in exposure to abuse, neglect, and violence in the home	Administrative data from Hennepin County	TEI study group (n=35) & Comparison Group (n=34)
School success	Attendance data from Minneapolis Public Schools NALT Test Scores, BASC and Child Assessment Teacher Supplement	TEI study group (n=35) & Comparison Group (n=34) TEI study group (n=35)
Social competency	Interviews with parents BASC and Child Assessment Teacher Supplement	All TEI participants (n=59) TEI study group participants (n=35)

Hennepin County administrative data (TEI study group and comparison group)

Staff from Hennepin County Children, Family, and Adult Services obtained data from several databases including: the Juvenile Family Tracking System (JFTS), Total Court Information System (TCIS), LegalEdge Matter Management System, Hennepin County Attorney's Office Delinquents Under 10 Database, Computer Assisted Police Reporting System (CAPRS), Community Services Information System (CSIS), and JUVIS (juvenile probation information).

A search of Hennepin County data was done for all 35 TEI study group participants, as well as for the comparison group of 34 children. Wilder Research Center staff analyzed the data.

Minneapolis Public Schools attendance data (TEI study group and comparison group)

A search of attendance data was done for the 35 TEI study group children and 34 comparison group children. Staff from the Minneapolis Public schools searched attendance databases for the 1994-95, 1995-96, 1996-97, 1997-98, 1998-99, 1999-00, and 2000-01 academic years. Wilder Research Center analyzed attendance data beginning with the year that corresponded with the disposition date (this is the date of TEI enrollment) for each child in the TEI study group and the date of the offense for each child in the comparison group. If a TEI child entered the program during the summer or if a comparison group child committed the qualifying offense during the summer, the attendance tracking began the following school year.

Attendance data were analyzed for the full school year that most closely corresponded to the second six-month study period identified for each child. (For a description of how the six-month study period was determined, see page 41.)

School absences were compared with the number of days the child was enrolled in school. Data were analyzed by Wilder Research Center staff.

Minneapolis Public Schools attendance data were available for 26 of 35 TEI study group children (74%) and 24 of 34 comparison group children (71%). Children were excluded from the analysis if Minneapolis Public Schools had no record of their attending school during the time periods measured (6 TEI children, 8 comparison children) or if the record showed that they were enrolled for less than 45 days (approximately one-fourth) of the school year (3 TEI children, 2 comparison children).

Child Assessment Teacher Supplement (TEI participants enrolled in 2000-2001)

In the fall and the spring of each school year, the TEI child's teacher is asked to complete a Child Assessment Teacher Supplement as well as a Behavioral Assessment System for Children questionnaire (BASC, described below) for each participating TEI child. The Child Assessment Teacher Supplement includes questions about the child's academic achievement, attendance, behavior, and participation in school. The Community Agency that serves the child through TEI is responsible for collecting these forms from teachers. Wilder Research Center compiled and analyzed the results.

These Child Assessment Teacher Supplement data are collected only for current TEI participants. Results from fall 2000 were compared with the results of fall 2001. Data were available for 20 youth in fall 2000 and 19 youth in fall 2001.

Behavioral Assessment System for Children (TEI study group)

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 is a comprehensive measure of both adaptive and problem behaviors at school. Community Agency staff distributed the BASC forms to the teachers of children they were working with through TEI. Teachers were required to have known the child for at least two months before filling out the form. Wilder Research Center staff compiled and analyzed the results.

BASC data were collected for all current TEI participants. Results from fall 2000 were compared with the results of fall 2001. Data were available for 19 of the 35 youth (54%) in the TEI study group.

Outcome study results

In the following section, it is necessary to note that there were 33 TEI children who participated in the program for at least 18 months, enrolling between April 1997 and July 1998, whose first six months of outcome data (following 18 months of service) were examined in the *Delinquents Under 10: Targeted Early Intervention Phase 2 evaluation report* (Wilder Research Center, 2001). An additional two children who entered TEI between July 1998 and December 1998 had sufficient service time and follow-up to examine outcomes. Because of the addition of the two children to both study periods, the information for the first six-month period presented here does not match that in the Phase 2 report.

This report focuses on the *second* six-month study period. While we also report activity that occurred during the first six-month study period, this is to help us better understand the entire 12-months' worth of activity after each TEI child had received 18 months of program services.

Delinquency

Offenses during the study period

Although the number of children who were referred by police to the County Attorney's Office was similar in the study group and comparison group, the ratio of referred offenses per child was slightly higher for comparison group children.

In addition, some youth offended during both six-month study periods. For the entire year studied, 15 TEI children were referred for 38 offenses, and 12 comparison children were referred for 46 offenses to the Hennepin County Attorney's office (see Figure 14).

14. Offenses referred to Hennepin County Attorney's Office during study period

	TEI study group (n=35)		Comparison group (n=34)	
	First 6-month study period	Second 6-month study period	First 6-month study period	Second 6-month study period
Number of offenses (includes status offenses)	16	22	25	21
Number of youth corresponding to above offenses	9 (26%)	9 (26%)	10 (29%)	8 (24%)
Number of offenses per youth offender	1.8	2.4	2.5	2.6

Note: All of the TEI youth were currently in the TEI program at the time of their referred offense during the study period.

Source: Hennepin County administrative data.

Number and severity of charged offenses

In addition to examining offenses that were referred to the Hennepin County Attorney's Office, Wilder Research Center followed up on cases in which charges were subsequently filed.

In examining the Hennepin County administrative data for the 12-month study period, it appears that both groups had a similar number of offenses that resulted in charges by the Hennepin County Attorney's office (32 charges for the TEI group, and 33 for the comparison group). Although in the first six months studied, TEI children had significantly fewer severe offenses, they had slightly more severe offenses during the second six months studied (although not statistically significant).

During the first six-month study period, comparison group children were charged with three felonies and three gross misdemeanors, while one TEI child was charged with one felony. For the year, TEI children were charged with 5 major offenses (2 felonies and 3 gross misdemeanors) and comparison children were charged with 9 major offenses (5 felonies and 4 gross misdemeanors).

During the second six-month study period:

- One comparison group child was charged with two felonies; another comparison group child was charged with a gross misdemeanor
- Three TEI group children had a total of one felony and three gross misdemeanors
- Both TEI and comparison group children were charged with 14 minor offenses

As reported in the Phase 2 report, there were fewer offenses by the TEI group as compared to the comparison group in the first six month study period. However, these differences were not maintained (see Figure 15).

15. Offense severity during 6-month study periods (charged offenses only)

	TEI study group children (n=35)		Comparison children (n=34)	
	First 6 month study period	Second six month study period	First 6 month study period	Second six month study period
Minor offenses (misdemeanors, petty offenses, status offenses)	13	14	10	14
Major offenses (felonies, gross misdemeanors)	1	4	6	3
Total charged offenses	14	18	16	17

Note: All, but one, of the TEI youth with charged offenses were open in the TEI program at the time of their offense during the study periods. One child was charged with a petty offense after closing from the program in the second six month study period.

Source: Hennepin County administrative data.

Repeat offenses by TEI study group participants

An analysis was done of offenses committed in Hennepin County by TEI study group participants after they enrolled in Targeted Early Intervention. After 18 months, TEI participants are considered to have received a minimum “dose” of Targeted Early Intervention services. After 18 months in the program and until December 31, 2001:

- There were no further offense referrals for 11 of the 35 TEI participants (31%). The rate of no further offense referral for the TEI study group was 55 percent at the time of the previous report.
- Twenty four (69%) of the TEI participants were referred for an additional 105 offenses (there were 38 TEI offense referrals at the time of the previous report).
- Of the 105 referred offenses, 16 were status offenses (curfew), 35 were petty offenses, 35 were misdemeanors, 5 were gross misdemeanors, and 14 were felonies.

There were some differences in the severity of offenses for TEI study group clients who have been closed from the program compared with those who have remained active in the program.

- Fourteen of the 24 offending youth (59%) have now been closed from the TEI program.
- Although only 11 of their 56 offenses occurred after program closure, five of these were felonies (associated with three youth).

- Youth who were currently open were slightly less likely to have been referred for an offense, and were referred for less severe offenses than closed youth – although these differences are not statistically significant.

16. Offenses referred to the Hennepin County Attorney's office for TEI Study Group from 18 months after program entry to December 31, 2001, by closing status

	TEI study group currently open (n=16) Number	TEI study group currently closed (n=19) Number
Minor offenses (misdemeanors, petty offenses, status offenses)	43	43
Major offenses (felonies, gross misdemeanors)	6	13
Total referred offenses	49	56
Number of youth committing offenses	10 (63%)	14 (74%)
Number of youth with no offenses	6 (37%)	5 (26%)

Significance test done comparing differences in number of children who offended for open versus closed cases. Chi square: $\chi^2 = .504$, d.f.=1, $p = .364$; not statistically significant.

Source: Hennepin County administrative data.

Delinquency placements

Delinquency placements (i.e., those ordered through delinquency court, whether for correctional reasons or for evaluation and treatment) that occurred during the first and second six-month study periods were examined for this report. This report also includes delinquency placements in detention and thus differs from previous reports in which detention placements were not included.

Delinquency placements (excluding one-day detention stays)

During the first six-month period (which the Phase 2 report dealt with):

- Three Targeted Early Intervention children were in a total of 6 placements due to their delinquency. Four of the six placements were in detention. The remaining two placements were for one child and occurred at a residential treatment facility and another residential facility's evaluation unit.
- Two of the comparison group children were in a total of 2 detention placements due to their delinquency.

During the second six-month study period:

- Three Targeted Early Intervention study group children were in a total of 3 placements for 214 days. Two of these placements were in detention, and one child was in a residential facility for the entire period (180 days).
- One comparison group child was in 2 placements for 68 days. One of these placements was in a 60-day detention stay, and another was an 8-day placement at a residential program due to delinquency.

Delinquency placement summary (including the one-day detention stays reported in Figure 18)

- In both study periods (a one-year period), a total of six TEI children (17%) and 10 comparison group children (29%) were in at least one placement due to their delinquency.

Although the number of placements is too low to draw any conclusions regarding differences between the two groups, this outcome bears watching. During the study year, there were fewer TEI children who had placements due to their delinquency. However, TEI children tended to be placed for longer periods of time. This may have been a function of TEI staff's involvement in providing disposition recommendations targeting the children's treatment needs to the court. Program staff also speculate that earlier placements for TEI children may result in fewer longer term and more costly placements often seen with older children.

17. Out-of-home delinquency placements (including 2 or more days detention) during 6-month study periods

	TEI study group children		Comparison children	
	First 6 month study period (n=35)	Second six month study period (n=35)	First 6 month study period (n=34)	Second six month study period (n=34)
Number of children placed	3	3	2	1
Total number of days placed	215* days	214* days	4 days	68 days

Note: These numbers differ from those listed in the Phase 2 report, due to the fact that detention placements are reported here. Also, please note that these figures only include delinquency placements and do not include placements due to neglect, abuse, or parental substance use.

*One child was in placements during most of the first study period (168 days) and the entirety (180 days) of the second study period.

Source: Hennepin County administrative data.

18. One night out-of-home detention placements during 6-month study periods

	TEI study group children		Comparison children	
	First 6 month study period (n=35)	Second six month study period (n=35)	First 6 month study period (n=34)	Second six month study period (n=34)
Number of children placed	2	1	3	6
Total number of days placed	2	1	5	6

Note: These numbers differ from those listed in the Phase 2 report, due to the fact that detention placements are reported here. Also, please note that these figures only include delinquency placements and do not include placements due to neglect, abuse, or parental substance use.

Source: Hennepin County administrative data.

Abuse, neglect, and exposure to violence

Involvement with child protection

The risk factor analysis found that most youth in both the comparison group and the TEI group lived in families that have had multiple contacts with the child protection system. As of December 2001, 97 percent of the children in the TEI group (all but one child) and 84 percent of comparison children lived in families where there had been at least one child protection assessment. All of the TEI study group and the comparison group lived in families where there had been at least one child protection or child welfare case opening at some point in time.

Figure 19 examines Hennepin County Child Protection data during the two six-month study periods. Although the TEI or comparison group child may not be named in the child protection report, any child protection activity that corresponds to the family of the child is included in the analysis. Because there are some cases in which more than one child in a family is in the TEI study group and comparison group, the number of eligible cases changes. For the TEI study group, there are 35 children in 30 families. For the comparison group, there are 34 children in 32 families.

