Table of Contents

Primary Project
Hennepin County, Minnesota
Report to Alliance for Families and Children in Hennepin County

March 1, 2004

Executive Summary

Primary Project, an evidenced-based early intervention and prevention program, was adopted by the Alliance beginning with the 2001 – 2002 school year with funding provided for each school district to implement the program. Primary Project seeks to address the social and emotional needs of children with mild adjustment difficulties. With a long-standing history and solid research base, Primary Project has derived success from its five structural components: 1) A focus on young children, 2) Early screening and selection, 3) The use of paraprofessionals to provide direct services to children, 4) A role of change of the school-based mental health professionals and, 5) Ongoing program evaluation.

Direct screening for school adjustment of children in preschool through third grade was conducted on approximately 7000 children and direct service was provided to approximately 1100 children.

The screening and direct services were conducted in:

- 16 school districts, in which,
- 21 elementary and 5 preschool sites implemented Project.

The potential impact of Primary Project is immense with 160 schools in Hennepin County which do not have Project.

Evaluation results across the county were informative and have provided key information to help schools implement the program with fidelity. With regard to the desired outcome of children making gains in their adjustment to school, analysis of the data indicated that students made significant improvements in task-orientation, behavior control, assertiveness, and peer sociability.

Strengths and highlights of Primary Project in Hennepin County include:

- The implementation of high quality, consistent programs with ongoing training and supervision.
- The linkage between school and community mental health partners.
- The incorporation of high standards in the selection of child associates.
- A strong focus on shy and withdrawn children.
- Solid grounding in early childhood development.
- The development of strong working alliances between children and child associates.
- A high degree of intervention fidelity.
- Strong administrative support at many schools.

The Alliance has invested $20,000 a year per district for Primary Project. Additional funds were made available for training and consultation. Schools provided additional in-kind

support through the reallocation of staff time from treatment to prevention, as well as space and supplies.

- The average cost per child during the second year of implementation was $480 which is well within the expected range.
- The cost per child screened in the second year is less than $50/child (only 54% of the sites provided screening data).

Recommendations are clustered in five general areas: evaluation, expansion, funding, marketing and training and are interrelated. As a first step, the Alliance might want to consider establishing a long range planning team of approximately 12 – 15 people to strategically develop a plan for program continuation and growth. This team should include child associates, supervisors, clinical mental health staff, school administrators, Alliance members and other decision makers.

- Expand Primary Project throughout Hennepin County since less than 20% of the schools are implementing the program. As the program expands it is important to look at the possibilities of building an economy of scale.
- Establish benchmarks around anticipated cost per child for districts.
- Develop a "Minnesota" niche for Primary Project while simultaneously staying connected to the national program.
- Identify and support a position for program coordination with clearly defined roles and responsibilities outlined and articulated.
- Require evaluation of all sites which receive funds. The evaluation serves to provide information regarding program implementation, and to understand the students screened and served, and determine program impact. In addition it provides the Alliance with a consistent way of monitoring program services.
- Expand the role of clinical mental health staff working in conjunction with school personnel.
- Consider adopting a three-year funding model with possibilities to expand the program with local support of original sites.
- Consider an application process (simple!) for districts to follow which would include more detail budget information including in-kind support.
- Continue to fund multi-site work including training, consultation, and marketing.
- Continue county-wide trainings.
- Provide consistent on site consultation to programs and staff over the term of the grant from the Alliance.

The development of Primary Project should be deemed a successful venture for the Alliance. Programs are being implemented with fidelity, and children continue to reap the benefits. The potential for expansion and growth and building on these efforts are numerous and Children's Institute looks forward to the adventure that awaits.

History and Background of the Primary Project

The Primary Mental Health Project (Primary Project) is a "school-based early detection and prevention program that seeks to enhance learning and adjustment skills and other school-related competencies and to reduce social, emotional, and school adjustment difficulties in preschool through primary grade children" (Johnson, 2002 p. 1). Its beginnings date back to 1957 when it was launched in Rochester, New York as a partnership between the University of Rochester and the Rochester City School District. Primary Project became the first school-based prevention program of its kind and has since expanded to over 2000 schools in 11 states in the U.S. over the past 45 years. Currently Primary Project is in 26 sites in 16 districts[1] in Hennepin County, Minnesota with an additional 2 sites in Ramsey County.

Primary Project has been recognized by both state and national organizations. It received the Lela Rowland Award (National Mental Health Association) as an exemplary prevention program. In 1999 it was the only school based prevention program highlighted in the Surgeon General's Report on Mental Health. In 2001 it was designated a Promising Program by the Federal Department of Education, Safe and Drug Free Schools.

Inherent in the program is the belief that a child experiencing adjustment problems can become better adjusted and more socially and emotionally competent when allowed to lead a trained adult in a developmentally appropriate activity such as play (Cowen, Trost, Lorion, Dorr, Izzo, & Issacson, 1975; Cowen, Hightower, Pedro-Carroll, Work, Wyman, & Haffey, 1996). Therefore, Primary Project's early interventions are provided within a structured environment staffed by carefully selected and trained paraprofessionals, otherwise referred to as child associates. Children seen by child associates are characterized as having mild to moderate school adjustment difficulties. The rationale for this approach supports the notion that between the majority of elementary students who are well adjusted and not in need of services, and the small percentage of children who have been identified or diagnosed with more severe mental health problems, lies a number of students who experience mild adjustment problems characterized by shyness, withdrawal, or socially inappropriate behavior.