During the first six-month study period, four TEI families and six comparison families were assessed by child protection. During the second six-month study period, five TEI families and four comparison families were assessed by child protection. For the entire 12-month period, nine TEI families and nine comparison families had an assessment with child protection. Two of the TEI families and two of the comparison families had their

assessment case opened prior to the first study period, but the case continued to be open during the first study period.

19. Child protection cases and assessments during 6-month study periods

	TEI study families (n=30)				Comparison families (n=32)			
	First 6-month study period		Second 6-month study period		First 6-month study period		Second 6-month study period	
	N	%	N	%	N	%	N	%
Number of families with child protection cases open	5	17%	4	13%	10	31%	10	31%
Number of families with assessments by child protection during this period	4	7%	5	17%	6*	13%	4*	13%

Both groups had nine families who had a child protection assessment for the full year.

Note: One TEI child's assessment case was open during both study periods. Only the first period was counted for this report.

*One Comparison family had a separate assessment in each study period.

Source: Hennepin County administrative data

Figure 20 again examines Hennepin County Child Protection data. Out of the nine assessments from both study periods done for the TEI families, three were due to educational neglect, two were due to abandonment, and four were for unspecified reasons. Four out of the nine total assessments of the comparison group families were for physical injury, four were for educational neglect, and one was for abandonment.

20. Presenting problem at child protection assessment

	TEI study group families (N=30)		Comparison families (N=32)	
	First 6-month study period (n=4 episodes)	Second 6-month study period (n=5 episodes)	First 6-month study period (n=6 episodes)	Second 6-month study period (n=5 episodes)
Physical injury	-	-	3	-
Sexual abuse	-	-	-	1
Educational neglect	2	-	2	2
Neglect	-	1		1
Abandonment/not adequate food	-	2	1	
Unspecified	2	2	-	-

Source: Hennepin County administrative data.

Determinations

Figure 21 examines child protection assessments that were determined as maltreatment during the six-month study periods. For the TEI families, three of the four assessments in the first study period were determined to be maltreatment, and one of the five assessments in the second study period was determined to be maltreatment. For the comparison group families, three out of four assessments in the first period, and one out of four assessments in the second period were determined as maltreatment. For the entire study period, maltreatment determination rates between the two groups were: TEI: four of 9 (44%); comparison group: six of 10 (60%). However, no obvious conclusions can be drawn from this data, because the total number of cases is small for the 12-month “window of time” studied.

21. Child protection assessments where maltreatment was determined during 6-month study period

	TEI study families (n=30)		Comparison families (n=32)	
	(n=4 episodes)	(n=5 episodes)	(n=6 episodes)	(n=4 episodes)
Maltreatment determinations during six-month study period	3	1	5	1
Not maltreatment	-	2	1	3
No information	1	2	-	-

Source: Hennepin County administrative data.

Child protection cases opened (for case management)

For the cases that were referred by child protection assessment to child protection case management:

- A total of six TEI study group families had a child protection case management case open during the 12-month period studied. Some of these cases were opened prior to the study period. The reason for case opening included: child needs medical care (2 families); unspecified (2 families); failure to protect (1 family); and physical injury (1 family);
- A total of 10 comparison families had a child protection case management case open during the 12-month period studied. Some of these cases were opened prior to the study period. The reason for the case opening included: failure to protect

- (4 families); physical injury (3 families); child needs medical care (1 family); educational neglect (1 family); and sexual abuse (1 family);
- The differences between the two groups in the number of families with child protection case management cases open was not statistically significant ($p=.259$)

Domestic violence

Domestic violence within the family is extremely common among the TEI participants. Prior to enrollment in TEI, 26 of the 30 TEI study families (representing 32 of the 35 children) had a total of 169 calls to police related to domestic violence.

As noted earlier, differences in reporting, record keeping, and prosecution that occurred during the earlier time period associated with the comparison group hinders full comparison of domestic abuse “charges” between the two groups.

However, a report is filed in the Computer Assisted Police Reporting System (CAPRS) database every time a Minneapolis police officer responds to a home. An analysis was done of CAPRS data for each child in the comparison group and each child in the TEI study group during the second 6-month study periods (see Figure 22).

- During the first study period, five TEI families and 10 comparison families had calls related to domestic violence.
- During the second study period, eight comparison group families and eight TEI families had calls related to domestic violence.
- For the entire 12 months studied, 12 of 30 TEI families (40%), and 14 of 32 comparison families (44%) had calls to police related to exposure to domestic violence.

22. Domestic violence calls during 6-month study period

	TEI study group families (n=30)		Comparison families (n=32)	
	First 6- month study period	Second 6 month study period	First 6- month study period	Second 6 month study period
Number of calls	6	11	13	10
Number of families corresponding to the above calls	5	8	10	8

Source: Minneapolis Police Department, Computer Assisted Police Reporting System database.

These Minneapolis police records indicates that through December 2001, 93 percent of TEI study group families and 97 percent of comparison group families have a history of police calls related to domestic violence, abuse or neglect. At least two of the TEI study children (prior to program enrollment) and two of the comparison group children have had a family member murdered in their home. Most of the children have witnessed assault, and many have witnessed weapons use. Also, many of the police calls describe illegal substance use in the family. Clearly, these records indicate that witnessing violence and abuse is a serious issue for both groups of children.

School performance results

School attendance

A search of attendance data was done for all TEI study group children and comparison group children. Minneapolis Public Schools attendance data were available for the study period for 26 of 35 TEI study children (74%) and 24 of 34 comparison group children (71%). As with the Hennepin County administrative data, attendance data were analyzed during the entire school year that most closely corresponded to the six-month study period identified for each child. (For a description of how the six-month study period was determined, see page 27.)

Data indicates that involvement with the Targeted Early Intervention program is associated with improved school attendance for the majority of TEI participants. Without TEI, comparison group children missed nearly two times as much school during the study year.

- TEI children missed on average 18.1 days and comparison group children missed on average 31.9 days. The difference in average days missed between the two groups was statistically significant.
- This difference was also true when a child's total possible enrollment days were considered. Comparison children missed 22 percent of the days that they were enrolled during the study year, while TEI children missed 12 percent (see Figure 23).
- Both the TEI group and the comparison Group missed more school during this study year than they did in the previous study year.

23. Attendance during the school year that corresponded with 6-month study period

	TEI study children (n=26)	Comparison children (n=24)
Average number of absences per child during study year	18.1 days	31.9 days
Percentage of enrollment days absent during study year*	11.5%	22.3%
Number of children who attended 95% or more of enrolled days	7	0

T-test: $t = 3.086$, $d.f. = 48$, $p < .01$

Note: Attendance data was not analyzed for those students who were enrolled for less than 45 days (approximately one-fourth) of the school year.

Source: Minneapolis Public Schools.

A further analysis of school attendance data for TEI study children indicated that on average TEI students attended school 88 percent of the time since they began Targeted Early Intervention. In 1997-98, TEI children averaged 86 percent attendance; in 1998-99, they averaged 91 percent attendance; in 1999-00, they averaged 87 percent attendance, and in 2000-01, they averaged 84 percent attendance in Minneapolis schools.

Academic achievement test scores

The Northwest Achievement Levels Tests (NALT) are multiple-choice mathematics and reading tests that are given district-wide to Minneapolis Public Schools students in grades 2 through 7 and again in grade 9. The questions used in the district's NALT tests were selected from a national database of questions to align with both district and state standards.

Both the math and reading tests are made up of multiple levels. Each level is developed to measure student progress at a very precise skill range. To ensure a good match of student to test, there are 10 levels of tests for reading and two eight-level sequences for mathematics (one set for elementary curricula and another for middle and high school curricula). The first time a student is tested, that student's appropriate test level is determined by a placement ("locator") test. After the first year, the scoring program assigns an appropriate level to the student based on previous test performance(s). A student's performance is based on two things: the number of correct answers and how hard the questions are. Students can score higher if they attempt a harder level test.

NALT scores were analyzed for the TEI study group. NALT scores were also collected for the comparison group children, but there were too few scores available and there were only a few cases that had any two-year follow-up scores. (Thirteen comparison children had scores of some type available; six had two years worth of scores. Of these, only four had baseline scores and then scores again at a two year follow-up.) Therefore, an analysis was done on the NALT Normal Curve Equivalent scores for the TEI study group only. The school year that corresponded to two years after each child enrolled into the program was examined for all study group children who had data available (N=18). This follow-up data was matched with those children who had “baseline” data that corresponded to the year of enrollment into Targeted Early Intervention (year of disposition); there was baseline and 2-year follow-up score data available for 10 TEI children.

Results of the analysis of the TEI study group NALT Normal Curve Equivalent scores show that TEI children score below Minneapolis school children and below children nationwide in both reading and math.

- NCE scores range from 1 to 99. On average, Minneapolis Public School students scored 45.9 in reading and 48.9 in math (just below the national average). TEI study group children on the other hand scored an average of 27.8 in reading and 29.6 in math.

24. Northwest achievement levels test scores at two years after TEI Enrollment, TEI study group only

	Reading Normal Curve Equivalent scores (n=18)	Math Normal Curve Equivalent scores (n=17)
Mean	27.8	29.6
Minimum	1	1
Maximum	52.6	46.8

Source: Minneapolis Public Schools.

Unlike percentiles, NCE (Normal Curve Equivalent) scores can be used to assess gain from one year to another and to compare math and reading scores.¹² The normal gain for a single student from year to year in their Normal Curve Equivalent score is zero. When

¹² Information about NALT scores and interpretation of NCE scores was obtained from David Heistad of the Minneapolis Public Schools, and from the Minneapolis Public Schools website: http://www.Mpls.k12.mn.us/about/NALT_scores.html

looking at the baseline NALT scores for the TEI study group as compared to two years later, there was change in the average NCE score in a positive direction. However, this change was not statistically significant. This means that we do not know with certainty whether or not the change was due to chance. However, the change does indicate improvements that should be continued to be followed for each child and the group overall.

25. Northwest achievement levels test scores, baseline to two year follow-up, TEI study group only

N=10 (only those TEI study group children who had baseline and 2-year follow-up scores were included)	Baseline school year (year of disposition) average scores	2-year follow-up school year average scores
Mean Reading Normal Curve Equivalent score (n=10)	17.2	20.62
Mean Math Normal Curve Equivalent score (n=11)	22.7	26.9

Reading score change T-test: $t = 1.113$, $d.f. = 9$, $p = .29$; Not statistically significant

Math score change T-test: $t = 1.248$, $d.f. = 10$, $p = .24$; Not statistically significant

Source: *Minneapolis Public Schools.*

Again, scores for the study group in both math and reading were far below the Minneapolis average. This information, coupled with the BASC assessments completed by teachers (described below), indicates that even after two years of program service, TEI children need continued and significant academic assistance.

School participation and behavior

In the fall and the spring of each school year, the TEI child's teacher is asked to complete a Child Assessment Teacher Supplement as well as a Behavioral Assessment System for Children (BASC) for each open TEI child. The Teacher Supplement includes questions about the child's academic achievement, behavior and participation in school.

Teacher assessments of child

Targeted Early Intervention staff attempted to collect Child Assessment Teacher Supplements from the teachers of each open TEI participant. The results that follow show data between the fall of 2000 and the fall of 2001 for TEI children. A Child Assessment Teacher Supplement was available for 20 of the 35 children for the fall 2000 and 19 of the 35 TEI children for the fall of 2001.

Results from the Child Assessment Teacher Supplements indicated that TEI children have serious academic challenges. The vast majority of TEI children are below grade level in reading, writing, and math (see Figure 26).

- In the fall of 2000 and fall of 2001, teachers report that 89 percent of TEI children were reading below grade level.
- In the fall of 2001, 88 percent of TEI children were below grade level in writing, and 81 percent were below grade level in math.

With regard to classroom participation of TEI children, teachers reported that the majority of TEI children had difficulty focusing on tasks. Nonetheless, the majority of teachers report that they have a good relationship with the child (see Figure 26).

26. Teacher rating of school performance, Fall 2000 and Fall 2001

	TEI children	
	Fall 2000 N=20 Percent	Fall 2001 N=19 Percent
Academic skills		
Child is reading at or above grade level	11%	11%
Child is writing at or above grade level	5%	12%
Child is able to do math at or above grade level	28%	19%
Behavior skills		
Child's ability to focus is good or very good	20%	21%
Teacher's relationship with child is good, very good, or fantastic	65%	79%
Child responds to teacher in class when called upon	94%	NA*
Child respects teacher's authority	78%	NA*

Note: *Questions were not asked in 2001

Source: Child Assessment Teacher Supplement

Most teachers report that the TEI child respects the authority of the teacher and responds when called upon.

- In the fall of 2000, 94 percent of teachers said that the TEI child responds when called up. Seventy-eight percent of teachers said that the TEI child respects the teacher's authority.

- The question was asked slightly differently in the fall of 2001. Fifty-seven percent of teachers said that the TEI child responded “almost always” or “always” when called upon. Forty-three percent said that this “sometimes” occurs. The same percentages of teachers report that the child respects teacher authority.

Teachers were asked to estimate the number of times the TEI child had to be removed from class during the past 30 days due to behavior:

- In the fall of 2000, TEI children were removed an average of 5.0 times in a 30-day period due to behavior.
- In the fall of 2001, TEI children were removed from class an average of 3.7 times in a 30-day period due to behavior.

Behavioral Assessment System for Children – teacher version

In addition to the Child Assessment Teacher Supplement described above, teachers were asked to complete a Behavioral Assessment System for Children (BASC). The BASC is a standardized assessment tool used to evaluate children’s behavior. Outcome results from fall of 2000 were compared with the results of the fall of 2001 for TEI children. Data were available for 19 TEI children who were enrolled during both time periods.

Results of the analysis of BASC data indicate that TEI children experienced serious risks in nearly every area. These risks did not diminish from one school year to the next. There was no significant improvement in the mean scores for any area between the fall of 2000 and the fall of 2001. Scores show that children in Targeted Early Intervention have behavior problems that cluster in the areas of externalizing and school problems.

- In the fall of 2000 and again in the fall of 2001, 18 of the 19 (95%) TEI children scored in the clinical range on at least one of the scales.
- From fall 2000 to spring 2001, seven TEI children (39%) showed improvements in the number of scales that were in the at-risk or clinical range, while 10 children (56%) showed deterioration in the number of scales that were in the at-risk or clinical range. One child’s number of scales showed no change between time periods.
- In the fall of 2000, there were six TEI children in the clinically significant range and six children in the at-risk range for the externalizing composite scale (includes hyperactivity, aggression, and conduct problems). Of these, three children (25%) improved to the average range in the fall 2001 assessment.

- In the fall of 2000, six TEI children were in the clinically significant range and one child was in the at-risk range for the school problems composite scale. Of these, two (29%) improved to the average range by the fall 2001 assessment. In addition, it should be noted that seven children who were in the average range moved into the at-risk and clinically significant range from pre to post on the school problems composite scale.
- In the fall of 2000, two children were in the clinically significant and three children were in the at-risk range for the internalizing problems composite scale. Three of these children (60%) improved to the average range.
- In the fall of 2000, 12 children were in the at-risk range for the adaptive skills composite scale (includes adaptability, social skills, study skills, and leadership). Five of these children (42%) improved to the average range.

27. Number of children in the clinically significant and at-risk range for composite scores, fall 2000 and fall 2001

N=19	Fall 2000 TEI children		Fall 2001 TEI children	
	Number in clinically significant range	Number in at-risk range	Number in clinically significant range	Number in at-risk range
Externalizing	6	6	6	7
Internalizing	2	3	2	5
School problems	6	1	3	8
Adaptive skills	0	12	3	7

Note: "Clinically significant" is the most severe rating on this scale; "at risk" is the second most severe.

Source: BASC Teacher Rating.

The composite scales can be broken into individual scales. The most clinically significant scores came in the areas of problems with conduct problems, aggression, and learning problems.

- In the fall of 2000, nine children were in the clinically significant range for conduct problems. By fall 2001, only one of these children had improved to the average range.
- There were no TEI children in the clinically significant range in the fall 2000 or fall 2001 on the social skills and leadership scales.

Figure 28 lists the number of children who were in the clinically significant or at-risk range in the fall of 2000. The second column shows the number of children who improved to the average ranges by the fall of 2001.

28. Improvements for TEI children in clinically significant or at-risk range on specific behavior scales

N=19	TEI Children	
	Number in clinically significant or at-risk range, fall 2000	Number who improved to average or low range, fall 2001
Externalizing		
Hyperactivity	8	3
Aggression	11	3
Conduct problems	10	1
Internalizing		
Anxiety	3	0
Depression	6	4
Somatization	4	1
Withdrawal	4	2
Atypicality	6	2
School problems		
Attention problems	8	3
Learning problems	8	3
Adaptive skills		
Adaptability	9	1
Social skills	6	3
Study skills	14	4
Leadership	4	3

Note: "Clinically significant" is the most severe rating on this scale; "at risk" is the second most severe.

Source: BASC Teacher Rating.

These findings indicate that TEI children are attending school, but are struggling with basic academic skills, behavior, and paying attention. Although TEI children experience these difficulties at school, many are seen as well-liked, adaptable and willing to express themselves as evidenced by the BASC scores and the Child Assessment Teacher Supplements that teachers completed.

Further activity since original offense

For this report, outcome data was examined for a window of time: 12 months after each of the TEI study group clients had received 18 months of program services, and 12 months after each comparison group child had turned 10.68 (the average age of the TEI study group children after receiving 18 months of program services). This window of time for outcome analysis was felt by the researchers to be the best opportunity for objective comparison of activity between the two groups. However, questions may arise as to what happened in the lives of the comparison and TEI study group children after this period. Therefore, delinquency and placement activity since the child's original offense was analyzed for the two groups and includes activity occurring after the end of the study period. Because the comparison children are older and more time has passed (possibly providing more opportunities to offend), this data is not intended to be used as comparable outcome data, but as illustrative data about the activity of the two groups outside of the study period.

Delinquency activity since original offense for all groups

Delinquency activity was examined for the 34 comparison children, the 35 TEI study group children, and 20 "other" TEI children whose cases were opened since January 1999 (but were not open long enough to be included in the comparison study). This analysis was done to show the number of children in each group who have offended over time. Results show that similar numbers of TEI study group children and comparison children have offended over time. Less time has passed since the original offenses of the 20 "other" TEI children – the number of youth in this group who offended is much smaller than in the other two groups. Figure 29 shows the number of youth who offended across time and group.

29. Number of youth who re-offended after their original offense, across time and by group

Group	Number of youth who re-offended		
	0 – 18 months since original offense	19 – 30 months since original offense	31 + months since original offense
TEI study group (N=35)	17 (49%)	15 (43%)	17 (49%)
Other TEI participants involved in the program less time (n=20)	6 (30%)	3 (15%)	2 (10%)
Comparison group (N=34)	13 (38%)	12 (35%)	26 (76%)

Note: For all time periods, a total of 28 TEI study group children and 28 Comparison group children were referred for an offense.

The youth who offended committed a varying number of offenses. Data indicates that the only large difference between groups in the number of offenses occurred 31 months after first offense. During the two and a half years after their first offense through December 2001, 26 comparison group children had committed 314 offenses, and 17 TEI study group children (who are not as old as the comparison children) had committed 72 offenses. The numbers of offenses are interesting to note, because they indicate that the TEI study group may follow a parallel path to children with similarly high delinquency risk factors.

Out-of-home placements since original offense by group

Placement activity was examined over time for the comparison group and the TEI study group. Both delinquency-related placements and other placements were examined, and show that both groups have similar numbers of children who were placed outside of the home.

As indicated in the outcome section on delinquency reported earlier in this report, within the first two and one-half years after the original offense, both groups have similar numbers of children who are placed with delinquency as their reason for placement. During this initial period after the offense, the TEI study group having a higher number of days in placement related to delinquency.

However, in the time period that follows two and one-half years after the original offense, comparison group children have a much higher number of days in placement related to both delinquency and to other reasons. It appears that this is due primarily to the differences in time periods (older age, more time has passed) for comparison group children. However, the data is alarming, and indicates concern for the future of TEI children.

In the time period that followed two and a half years after the original offense:

- 23 comparison group youth spent on average 18 months in placement
- For delinquency reasons alone, 21 comparison children spent on average 10 months in placement

Less time has passed for TEI study children, so that the number of children who were placed and the number of days in placement after 31 months are not comparable between the two groups, and are only shown here to illustrate the continued activity outside of the study period for the two groups.

30. Number and percent of youth placed outside of the home (for any reason) after their original offense, across time and by group

Group	Number of youth who were placed		
	0 – 18 months since original offense	19 – 30 months since original offense	31 + months since original offense
TEI study group (N=35)	8 (23%)	9 (26%)	19 (56%)
Comparison group (N=34)	8 (24%)	13 (38%)	23 (68%)

31. Number of youth placed outside of the home after original offense, by reason, across time and by group

	TEI study group children (n=35)			Comparison children (n=34)		
	0 – 18 months	19 – 30 months	31 + months	0 – 18 months	19 – 30 months	31 + months
Number of youth in placements related to their delinquency	1	4	14	2	6	21
Number of youth in placements for other reasons	8	7	8	7	10	10
Total number of youth placed	8	9	19	8	13	23

32. Number of days placed outside of the home two and one-half years after original offense, by reason and group

	TEI study group children (n=35)	Comparison children (n=34)
	31 + months	31 + months
Number of days in placements related to their delinquency	1,106 days	6,540 days
Number of days in placements for other reasons	2,374 days	5,745 days
Total number of days placed	3,480 days	12,285 days

Issues to consider

Targeted Early Intervention is designed as a long-term intervention for children who are at greatest risk of future delinquency. It is clear from each child's record that the program is successful in identifying some of the highest risk children and families in Hennepin County. Previous findings in Phase 2 showed that Targeted Early Intervention is a promising strategy for working with high-risk delinquent children. In Phase 3, the outcome period was extended and an additional six month period of time was studied for each child (to measure juvenile delinquency and child protection data as well as another year of school attendance data). In Phase 3, program participants once again had attendance rates that were significantly better than a comparison group of children with similar risk factors (statistically significant differences). While these findings, along with the consistently high satisfaction ratings provided by TEI parents, remain encouraging, TEI children nevertheless received a substantial number of referrals for offenses after receiving 18 months of program services. The findings from Phase 3 of the evaluation identify several issues to consider for the ongoing implementation and operation of the Targeted Early Intervention model.

Attention to delinquency factors

TEI children live in extremely high-risk environments. The calls to the police from TEI households indicate high rates of domestic violence, child maltreatment, crime, chemical dependency, and mental health issues. Many of the TEI children are clearly growing up in family and neighborhood environments in which crime, violence, and social disorganization are highly prevalent. Despite the efforts of TEI staff, these factors continue to have an impact on the children in the program, as the number of re-offenses by TEI children attest. In fact, 24 (69%) of the TEI study group participants were referred for offenses after receiving 18 months of program service. When compared with a group of children with similar risk factors who had not received the intervention, TEI children had similar numbers and severity of offenses. Clearly, the program is serving the right children; the program must ensure that children who continue to offend receive targeted and individualized services of sufficient strength to address the factors in their lives that promote delinquency and criminal behavior.

Program staff currently develop an "Individual Success Plan" for each of the children enrolled in TEI based on discussions with the child and parent regarding individual and family needs to be addressed. To strengthen and focus this process, the program may wish to consider assessing and prioritizing specific delinquency risk factors present in the child's life in a more standardized way. For example, the program may wish to utilize the Youth Level of Service Inventory (YLSI) or a similar tool to develop individually

tailored plans for delinquent youth. The YLSI can allow staff to plan around the specific strengths and challenges faced by the family and to measure progress toward preventing delinquency.

In addition, given the number of TEI children who do become involved with the delinquency system, it may be useful for the Integrated Service Delivery Team to evaluate what kinds of juvenile justice expertise will be most helpful to their work with these children, and what kinds of support the juvenile justice system can provide. This may be done through training of existing staff, addition of a staff member with expertise in the juvenile justice system (a team member from probation was part of the original design for the program), or development of a liaison relationship with the juvenile probation department. Also, it may be helpful to have a representative from the justice system in program planning so staff may keep abreast of issues and innovations in the field of juvenile justice. It is clearly important that the Integrated Service Delivery Team have the ability and know-how regarding procedures and resources within the delinquency system to appropriately and effectively address the needs of program participants in this area.

Issues related to learning, academic progress and success at school

Currently, Targeted Early Intervention staff report significant involvement with the TEI child's school. Community Agency workers and/or ISDT staff provide some type of school-related service to nearly all of the children on their caseloads. Often Community Agency workers are advocates for the child at school, provide counseling to children, or provide support to teachers when issues or problems arise. Integrated Service Delivery staff engage in similar activities in addition to providing a variety of case management services related to the child's education, such as monitoring attendance and academic progress, requesting and arranging assessments, obtaining resources, educating and supporting parents, and coordinating and attending school meetings.

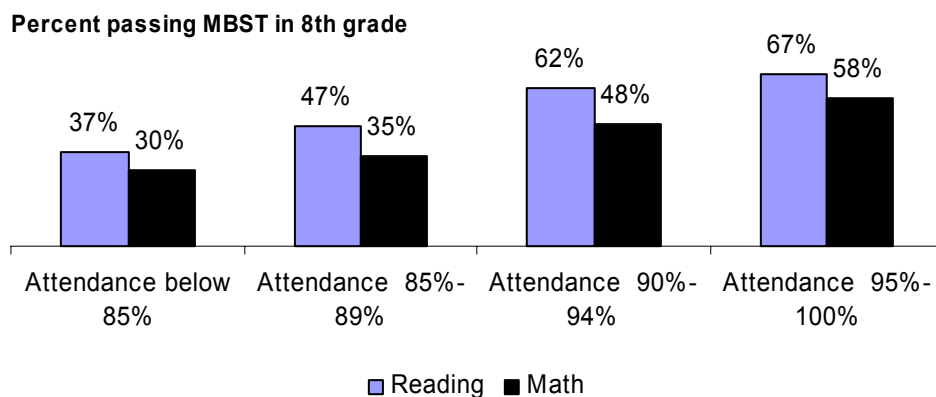
Continued progress on attendance is essential

Targeted Early Intervention has proven effective in improving the attendance of TEI children. In the school year that coincided with two years of program service, TEI children attended on average nearly 89 percent of the school days, while comparison children attended on average 78 percent of the time.

Minneapolis Public Schools adopted an attendance policy in 2000 requiring students to attend school 95 percent of the time. That means students can miss no more than eight days a year. According to the Minneapolis Public Schools, currently slightly less than

half of all Minneapolis students have 95 percent attendance. In 2000-2001, 3 of the 21 TEI study group children (14%) who were enrolled in the Minneapolis schools had attendance rates at 95 percent or above. Recently, Minneapolis Public Schools staff analyzed the test scores of students based on their attendance rates, and confirmed the long-held assumption that students with lower attendance rates have much lower scores in reading and math than those who attend at higher rates. The following graph from the Minneapolis Public Schools web site shows the Minnesota Basic Standards Test results for students in the 8th grade based on their attendance percentages.

33. Minneapolis Public Schools attendance correlated with 8th grade Minnesota Basic Standards Test passing rates, 1999-2000



Source: <http://www.mpls.k12.mn.us/about/Attendance.shtml>, Downloaded December 2002.

Further emphasis on basic skills and academic progress

Nearly three-quarters of parents surveyed noticed an increase in their child's enthusiasm for school since starting the program. This positive connection with school and improvement in attendance are two essential keys to success in school for TEI children. However, evaluation results indicate that TEI children still display aggressive behaviors at school, struggle with learning, and tend to lag academically. Standardized test scores for the study group in both math and reading were far below the Minneapolis average. This information, coupled with the assessments completed by teachers, indicates that even after two years of program service, TEI children need continued and intensive academic assistance. Nearly 9 out of 10 TEI children are below grade level in reading, writing, and math.

Teachers and schools may need assistance in meeting the serious academic needs of Targeted Early Intervention participants. Program staff already meet frequently with teachers, school social workers, and other relevant school staff to discuss and address the performance, behavior and needs of TEI students. However, many of the TEI children need extra academic attention, such as individual tutoring, beyond that which is available through the school. Flexible and individual services to promote academic success may help children do better in school, addressing a major risk factor for future delinquency. However, TEI families face significant barriers to accessing such services, such as lack of transportation and the high cost of academic support programs provided by qualified tutors. It may be worthwhile for Hennepin County to consider increasing the resources available to program participants in this area.

Tailor interventions to reduce long-term family risks, including domestic violence

The results of the examination of family risk factors show that Targeted Early Intervention families have serious long-term needs. For instance, 83 percent of the mothers and 64 percent of the siblings have a criminal history, 57 percent of the children had family members who had received chemical health services at some point in their lives, and 91 percent of the children live in homes with a history of calls to police regarding abuse or domestic violence.

These issues are not always targeted by TEI staff (according to the staff's quarterly logs), and appear to be some of the *least* common services provided by the program. Logs show that:

- chemical dependency was addressed in about one-third of logs for the period studied;
- domestic violence was addressed in less than one-third of logs during the study period;
- parent employment and job training (a serious issue for parents who have a history of incarceration) was addressed in only about one-quarter of logs during the study period.

In general, the Quarterly Service Logs indicate that the bulk of the services provided by both Community Agency staff and ISDT staff relate to the child's needs, particularly in the areas of school, extracurricular activities and tutoring. Services targeting parents' issues were less frequently reported. Program staff report that parents of children in the program are typically much more likely to agree to efforts on the part of TEI staff to address their children's behavior and needs, rather than their own. Issues related to parent/family functioning may be some of the most difficult areas in which to obtain parent cooperation.

Nevertheless, it is crucial that TEI staff maintain focus on the issues that affect family functioning even if parents are not yet ready to face them. For example, program staff must be attuned to signs of relapse in the area of chemical use or exacerbation of mental health difficulties. In other cases, staff may need to develop specific crisis plans for families with extensive histories of domestic violence. At a minimum, it is essential that each child be involved in the development of an individualized safety plan that can be followed when domestic issues arise. In addition, ISDT staff can play a vital role in helping parents navigate the many barriers to employment and housing they face.

Community Agency staff have indicated that they are not always certain which of the multiple family issues take priority. Given the extremely high-risk nature of TEI families, it is crucial that close communication and coordination regarding provision of services to TEI families be present.

In the Hennepin County Targeted Early Intervention 2000-2003 strategic plan, one of the strategies planned was to convene a group that included families, to plan family fun events and to get feedback from families about what they value in the TEI project. This group may also be useful in identifying potential solutions to family resistance. In addition, parents favor more events with other families and the creation of a support group for parents. These families often experience crises and significant isolation. Further exploration of informal support networks that can be utilized by TEI families may be an effective way of reducing formalized services over time while providing necessary help for families.

Mentor identification

The identification of mentors is an integral part of program activities. The program has been successful in connecting about half of the TEI children with mentors. The role of the mentor has changed from the original program model, in which it was anticipated that each child would have an identified “critical support person” who had previous ties to the child (like an extended family member, a teacher, or a neighbor) and who would be a key support in the child’s achievement of the long-term outcomes. The critical support person was seen as a more intensive and active relationship than a traditional mentor. However, Targeted Early Intervention children and their families are often extremely isolated, and the social networks of which program families are a part frequently lack appropriate candidates for the role of critical support person. To date, it has not been possible to identify critical support persons for the majority of the children. Rather, the Community Agency staff have themselves filled this role for many of the children. As a support for each child, the Community Agency workers participate in or attend

extracurricular activities with Targeted Early Intervention children and spend one-on-one time with each child.

Nevertheless, more of the Targeted Early Intervention children may benefit from a long-term relationship with a mentor. Many need to establish informal supports in their communities. It is important that each mentor fits the specific needs of each child, and that the parents feel comfortable enough with the relationship to support continued activities.

Also, there is little information about the quality of the relationship between the mentor and the TEI child. We know from other research that it is important for each mentor to maintain a regular and long-term commitment to each child.¹³ Research shows that short-term (less than three months) mentor relationships can have negative impact on children. It may be important to gather some information and feedback from mentors and families about the quality and impact of the mentor relationship.

Decisions to close cases

Within the past year, Targeted Early Intervention staff have worked together to better define the criteria for closing cases. Previously, because a few parents agreed to work with one part of the program but not the other, there were some cases that were open with the Community Agency and closed with the county Integrated Service Delivery Team. At times this created difficulties, due to the Community Agencies' lack of access to resources involving issues typically handled by county staff. This problem has now been resolved by a decision to provide services only as a package (ensuring that families agree to involvement with both the Community Agency and the county ISDT). Currently, there are 30 children open in the TEI program. The cooperation of parents varies among participants; some families are more resistant to services.

Since program inception, 49 of 79 cases have been closed. Of these, nearly half were closed because the family was not utilizing or was resisting services. In addition, the evaluation shows that youth who were closed were slightly more likely to re-offend, and had more severe offenses than youth whose cases have remained open. Fourteen of the 19 TEI study group children whose cases have been closed (74%) have re-offended. Although only 11 of the 56 offenses committed by these youth occurred after program closure, five of these were felonies.

¹³ Grossman, Jean Baldwin, ed. (1999) *Contemporary Issues in Mentoring*. Philadelphia: Public/Private Ventures.

This data reinvigorates the debate about closing cases. Staff may need to continue to address the following questions: 1) What should the program do about uncooperative or resistant families? Is closing the child's case the right decision considering the high-risk nature of the child's life? 2) Can the program do more outreach to reconnect with families after they have dropped from services? 3) Should there be a specific referral protocol to other services for closed cases? 4) If the child is cooperative and the parents are not, should TEI serve these children or should the children receive services elsewhere?

The program has served a limited number of children, and has the capacity to serve more (this is due in part to the choices by some families not to take advantage of the services offered). The quandary then arises as to whether the program should consider offering less intensive services to many more children, or target its services toward the highest risk population – who are often the most resistant to county services.

Currently the choice made by the program is to maintain its focus on working with the children at highest risk of future delinquency and to carefully manage the limited resources available to it by eventually terminating involvement with those families that have chosen not to make use of the services offered (despite repeated efforts at outreach and engagement by the program), thereby making these services available to other similarly needy families who might not otherwise be served.

Cost per client served

As mentioned previously, costs of the program in 2002 were \$703,024. On average, there are approximately 30 children enrolled in the program. This indicates that the program costs approximately \$23,000 per child served annually. This cost includes the additional services provided to 30 siblings. Though substantial, services are less expensive than placement for many of these high-risk children; the same amount would pay for approximately eight months of residential placement.

According to the Child In need of Protective Services (CHIPS) records, parental rights have been terminated for five of the Targeted Early Intervention children. For these children, costs associated with placement may be a permanent part of their future. In addition to these children, records show that TEI children have had a high rate of placement during their lifetimes due to abuse, neglect, parental substance abuse, and parental incarceration. A number of children have also required placement for treatment of mental health issues or due to their own delinquency. To date, it is difficult to ascertain whether or not the program has helped prevent placements in the long-term, by involvement in the child's life at an earlier age. We do know that comparison group

children with similar risk factors (who are now in their late teens) had many days of placement and many costs associated with these placements.

As with placement options, it will be important to continue to monitor the benefits of the program, the intensity of the services necessary to produce change in families, and the most effective interventions that positively influence the long-term behavior of the targeted youth.

Connection and coordination between the ISDT and Community Agency staff

Staff activity logs show that both the Community Agency staff and the ISDT staff spent a significant portion of their time on services related to school and education, extracurricular activities and tutoring, the child's mental health, and accessing basic needs such as food, clothing, utilities, and furniture.

These activity logs show that both the Community Agencies and ISDT are devoting considerable effort to these areas, suggesting the possibility that there may be duplication of efforts across the two components of the program. According to discussions with program staff, at times, the overlap in areas of focus between the Community Agency and ISDT staff may be complementary rather than duplicative. Community Agency and ISDT staff have differing skills and access to different resources, and may be likely to focus on different aspects of the same issue in their work with program families. Nevertheless, data from Activity Logs indicate that the program may be well served by evaluating the possibility of service duplication, since elimination of any duplication that exists may make it possible to increase service capacity.

Another implication of the activity log data noted above is that Community Agency staff appear to be doing a significant amount of work with the family in areas that were slated to be the exclusive domain of ISDT in the original program model. It is clear from inspection of such data, as well as discussion with TEI staff, that numerous significant adjustments have been made in the implementation of the program compared with the design originally envisioned. The fact that Community Agency and ISDT staff often work on different aspects of the same issues with families points again to the crucial role of clear and regular communication and coordination between agencies regarding service provision. In addition, according to staff, there are times in which a family communicates different messages to different agencies, which can lead to confusion. In response to such issues, staff from the program report that they have been working to improve communication regarding specific cases and make certain that they are providing a united and clear message to families. ISDT staff members, who are housed together, meet as a team at least weekly to discuss and process cases; ISDT and each Community Agency staff person meet monthly for the

same purpose. In addition, individual ISDT staff members and Community Agency workers have contact in person or by phone as needed between regular meetings. Steps have already been taken by Hennepin County staff to copy Community Agency staff on correspondence regarding specific cases. Such efforts need to continue.

Finally, it is important to note that many of these issues have been discussed by the TEI team at various times since program inception. It should be acknowledged that these issues are complicated and difficult to solve. The program should be commended on the progress that has been made. It is the intention of this report to inform next steps, future directions, and to urge the program to continue the strongest effort to address solutions.

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Appendices

- 1. 2002 Targeted Early Intervention costs and staff roles*
- 2. Participant satisfaction and perceived impact: study methods and results*
- 3. Summary of 1995 research report and follow-up of risk factors*
- 4. Participating organizations and individuals updated July 2002*
- 5. Risk factor checklist and evaluation instruments*

1. 2002 Targeted Early Intervention costs and staff roles

Hennepin County staff provided the costs for Targeted Early Intervention services based on the 2002 year. The total costs of the program in 2002 were \$703,024. As of September 16, 2002, 30 children were enrolled in the program. This indicates that the program costs approximately: \$23,434 per child served annually.

A1. 2002 TEI Costs

	FTE	Cost
<i>Staff (staff costs include salary and benefits)</i>		
Social workers	2.0	\$145,738
Public Health Nurse	0.8	\$59,696
Psychologist	0.5	\$54,276
Supervisor (Dep't of Children, Family & Adult Services)	0.5	\$45,859
Office specialist	1.0	\$43,857
Principal Planning Analyst/Contract Manager	0.5	\$40,945
Economic Assistance worker	0.5	\$28,274
Contracted Services	5.8 + contracted community workers	\$284,379
Total		\$703,024

Note. Costs are rounded and exclude office space and computer costs for county staff.

Source: Hennepin County Administrative data.

Staff roles

General case management responsibilities of ISDT and Community Agency staff, shared by team members, include (but are not limited to):

- complete initial assessments on family and identify family needs;
- referral to community resources;
- develop, implement, and monitor case plan;
- access other team members to meet the needs of the family and attend meetings to consult on cases;
- education related services: work with school social worker regarding child's educational needs; advocate for the student/family in the school system; participate in

educational assessments and IEP meetings, as appropriate; attend re-entry meetings for children, upon parent request; attendance monitoring and reward contracts; and coordination between ISDT and Community Agency staff;

- assist families with mental and chemical health issues by referring them to needed resources, assisting families with making and keeping appointments, and monitoring progress;
- coordinate services between ISDT and Community Agency staff;
- develop plans regarding housing;
- access Economic Assistance resources for families if needed;
- home visits to assist families in identifying needs and monitoring progress on goals;
- monitor children in residential treatment programs;
- crisis intervention;
- long-term goal planning with interested families, once family is stable;
- coordinate with different service providers working with the family;
- coordinate annual events for families.

Integrated Service Delivery Team members

Social worker-specific

- utilization of family preservation funds for families as needed;
- Social Security Income rep payee;
- court: present legal issues to team on cases with County Attorney present; attend court consultations; develop and monitor court-ordered case/placement plans; appear in court on behalf of the Hennepin County Department of Children, Family and Adult Services;
- referral and coordination with contracted services to provide for family needs.

Public Health Nurse-specific

- make plan and encourage parents to attend to routine health, eye, dental care, and immunizations for children and parents;
- educate parents on impact of parent health on family functioning;
- educate, planning, and support regarding chronic health and issue management;
- educate parents regarding use of health care system and teach self-advocacy skills;
- educate parents regarding health-oriented lifestyle;
- educate parents and plan regarding environmental safety;
- planning health resource event.

Psychologist-specific

- arrange and monitor mental health services;
- assist in arranging special education assessments, services and school placements;
- perform evaluations when appropriate;
- obtain records/histories on new referrals;
- monitor/manage “team” cases shared with another county Children, Family, and Adult Services department program;
- represent ISDT at “delinquents under 10” screening.

Economic Assistance Worker-specific

- completes field and intake work related to Economic Assistance, interviews and completes applications for ongoing MFIP, Food Stamps, and Medical Assistance, interviews and completes initial applications for Emergency Assistance;
- assists family with budgeting, employment, and housing needs;
- completes background check of each family prior to screening at County Attorney’s office, compiles Hennepin County history;
- issuance of Family Preservation Funds when Emergency Assistance is not available.

Office Specialist role

- Coordinate administrative tasks for the ISDT including case file management; local computer network maintenance; arranging cab service, bus tokens and cab vouchers for clients; researching information about police reports and screening information; sending out weekly lists for clients who are in need of affordable housing; and administering phones, mail, copying, supplies, computers.

Supervisor-specific

- authority to review performance of county staff in conjunction with home agency supervisor;
- assist with assignment and review of workload: establishment of standards;
- facilitate cross-departmental communications regarding resource needs
- monitor team activity in conformance with program design;
- convene team meetings on a regular basis to review program goals, activities, and assignments;
- provide liaison to design group and sets up periodic meetings between design group and ISDT;
- provide overall direction and supervision of the social work practice of the team.

Principal Planning Analyst/Contract Manager role

- manager of grants from funders: writing grants and compliance reporting to funders;
- assist with program development including policies and procedures;
- coordinate evaluation activities;
- contract manager: negotiation of contracts with Community Agency, monitor program compliance with Community Agencies.

Community Agency staff

Contracted Services (Community Agency)

Primary focus is on the TEI child and the siblings:

- find extra curricular activities for children;
- monitor and plan for school attendance and performance;
- identify, recruit, and support mentors for TEI child and siblings (as appropriate);
- work on child functioning issues by providing the children with skill building opportunities (i.e. if the child is not good at displaying appropriate behavior in public, they work with the child to teach them social norms);
- work with child's siblings when needed;
- communication with parent, child, siblings, school, and mentor of TEI cases;
- coordination of services for child (i.e. if the child needs eye glasses, the worker will ensure that eye glasses are obtained).

2. Participant satisfaction and perceived impact: study methods and results

Participant satisfaction and perceived impact were examined for the entire Targeted Early Intervention cohort. All families who participated in the program since services began in April 1997 through November 2001 were eligible for follow-up study.

A2. Participant satisfaction and perceived impact methods and data source

	Data source	Subject group(s)
Satisfaction with services	Interview with parents	All TEI participants (n=59)
Perceived impact of services	Interview with parents	All TEI participants (n=59)
Perceived school success		
Perceived social competency		

Study methods

Interviews with Targeted Early Intervention parents

Staff from Wilder Research Center conducted telephone interviews with Targeted Early Intervention parents during the winter of 2001-2002. In some cases, a parent was interviewed who had more than one child in the program. Interviews were attempted with 48 parents of 59 Targeted Early Intervention children. Both open cases (n=34) and closed cases (n=25) were eligible for the parent follow-up interview.

Research staff designed two parent interview instruments: one to be conducted with parents of children active with TEI and another to be conducted with families closed with the program. Parents were asked general questions about the perceived impact of the Targeted Early Intervention program, changes in child or family functioning, and satisfaction with Community Agency and Integrated Service Delivery Team staff. All data were collected, coded, entered and analyzed by Wilder Research Center staff. (See the Appendix for a copy of both parent interview instruments.)

Interviews were completed with 33 of 48 parents (69%). Of the completed interviews, 31 were active cases and 10 were closed cases. One parent had both a child who was open and a child who was closed with TEI. This family was considered “open” for purposes of the interview. The overall response rate was 69 percent (see Figure A3), but only 40 percent for closed cases. Families that participated received a \$25.00 Target gift certificate.

A3. Response rate for parent follow-up interviews

	Total eligible cases	Number of children represented in interviews	Response rate	Number of parents
Parents of children active with TEI	34	31*	91%	24
Parents of children closed with TEI	25	10	40%	9
Total	59	41	69%	33

Note: One parent had both a child who was open and a child who was closed with TEI. This family was considered “open” for purposes of the interview instrument selected. The total sample includes families involved in TEI from July 1996 – November 2001.

Results of parent and youth follow-up interview

Satisfaction

Most respondents report being very satisfied with Targeted Early Intervention. Overall, 92 percent of parents with open cases and 89 percent of parents with closed cases were “satisfied” or “very satisfied” with the services their child received as part of TEI. Figure A4 illustrates parent satisfaction ratings on various items.

- Parents report high satisfaction rates with the support provided by both the Community Agency worker (75% of parents with open cases and 100% of parents with closed cases report being satisfied or very satisfied) and the Integrated Service Delivery Team worker (71% of parents with open cases and 67% of parents with closed cases report being satisfied or very satisfied).
- Seventy-four percent of parents with open cases and 70 percent of parents with closed cases reported that the Targeted Early Intervention Program gave their child lasting benefits.
- One hundred percent of parents with open cases and 90 percent of parents with closed cases said they would recommend the Targeted Early Intervention program to other families who might need similar services. Seventy-one percent of parents with open cases and 56 percent of parents with closed cases were satisfied with the program’s ability to help the rest of the family, not just the identified TEI child.

A4. Parent satisfaction ratings

How satisfied were you with:	Open cases (N=24*)					Closed cases (N=9*)				
	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
The services your child received as part of the program	4%	0%	4%	33%	58%	11%	0%	0%	56%	33%
The support that the Community Agency staff has provided to family	0%	4%	21%	25%	50%	0%	0%	0%	56%	44%
The support that the ISDT staff has provided to family	0%	5%	14%	24%	57%	13%	0%	13%	50%	25%
Program's ability to help the rest of the family	0%	5%	18%	36%	41%	0%	11%	33%	33%	22%

* Some parents had more than one child that participated in the TEI program; these parents were only asked about their satisfaction with the program once, instead of for each participating child.

Parents were also asked what they like most about the program. The most common response were that the caring of the staff, the child's involvement in activities, and the improvements in the child's behavior. Responses were categorized and contained below.

Like everything

Everything is the best – the moral boost that all of the children have.

Everything.

Concern and support of staff

I like to know that there is someone there that I can call if needed.

They are concerned about the concerns of child. Like when they sent tickets to the Shrine Circus they sent extra ones for other people, in case they wanted to go.

Genuine concern about people involved in the program – both workers.

Since my wife's passing, this program has really helped me to deal with the children. It's been a godsend for me and the kids.

That he gets special attention from people – adults in particular who care about him.

There's always someone positive talking to her. Sometimes it's effective and other times it's not.

The challenges it gives child; he likes meeting the adults' expectations – he likes challenges.

The support – the hands-on contact. The worker coming to the house and their concern about the kids.

What I liked was the time the mentors spent with my child.

The workers help him be more open and learn to trust.

The advocacy that came with the program. TEI helped child and us be successful.

Improvements in child behavior

Child knows how to treat people better. He is not as violent as he used to be.

Child is more positive and there has been change in his attitude in his thinking. Now he offers to help with things around the house.

It gave him a lot to do. It gave him a positive outlook. He always had [community agency] worker to help and to talk to and just being there. It definitely kept him out of trouble.

He was doing much better with his schoolwork and attitude. After he graduated (from the program), I tried to see about getting child back involved with the program.

The new psychiatrist and medication has been good for child. So it's good for me.

Activities provided

I like everything: activities, camping, dirt bike riding, skating, and playing ball. There is just so much stuff.

The whole family had membership in the [community agency] program – plus they helped with clothes and shoes for the kids.

The activities and events that we're exposed to, such as, attending the Timberwolves Christmas party.

The new experiences such as skiing, snowboarding and other outdoor activities that he was never exposed to.

The things he does in the program such as going hiking and camping.

Criticisms of the program

I don't and didn't like anything about the program. Oh yes, the [Community Agency] worker was okay, it was the social worker that I didn't like.

I don't know, I only got in the program because I was court ordered.

Areas “least” liked by parents

Parents were also asked what they like least about the program. Six respondents said that they like “nothing” least. Responses follow:

I hated to be lied to, that's it.

The court side. It was targeted at the kids instead of being family social services. Maybe that isn't a bad thing but I didn't like it so much.

They didn't involve my daughter as much as I thought they were going to.

Being consistent and keeping them involved. Lack of communication.

I really don't care – worker just told me he is no longer at Phyllis Wheatley. He went someplace else.

Nothing except the social work, because child doesn't need a social worker.

The social (family activities) part.

The time – she needs more in the program involvement.

They were too nosey – the women were not helpful – it wasn't confidential.

Worker to be on time, but it's really not a problem.

Nothing – other than ISDT worker causing confusion in our family.

Child doesn't get enough attention.

The inconsistency of the worker.

Perceived impact of the program

- Eighty-one percent of parents with open cases and 70 percent of parents with closed cases felt that things have improved for their child since starting the Targeted Early Intervention program.
- Thirteen percent of parents with open cases and 30 percent of parents with closed cases felt things were the same.
- Seven percent of parents with open cases and zero parents with closed cases felt things had worsened for their child.

When parents were asked to expand on their response, parents commonly stated that school had improved, behavior had improved for their child, and child now understands consequences of bad choices. Selected responses include:

He has participated in all kinds of positive activities. Has a medal for city finals for wrestling award for best offensive player in football. He's on B honor roll in school and much more.

His talk – cursing at the teacher has improved. His attitude and doesn't listen to the teachers. He would turn over desk in school and yell out curse words. He has really calmed down.

I've seen that he's doing positive in school. It taught him respect and responsibility.

She doesn't try shoplifting anymore.

She really got bounced around a lot in the system. Since she has been with us, she feels secure and has stability.

Before the program, he was getting into trouble – since his involvement in TEI the school only calls with good news.

Does what she's supposed to do. Stopped stealing.

He does not run away from home. He has stopped hitting and getting physical. He is much more calm and settled. He does take medication.

His behavior has gotten much better. He is having an outstanding year in school.

In many ways, child goes to school where he used to skip school and run away, and get into fights. But now he's doing better especially in his school work and fighting.

She is able to stay in school, because she didn't use to stay. She would go to school and get up and walk out anytime she thought she should. She's only 10 years old and has a real bad attitude. Only sometimes has things gotten better.

Perceptions of school success

Only parents whose cases were open (N=31) were asked questions related to school. Figure A5 shows parent responses to questions related to their child's progress in school.

- More than two-thirds of parents felt that enthusiasm for school had improved for their child since beginning the TEI program.
- More than half of these parents felt that their child's school behavior and ability to get along with teachers had improved since beginning TEI.

A5. Parents' perceptions of child's progress in school

N=31	Percent "Decreased"	Percent "Stayed the Same"	Percent "Increased"
Enthusiasm for school	10%	17%	73%
Behavior at school	16%	29%	55%
Ability to get along with teachers	13%	33%	53%
Ability to get along with kids at school	10%	45%	45%

Note: Only parents who had open cases were asked these questions.

Parents were asked an open-ended question to expand upon the areas that the Community Agency worker has helped the child at school. Responses were grouped together and are presented in Figure A6.

A6. Parents' perceptions of areas that Community Agency worker has helped child at school

N=31	Number
Worker encourages and helps with child's school work	12
Worker communicated with teachers and other school staff	10
Worker goes to school to meet with child	8
Nothing, has not helped at school	4
Worker gets child school supplies	3
Worker helps with child's school attendance	1
Worker listens to the child	1
Worker helped get child assessed for a learning disability	1
Worker helps decide what classes child should take	1

Note: Only parents who had open cases were asked these questions. Question was open-ended, parents could give up to three responses. One parent was dissatisfied because she felt that the TEI workers were working with the school and checking on the child without letting the parent know what was going on for the child at school.

Perceptions of social competency

Seventy-one percent of parents felt that their child's feelings of self-esteem had increased since participating in TEI. In addition, 55 percent of parents felt that their child better understood the difference between right and wrong. Most parents felt that there had either been no change or a decrease in their child's ability to control his/her self when frustrated or angry, and in the child's ability to get along at home. Figure A7 shows parent responses to questions related to child progress in various social competency areas.

A7. Parents' perception of child's progress in social competency

N=31	Percent "Decreased"	Percent "Stayed the Same"	Percent "Increased"
Feelings of self-esteem	10%	19%	71%
Willingness to help others	14%	21%	64%
Understanding of consequences of behavior	13%	30%	57%
Knowing right from wrong	10%	33%	57%
Respect for family members	13%	36%	52%
Ability to get along with other adults	10%	42%	48%
Ability to make good decisions	13%	37%	50%
Ability to get along at home	10%	48%	42%
Self control when frustrated or angry	23%	43%	33%

Note: Only parents who had open cases were asked these questions.

Perceptions of support from ISDT and Community Agency Workers

None of the parents with closed cases reported any continued contact with their Community Agency workers. Therefore, the questions related to support from staff were only asked of the parents with open cases.

- Forty-six percent of parents (open cases) had attended an activity or event at their Community Agency.
- Forty-six percent had attended the Targeted Early Intervention family fun night (picnic).
- Forty-six percent of parents reported attending a planning meeting for their child where their community worker also attended.

- Seventy-five percent of parents reported attending a planning meeting for their child where their ISDT contact attended.
- Sixty-three percent of parents reported they had gotten help from their Community Agency worker to attend an activity, meeting, or event at their child's school.

Impact of mentor

Fifteen of the 31 children (48%) open with TEI whose parents participated in the survey had a mentor other than their Community Agency worker. Parents were asked to describe their perceptions of the impact that the mentor is having on their children. Responses are presented below.

Big impact – when child loses his privileges he is aware as to why and what to do or how to not do it the next time.

Gave her stability and a positive adult relationship.

Positive impression – he doesn't get angry like he used to.

Positive professional female adult and female role model taking care of her.

They tried to help, but she never paid attention to her. She was from Big Brothers and Sisters program.

Trying to show her right from wrong. Being there for her.

Very positive. They both have the same desires and accomplishments and being successful.

Yes, positive. Takes child to positive functions and events that cultivates his mind.

A positive impact – mentor spent time with him. He took him hunting, fishing, also just having a male (outside of the family) role model make him feel special.

Building self-esteem.

Goes to movies, takes him skating, he spends quality time with him, talks about a lot of meaningful things.

Great impact, good male figure while father was incarcerated.

He has a mentor who is a female and from another company who child likes a lot. I don't know if she is having any impact or not, I can't tell if she is or not. He needs a man mentor not a female.

One day a friend of the child's told him to throw a rock and broke a window – child went to jail for it. His mentor taught him he needed to work and pay for the repair of the window and he did. That's just A. It goes from A to Z. I don't have time to get to Z.

To help with building his self-esteem and learning more self-control.

Perceptions of other support

Parents were asked if participation in the Targeted Early Intervention program had any impact on various aspects of their child's behavior, their ability to maintain discipline in their homes, their involvement with their child's schoolwork, and the help they received in crisis situations. Figure A8 shows the parent perceptions of program impact in various areas.

A8. Parents' perception of other support

	Percent parents who reported that the program had an impact	
	Open cases (n=24)	Closed cases (n=9)
Setting limits with your children	54%	56%
Setting and enforcing curfews	54%	44%
Being more involved with your child's school work	75%	67%
Getting your child off to school in the morning	57%	44%
Getting help from community worker in a crisis situation	58%	44%

Parents were asked to expand upon the question of how has the Community Agency or ISDT worker helped in a crisis situation. Selected responses include:

Child was difficult to deal with, but they did their job and now he is much easier to work with and communicate with.

Financial assistance – they assisted with getting housing.

When I need counseling, both workers were there for me.

With the first worker, he went to sit in with some of child's classes in school.

Helped me in finding and following through the apartment search to assist me in my moving.

Helped getting children school clothes.

Well I'm still homeless, but they are certainly helping me to find a place.

When my sister passed, they offered support for me and my family.

When we were homeless, they helped.

Child was so out of control – last week he punched a hole in the wall – the workers go together with me to talk things out (between child and parent). Now, things are okay.

Financial and supportive assistance.

My phone was going to be disconnected; worker found resources to help with payment. ISDT worker is also there and willing to locate resources when my family is in need.

My wife passed away in August, and all of them were very helpful to me.

She helped me pay my water bill.

When we had a crisis at the school and my wife and I were not available, they would attend or mediate for us.

Perceptions of impact on siblings

Half (50%) of parents with open cases and 56 percent of parents with closed cases reported that their Community Agency worker had also been involved with the child's brothers or sisters.

Parents reported that the Community Agency provided the following services for the siblings or family members other than the targeted child: activities and outings for siblings (n=9), helped with getting the family food (n=2), help with siblings' school problems (n=2), bought siblings Christmas gifts (n=1), helped siblings get a mentor (n=1), helped the family find housing (n=1), helped with school clothes (n=1), help with school work (n=1), and transportation (n=1).

Parent perceptions of lasting benefit of program

Parents were asked to expand upon the question of whether or not their children received any lasting benefit from the TEI program. Responses were grouped and listed below.

Child has a different perspective

Because he's more open. Now he opens up to people and learned to trust people more.

Because he's looking at life through a different pair of eyes.

He got to meet and had some fun with the other kids when they went on camping trips and other outings.

I think the whole program will stay with him all his life. It's given him goals. And taught him people outside of family care about him and how he does. Having a mentor helps him a lot. It has given him so much positiveness in life.

Child was positively impacted by worker

Having a black male role model – that was extremely important.

Positive outlook from an authority figure.

He has a lot of people who are in his corner – they're constantly reminding him.

Her life had been very disrupted – TEI gave her a hope and a future to look forward to – being connected to stable people.

His time at the camp – he was so positive and enjoyed the time there. Also, he loves worker.

Just having people in his life who care about him.

Child improved in school

He didn't like the change in workers but he did learn that doing well in school is important.

He was getting better at school.

His attitude is better and he goes to school everyday and gets good grades.

He gets his homework done and his medication plays a big part in his success.

Stopped stealing, and got much better with her schoolwork. Much more conscious of her appearance.

TEI has taught him how to interact better at school, with adults and how to study.

Child has better choices or behavior

He learned to choose different friends.

Because he pays more attention to his actions and behavior.

By learning social skills and leadership development as well as family skills for raising her son.

His ability to help others. How to treat people.

His accomplishments since getting into the program such as hockey, basketball, music and his conduct at home.

I believe just keeping child out of trouble is a blessing.

Child has learned a lot since his involvement. He works, he washes his own clothes, helps around the house.

He has learned how to work at fast food helping cleaning off the table. And this give him more responsibility. He has also learned how to control his temper.

He's not in trouble like he use to – no more stealing, no more lying. I can't say how much he's calmed down.

She is a young lady and when she gets to acting any other way she catches herself and acts like a young lady. Sometimes I just have to say her name and she straightens right up.

Since being in the TEI program child has learned to be more patient. He is able to sit in one place for a longer period of time. This was not the case prior to being in the program.

Other

As long as he was active in the program he benefited. Now he only benefits from me.

Only (benefited from) the activities at the YMCA only.

It saved his life.

For closed cases only, reasons for discontinuing participation

The nine parents who were closed at the time of the interview were asked why their family stopped participating in the program. Responses include:

Because the children's father is going to take them until I complete a drug treatment program.

Because the [program staff] weren't helping. I thought that it was mandatory, but it was voluntary. So I stopped the child from going.

He graduated from the program, then his mother came back and thought he shouldn't go back.

He went to live in [outside of the county].

His case was dismissed.

Moved to St. Paul.

There were a lot of things that happened – several moves – personal changes that made it hard for them to keep up with me.

We graduated – because we attended faithfully.

We moved to a different city.

These parents were then asked what could have been done to allow them to continue participating in services. Three parents said nothing could have been done, because the child and/or family moved out of the county. Two parents wanted the program extended “past graduation time.” The four other parents stated:

Maybe if I had someone to talk to, then I would have felt better and continued with the services.

ISDT worker was a great help, but the case was dismissed and there was no reason to continue.

Have more after-school activities.

They should not have been into my business. They could have tried to find out what I needed, instead of assuming.

Finally, the parents of children closed from the program were asked to explain the changes that they had observed in their child since they started the program. Parents stated the following:

He doesn’t hang out with the same kids – now school is more important to him.

He hasn’t been stealing anything from stores and he is doing better in school.

He loves going to school and he interacts better with other kids.

He’s a more happy, outgoing person – more social kinds of things and that was important for him.

He’s going to school everyday.

The worker was there for the kids and he helped, but child was a little older and set in his ways – he didn’t want to be a part of things.

Parent suggestions for program improvement

Parents were asked, “If you were in charge of the Targeted Early Intervention program, what would you do to make it better for children and families?” Ten parents said that they could not think of anything to change.

Parents whose cases were open responded:

Better funds for families to get computers for the children to help with homework and help parents learn about the computers to aid them in getting jobs. They need more funds period.

Give parents more insight as to what’s going on – so parent can be more involved.

Give the children more support. Get more involved – make sure parent questions are answered.

Have the program’s involvement parent-oriented. Involve parents in making decisions.

Give parents more help. Like my bus card, I lost it and need help getting another one and help for Christmas.

I don’t really know. Maybe give the parent more service. Have more events etc. where families can be involved.

Include parents more and include children and parent in all activities. At least give them an option.

Keep working with the children, because it makes them stronger.

Make the public more aware of the program. There are a lot of parents who need the services.

Hire about 10 more workers.

Getting parents more involved. It should be long-term.

I think everyone should be involved in the program who are positive people who are really serious about what they are doing. Not just be in the program for the title and money. Let it be more than just a job.

I would require more consistency with contact for the children, families and support group who have contact with the children.

I would try to have more open communication between the worker and the child.

I’d get more involved, but then again I am involved. Since I’ve lost my wife I have had to do more with the children.

It is so wonderful – I wouldn't change anything. However, I would advertise more because it is not well-known. Maybe start the program as early as eight years or third grade.

Parents whose cases were closed responded:

I'd draw up a plan and try to find out what the children and families needed and wanted. Then, I'd get staff members and the community involved and let all work together.

I'd go by the true needs of the family, not implement things that are not needed. And don't lie to people and stop causing trouble in people's home.

I would build homes for all homeless children and smother them with lots of hugs and love. My little four month old nephew was shaken to death by my sister's boyfriend. I would help women understand who they're dealing with before getting into a personal relationship with guys.

I would do more family activities – as a whole group.

The reading aspect. Get kids more involved with reading and education. And be more racially unified (more diverse). We, as parents spend so much time just getting what we need that we don't get much quality time with them.

Try to get parents involved so that the children would be more cooperative.

When the case was dismissed it would have been helpful for me to still have contact with ISDT worker – I needed her at that point more than the child did.

Additional support needed

In a separate question, parents with open cases were asked whether or not they would be interested in a list of additional supports or services.

- When asked whether they would like to have child involved with a mentor in the community, 79 percent of parents said “yes” and another 13 percent said “maybe.”
- When asked whether they would like educational opportunities that help parents with issues related to raising their children, 75 percent of parents said “yes” and another 17 percent said “maybe.”
- When asked whether they would like a support group for parents, 75 percent of parents said “yes” and another 17 percent said “maybe.”
- When asked whether they would like services expanded to other members of their families, 58 percent of parents said “yes” and another 21 percent said “maybe.”

- When asked whether they would like to have more events with other families, 46 percent of parents said “yes” and another 33 percent said “maybe.”

Parents were asked to give suggestions about ways to better get parents involved in these activities. Their suggestions included involving and communicating better with parents (n=5), more events (i.e. cultural, skiing and tubing) (n=3), more mentoring for parents (n=2), more group activities for parents and families (n=2), ensuring a convenient location (n=2), have the ISDT workers learn better skills in interacting with African American families (n=1), having a parenting class for fathers (n=1), and having a holiday party for families (n=1).

3. Summary of 1995 research report and follow-up of risk factors

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.

Research findings

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 4 to 9 and just over half (51%) of the children were 9 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 White; 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.
- 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);¹⁴ 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.

Follow-up 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 the Appendix for a 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 nearly three times more likely to commit additional offenses upon turning 10 than the children with the fewest risk factors (see Figure A9). Even more compelling are the numbers of new offenses that can be attributed to the children depending on their level of risk. As of December 31, 1999, the children with the fewest risk factors were referred for an average of 1.00 new offenses while the children with the most risk factors were referred for an average of 6.15 new offenses. Since turning age 10, the children with the most risk factors have been referred to the County Attorney's Office for an additional 209 offenses (see Figure A10).

¹⁴ 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.

A9. 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. 31, 1999)	Percent of children who have new referrals (As of Dec. 31, 1999)
0-10	37	10	27%
11-15	38	18	47%
16-25	37	23	62%
26+	34	26	76%
	146	77	

A10. 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. 31, 1999)
0-10	1.00	37
11-15	1.79	68
16-25	3.14	116
26+	6.15	209
		430

4. Participating organizations and individuals updated July 2002

Targeted early intervention participating organizations and individuals

Community Agencies

Division of Indian Work:

Phyllis Wheatley Community Center:

Pillsbury Neighborhood Services –
Camden Neighborhood Center:

YMCA – Hiawatha Branch:

Community Agency Staff

Helen Trickey, Stephanie Koslowski

Michael West

Marcus Nolen

Gedric Merritt, Preston Scott

Integrated Service Delivery Team

Children, Family and Adult Services

Tracy Allen, Senior Social Worker

Lynn Malfeld, Team Coordinator

Michael Sancilio, Senior Clinical Psychologist

Maggie Keating, Senior Social Worker

Community Health

Diane Strahan, Senior Community Health Worker

County Attorney's Office

Micky Cook, Assistant County Attorney

Economic Assistance

Marcia Kemp, Principal Financial Worker

Michelle Olson, Office Specialist III

Current Delinquents Under 10 Screening Team

Lynn Malfeld

Michael Sancilio

Ron Bell

Sherrie Simpson

Micky Cook

Former staff members**Former Community Agency staff**

Michelle Engebretson, Division of Indian Work

Tony Hudson, Pillsbury Neighborhood Services

Herman Johnson, Pillsbury Neighborhood Services

Kelly Day, YMCA

Samual Payne, Phyllis Wheatley Community Center

Darringer Funches, Phyllis Wheatley Community Center

Former Integrated Service Delivery Team members

Paula Sanders, Children, Family and Adult Services

Anne Sundt, Children, Family and Adult Services

Kathy Thomas, Children, Family and Adult Services

Sharon Fix, Community Health

Beth Peters, Community Corrections

Royetta McBain, Community Corrections

Heidi DeFord, Economic Assistance

Former County Attorney's Office staff involved with TEI

Todd Fellman

Judy Harrigan

Jim Keiler

Dan Rasmus

Kristi Lahti-Johnson

Jane Ranum

Susan Crumb

Jeanette Rosand

Timothy Nelson

Crysta Wunderlich

Doris Buerkle

5. *Risk factor checklist (Delinquents Under 10 screening tool) and evaluation instruments*

A11. Evaluation Data sources

Outcomes	Instrument or data source
Reduction in delinquency	Administrative data from Hennepin County
Reduction in exposure to abuse, neglect, and violence in the home	Administrative data from Hennepin County
School success	Attendance data from Minneapolis Public Schools NALT test scores from Minneapolis Public Schools BASC and Child Assessment Teacher Supplement
Increased social competency	Interview with parents
Satisfaction & perceived impact	
Satisfaction with services	Interview with parents
Perceived impact of services	Interview with parents
Descriptive information	
Participant Characteristics	Administrative data from Hennepin County Risk Factor Checklist BASC
Demographics	Administrative data from Hennepin County
Program activities or services provided	Quarterly Service Activity Logs & Dosage Tracking Forms (completed by ISDT and Community Agency staff)

Besides Hennepin County and Minneapolis Public Schools database information, there were several evaluation instruments used for the Targeted Early Intervention program. These instruments follow and include:

- Risk factor checklist – delinquents under 10
- Parent Interview
- Quarterly Service Activity Log
- Dosage Tracking Form

Risk Factor Checklist - 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) School¹⁵

_____ attendance problems

_____ behavior problems

_____ special needs

6) Lack of positive supportive relationships

Hennepin County Attorney's Office

October 1996

¹⁵ Please note that Risk Factors related to the child's school and lack of positive supportive relationships are not used to determine whether or not a child should be referred to the Targeted Early Intervention program.

CASE ID: _____

CURRENTLY ACTIVE FAMILIES
Targeted Early Intervention Program
Parent Follow-Up Interview

Organization Code: 3668-2

INTRODUCTION:

Hi, this is _____ and I'm calling for the Targeted Early Intervention program. This is the program where [NAME OF COMMUNITY ORG. WORKER & ISDT WORKER] from Hennepin County work(s) with (NAME OF CHILD/CHILDREN). You should have received a letter about this survey. Each family who completes the interview will get a \$25 Target gift certificate. I would like to ask you a few questions about your views about what (NAME OF CHILD/CHILDREN) may have gotten out of his/her contact with [NAME OF PO & ISDT WORKER]. The purpose of the survey is to see how parents feel about the program and how it should be improved.

The interview is voluntary. You don't have to participate if you don't want to. It is also confidential and your answers will never be linked to your name. No one from Hennepin County or the [COMMUNITY ORG.] will see the names or other information you give in the survey. If there are questions you don't want to answer, just let me know. Would you be willing to participate? If this is a convenient time for you, we can do it now?

IF YES, BEGIN.

IF NOT A CONVENIENT TIME, ARRANGE CALLBACK.

After completing the interview with you we will be sending you out a \$25 Target gift certificate in appreciation for your help. I'd like to verify the address to send it to. (VERIFY ADDRESS ON FACE SHEET)

IF PARENT REFUSES:

OK, that is fine. Can I ask why you feel this way? _____

Thank you for your time. COMPLETE NON-RESPONSE REPORT.

Organization Code: 3668-2

CASE ID: _____

TIME: _____
(24 hour clock)

CURRENTLY ACTIVE FAMILIES
Targeted Early Intervention Program
Parent Follow-Up Interview

We want to talk first about your family's involvement in the program.

1. Since you became involved with the program, have you...

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
A. Attended an activity or event at [NAME OF COMMUNITY ORG.]?	1	2	8
B. Attended a family fun night (Targeted Early Intervention picnic)?	1	2	8
C. Been involved in a planning meeting for your child where (COMMUNITY ORG. WORKER) was there?	1	2	8
D. Been involved in a planning meeting for your child where (ISDT CONTACT) was there?	1	2	8
E. Gotten help from (COMMUNITY ORG. WORKER) to attend an activity, event, or meeting at your child's school?	1	2	8

2. How satisfied were you with...

	Would you say...						
	Very Dissatisfied,	Dissatisfied,	Neutral,	Satisfied, or	Very Satisfied?	DK	NA
A. the overall services your child or children have received as part of the program?	1	2	3	4	5	8	9
B. the support your family has received from (NAME OF COMMUNITY ORG. WORKER)?	1	2	3	4	5	8	9
C. the support your family has received from (NAME OF ISDT WORKER)?	1	2	3	4	5	8	9
D. the program's ability to help the rest of your family – not just (CHILD'S/CHILDREN'S NAME[S])?	1	2	3	4	5	8	9

3. Has the (NAME OF COMMUNITY ORG. WORKER) been involved with (CHILD’S/CHILDREN’S NAME[S])’s brothers and sisters (for example, taken brothers or sisters to activities or events)?

Yes1

No.....(GO TO Q. 4).....2

3B. In what ways?

4. Has your involvement with (NAME OF COMMUNITY ORG. WORKER) had any impact on you as a parent in the following areas?

	<u>Yes</u>	<u>No</u>	<u>Don’t Know</u>
A. Setting limits with your children?.....	1	2	8
B. Setting and enforcing curfews?	1	2	8
C. Being more involved with your children’s school work or homework?	1	2	8
D. Getting your children off to school in the morning?	1	2	8

5. Have you had any help from (NAME OF COMMUNITY ORG. WORKER “OR” NAME OF ISDT WORKER) in a crisis situation?

Yes1

No.....(GO TO Q. 6).....2

5B. In what ways?

NAME OF CHILD: _____

CHILD'S ID #: _____

INTERVIEWERS: COMPLETE PAGES 4 - 6 FOR EACH CHILD IN FAMILY, DON'T FORGET ID NUMBER.

Now, I'm going to ask you some questions about your child's (each of your children's) involvement in the program. FOR MORE THAN ONE CHILD, STATE: First, I'm going to ask you about (NAME OF CHILD), then I will ask the same questions about your other child/children in the program.

6. According to program records (CHILD'S NAME)'s involvement in this program began back in (YEAR). Since that time, do you think that things have gotten worse, stayed the same, or gotten better for (CHILD'S NAME)?

Gotten Worse1

Stayed the same..... (SKIP TO Q. 8).....2

Gotten Better3

7. In what ways ?

8. Since (CHILD) began the program has (his/her)...

	Decreased,	Stayed the Same, or	Increased?	DK
A. Respect for family members	1	2	3	8
B. Ability to get along with other adults (other than family members)	1	2	3	8
C. Self-control when frustrated or angry	1	2	3	8
D. Understanding of the consequences of (his/her) behavior...	1	2	3	8
E. Enthusiasm for school.....	1	2	3	8
F. Getting along with teachers	1	2	3	8
G. Behavior while at school	1	2	3	8
H. Willingness to help out others	1	2	3	8
I. Ability to get along with other kids	1	2	3	8
J. Feelings of self-esteem	1	2	3	8
K. Ability to get along at home	1	2	3	8
L. Ability to make good decisions	1	2	3	8
M. Knowing right from wrong.....	1	2	3	8

9. In what ways has (NAME OF COMMUNITY ORG. WORKER) helped your child at school or with school?

10. Besides (NAME OF COMMUNITY ORG. WORKER), does your child have a mentor (an adult outside of the immediate family who spends regular time with your child)?

Yes1
 No.....(SKIP TO Q. 12).....2

11. What impact do you think the mentor is having on your child (PROBE: is the experience of the mentor a positive one for the child)?

12. Do you think that (NAME OF CHILD) got any lasting benefit out of the Targeted Early Intervention program?

Yes1

No.....(SKIP TO Q. 13).....2

12B. In what ways ?

ASK FOR ALL

13. What would you say you like most about your [CHILD(REN)]'s involvement with this program?

14. What would you say you like least about your [CHILD(REN)]'s involvement with this program?

15. Would you like to see any of the following things added to improve the program?

	Yes	No	Maybe
a. Expanding services to other members of the family?	1	2	3
b. Having support groups for parents?	1	2	3
c. Having more events with other families?	1	2	3
d. Involving the child with a mentor in the community?	1	2	3
e. Educational opportunities that help parents with issues related to raising their children?	1	2	3

15B. IF YES TO ANY OF THE ITEMS, ASK: What suggestions do you have for involving families or youth in these activities?

16. If you were in charge of the Targeted Early Intervention program, what would you do to make it better for children and families?

17. Would you recommend the services to other families who might need similar services?

Yes1
No.....2

Thanks for your helpful comments and suggestions. The program staff will appreciate your opinions, and use them to improve the program. As I said earlier, we will be sending you a \$25 Target gift certificate for your time. (NOTE TO INTERVIEWER: VERIFY PARENT ADDRESS FOR TARGET GIFT CERTIFICATE.) We appreciate your help. .

CASE ID: _____

CLOSED FAMILIES
Targeted Early Intervention Program
Parent Follow-Up Interview

Organization Code: 3668-2

INTRODUCTION:

Hi, this is _____ and I'm calling for the Targeted Early Intervention program. This is the program where [NAME OF COMMUNITY ORG. WORKER & ISDT WORKER] from Hennepin County worked with (NAME OF CHILD/CHILDREN). You should have received a letter about this survey. Each family who completes the interview will get a \$25 Target gift certificate. I would like to ask you a few questions about your views about what (NAME OF CHILD/CHILDREN) may have gotten out of his/her contact with [NAME OF PO & ISDT WORKER]. The purpose of the survey is to see how parents feel about the program and how it should be improved.

The interview is voluntary. You don't have to participate if you don't want to. It is also confidential and your answers will never be linked to your name. No one from Hennepin County or the [COMMUNITY ORG.] will see the names or other information you give in the survey. If there are questions you don't want to answer, just let me know. Would you be willing to participate? If this is a convenient time for you, we can do it now?

IF YES, BEGIN.

IF NOT A CONVENIENT TIME, ARRANGE CALLBACK.

After completing the interview with you we will be sending you out a \$25 Target gift certificate in appreciation of your help. I'd like to verify the address to send it to. (VERIFY ADDRESS ON FACE SHEET)

IF PARENT REFUSES:

OK, that is fine. Can I ask why you feel this way? _____

Thank you for your time. COMPLETE NON-RESPONSE REPORT.

Organization Code: 3668-2

CASE ID: _____

TIME: _____
(24 hour clock)

CLOSED FAMILIES
Targeted Early Intervention Program
Parent Follow-Up Interview

We want to talk first about your family's involvement in the program.

2. Do you still have any contact with [NAME OF COMMUNITY ORG. WORKER "OR" NAME OF ISDT WORKER]?

Yes1

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

- 1B. In what ways?

2. Why did your child and family stop participating in the Targeted Early Intervention program?

3. What could the program have done that would have allowed you or your child to continue participating in services?

These next questions are about what you thought of the program and services.

4. How satisfied were you with...

	Would you say...						
	Very Dissatisfied,	Dissatisfied,	Neutral,	Satisfied, or	Very Satisfied?	DK	NA
A. the overall services your child or children received as part of the program?	1	2	3	4	5	8	9
B. the support your family received from (NAME OF COMMUNITY ORG. WORKER)?	1	2	3	4	5	8	9
C. the support your family received from (NAME OF ISDT WORKER)?	1	2	3	4	5	8	9
D. the program's ability to help the rest of your family – not just (CHILD'S/ CHILDREN'S NAME[S])?	1	2	3	4	5	8	9

5. Was the (NAME OF COMMUNITY ORG. WORKER) involved with (CHILD'S/CHILDREN'S NAME[S])'s brothers and sisters (for example, taken brothers or sisters to activities or events)?

Yes1

No.....(GO TO Q.6).....2

5B. In what ways?

6. Has your involvement with (NAME OF COMMUNITY ORG. WORKER) had any impact on you as a parent in the following areas?

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
A. Setting limits with your children?.....	1	2	8
B. Setting and enforcing curfews?	1	2	8
C. Being more involved with your children's school work or homework?	1	2	8
D. Getting your children off to school in the morning?	1	2	8

7. Did you get any help from (NAME OF COMMUNITY ORG. WORKER "OR" NAME OF ISDT WORKER) in a crisis situation?

Yes1
 No.....(GO TO Q. 8).....2

- 7B. In what ways?

NAME OF CHILD: _____

CHILD'S ID #: _____

INTERVIEWERS: COMPLETE PAGES 5 FOR EACH CHILD IN FAMILY, DON'T FORGET ID NUMBER.

Now, I'm going to ask you some questions about your child's (each of your children's) involvement in the program. FOR MORE THAN ONE CHILD, STATE: First, I'm going to ask you about (NAME OF CHILD), then I will ask the same questions about your other child/children in the program.

8. According to program records (CHILD'S NAME)'s involvement in this program began back in (year). Since that time, do you think that things have gotten worse, stayed the same, or gotten better for (CHILD'S NAME)?

Gotten Worse1
Stayed the same..... (SKIP TO Q. 9).....2
Gotten Better3

- 8B. In what ways ?

9. Do you think that (NAME OF CHILD) got any lasting benefit out of the program?

Yes1
No..... (SKIP TO Q. 11).....2

10. In what ways ?

ASK FOR ALL

11. What would you say you liked most about your [CHILD(REN)]'s involvement with this program?

12. What would you say you liked least about your [CHILD(REN)]'s involvement with this program?

13. If you were in charge of the Targeted Early Intervention program, what would you do to make it better for children and families?

14. Would you recommend the services to other families who might need similar services?

Yes1

No.....2

Thanks for your helpful comments and suggestions. The program staff will appreciate your opinions, and use them to improve the program. As I said earlier, we will be sending you a \$25 Target gift certificate for your time. (NOTE TO INTERVIEWER: VERIFY PARENT ADDRESS FOR TARGET GIFT CERTIFICATE.) We appreciate your help.

Targeted Early Intervention Quarterly Service Activity Log

Child's Name: _____ Case ID: _____ Today's Date: ____/____/____ Staff Initials: _____

☐ Primary Org. Staff ☐ ISDT Staff Quarter: ☐ Ap-Jun '00 (200) ☐ Jul-Sept '00 (300) ☐ Oct-Dec '00 (400)

☐ Jan-Mar '01 (101) ☐ Ap-Jun '01 (201) ☐ Jul-Sep '01 (301)

Issue/ Need/ Resource	Activity (please circle all activities that apply)						
	Passive Resource Referral	Case Management/ Case Plan Follow-through/ Service Coordination	Counseling/E ducation	Advocacy	Other	None: Not Needed	None: May Be Needed, But Not Addressed This Quarter
Child-Specific Services							
Child's school/ education	1	2	3	4	5	6	7
Extracurricular activities/ tutoring	1	2	3	4	5	6	7
Child mental health	1	2	3	4	5	6	7
Child care	1	2	3	4	5	6	7
Child Health care/Medical/Dental	1	2	3	4	5	6	7
Parent/Family-Specific Services							
Chemical dependency	1	2	3	4	5	6	7
Domestic violence	1	2	3	4	5	6	7
Adult mental health	1	2	3	4	5	6	7
Employment/ job training/ education	1	2	3	4	5	6	7
Adult Health care/Medical/Dental	1	2	3	4	5	6	7
Any service for sibling/ other child in home	1	2	3	4	5	6	7
Basic Household Needs							
Housing	1	2	3	4	5	6	7
Food/Clothing/Sanitation/Utilities/Furniture/ other basic needs	1	2	3	4	5	6	7
Emergency Services/ Crisis Help (including emergency public assistance)	1	2	3	4	5	6	7
Other Activities							
Court/ Legal Issues	1	2	3	4	5	6	7
Setting Up/ Supporting CSP	1	2	3	4	5	6	7
Outings/ Activities/ Entertainment	1	2	3	4	5	6	7
Community Involvement/ Informal Supports	1	2	3	4	5	6	7
Other (specify):	1	2	3	4	5	6	7
Other (specify):	1	2	3	4	5	6	7

Targeted Early Intervention Service Quarterly Update Dosage Tracking Form

Name of Child: _____

Case ID: _____

Quarter: *Please Check One*

	July-September 2000	300
	October-December 2000	400
	January-March 2001	101
	April-June 2001	201
	July-September 2001	301
	October-December 2001	401

Date of Child's First Contact with Community Agency: _____

Date form completed: _____ Community Agency Staff: _____

Directions: Please circle one number for each item. Return to the HCAO by the 15th of the month following the end of the quarter (e.g., Oct. 15, Jan. 15, April 15, July 15).

Level of Service Contact (Includes Phone and In-Person Contact)

	No Contact	Minimal (0- 1 contact per month)	Low (2-3 contacts per month)	Medium (4-7 contacts per month)	High (8+ contacts per month)	NA
1. Level of service contact between Community Agency Worker and Child this quarter	0	1	2	3	4	9
2. Level of service contact between Community Agency Worker and Child's Family this quarter	0	1	2	3	4	9
3. Level of CSP Contact and Involvement with Child this quarter	0	1	2	3	4	9

4. Level of Parental Cooperation with TEI Case Plan/Community Agency Worker this quarter:

- 0. Never Cooperative
- 1. Rarely Cooperative
- 2. Sometimes Cooperative
- 3. Usually Cooperative
- 4. Always Cooperative

NA

Targeted Early Intervention Service Quarterly Update Dosage Tracking Form

Name of Child: _____ Case ID: _____

Quarter: *Please Check One*

	July-September 2000	300
	October-December 2000	400
	January-March 2001	101
	April-June 2001	201
	July-September 2001	301
	October-December 2001	401

Child's Status (please check): ____ Open ____ Discharged (date of discharge _____)

Date of First Contact with ISDT: _____

Date form completed: _____ ISDT Staff Person Completing Form:

Directions: Please circle one number for each item. Return to the HCAO by the 15th of the month following the end of the quarter (e.g., Oct. 15, Jan. 15, April 15, July 15).

Level of Service Contact (Includes Phone and In-Person Contact)

	No Contact	Minimal (0-1 contact per month)	Low (2-3 contacts per month)	Medium (4-7 contacts per month)	High (8+ contacts per month)	NA
1. Level of service contact between ISDT Worker and Child's Family this quarter	0	1	2	3	4	9

2. Level of Parental Cooperation with TEI Case Plan/ ISDT this quarter:

- 0. Never Cooperative
- 1. Rarely Cooperative
- 2. Sometimes Cooperative
- 3. Usually Cooperative
- 4. Always Cooperative
- 9. NA