The long standing core of Primary Project is built upon five structural components: 1) A focus on young children, 2) Early screening and selection, 3) The use of paraprofessionals to provide direct services to children, 4) A role change of the school-based mental health professional and, 5) Ongoing program evaluation.

Since research indicates that promoting better adjustment in early childhood leads to better outcomes, Primary Project maintains its success by focusing on young children and their issues of adjustment. The Primary Project process begins with universal screening of all children within the target grades to identify those who stand most to benefit from Project. Children experiencing adaptive or interpersonal problems such as acting out, being mildly aggressive, shy, anxious, or withdrawn, or having learning behaviors that interfere with educational progress in school are typical Primary Project children. Both formal and informal processes such as behavior rating scales (teacher and/or child completed), direct observation, referral by other school personnel, and parent referral are used to facilitate the screening. These data are used during

[1] See appendix for complete listing

assignment conferences that typically begin in mid-October, and are conducted in ways that best fit the school's operating procedure. Primary Project staff, participating teachers, and other relevant staff review the information assembled, create composite sketches of children's school adjustment, identify children who seem most appropriate for Primary Project services, and begin to formulate an intervention plan.

The screening process addresses a need identified in the *Surgeon General's Conference on Children's Mental Health: A National Action Agenda*, to increase access to mental health screens and assessments for all children. "This is especially critical for the youngest children … mental health screens can identify problems that require immediate attention. If and when there is evidence of a potential problem, children should get a more comprehensive assessment to determine appropriate treatment and services." (Children's Defense Fund, 2002, p.2).

In Primary Project, the screening process is particularly helpful in differentiating children who can benefit most from a prevention program and those in need of more intensive help. Screening also focuses on behaviors that relate more closely to later school difficulties and can be used to help increase access to appropriate mental health services as needed.

After careful screening and selection are completed and parental consent is obtained, children meet individually once a week with trained child associates. Young children in preschool settings are seen individually twice a week then participate in small group work for a period of approximately four weeks. The services for children last from 20 to 30 minutes per week and extend over a 12 to 15 week period.

Child associates are provided ongoing training to prepare them to provide developmentally appropriate, effective support to children. This training program covers topics such as: the model for child-directed play; the school environment; confidentiality; communication skills; effective limit-setting strategies with aggressive children; and cultural and ethnic/racial differences.

Critical to the success of the Primary Project is the implementation of regular supervision of child associates by school mental health professionals. Mental health professionals from private and public mental health agencies often provide additional consultation. This linkage helps facilitate access to the most appropriate level of support and treatment for children and families. This also increases the ability of the school community to provide a continuum of care for children and families by linking them with mental health clinicians. Together, the school and community mental health team provides the child associate with clinical supervision and training, and allows for oversight of the Primary Project.

Lastly, Primary Project programs are evaluated regularly to ensure that both the process and the outcomes of the program are meeting and serving the fundamental needs of young children. Since evaluation is considered a regular part of the program, data are collected and analyzed and program personnel are given feedback on a regular basis.

Primary Project and the Alliance

The Alliance identified Primary Project as an evidence-based prevention program to support young children's adjustment to school. Primary Project is one way to fulfill the Alliance's mission "to enhance the capacity of Hennepin County Collaboratives to work together to improve the healthy development of all families and the school success of all children in Hennepin County so that they can one day be successful, contributing adults." Each school district has received $20,000 per school year since the 2001 – 2002 period. Districts could choose to implement Primary Project at the elementary level (K- 3), preschool level (ages 4-5) or both. Training has been contracted through Children's Institute and coordinated by Betsy Hedding of Hopkins School District. Trainings have been designed to provide new staff with all the necessary basics to initiate a Primary Project site and to increase the skill levels of existing Primary Project staff. Topics covered include cultural competency, depression and play, and supervisory skills. Several sessions have introduced Hennepin County Primary Project pilot to a wider audience by including collaborative partners, outside mental health agencies, and others working in the field of children's mental health.

Current and Potential Implementation in Hennepin County

Hennepin County, the largest county in Minnesota, is comprised of over one million residents that inhabit the forty-six (46) municipalities (Hennepin County Public Affiars 2004). The elementary school age children of Hennepin County attend schools that are encompassed within sixteen (16) districts. Those districts are Anoka-Hennepin, Bloomington, Brooklyn Center, Eden Prairie, Edina, Hopkins, Minneapolis, Minnetonka, Orono, Osseo, Richfield, Robbinsdale, St. Anthony, St. Louis Park, Wayzata, and Westonka.

Currently, there are 26 sites implementing Primary Project. The initial cohort started up in the fall of 2001, following training. Other sites began with students the second semester of the 01-02 school year and more came on board in the fall of 2002 and 2003. To date, every district in Hennepin County has instituted Primary Project in at least one site at the elementary or preschool level. Currently, the program is in operation at twenty-one (21) elementary schools and five preschool sites within the county. Some districts have supplemented the Alliance grant with Local Collaborative Time Study (LCTS) funds allowing them to expand Primary Project sites. For example, every elementary school in the Eden Prairie district is implementing Primary Project with the support of LCTS funds.

There remain one hundred sixty (160) elementary schools that are not currently implementing Primary Project in Hennepin County[2]. Roughly 42% (n=65) of those schools are within the Minneapolis district although other districts like Anoka-Hennepin, Osseo, and Robbinsdale have ten or more schools that are not utilizing Primary Project. According to Hennepin County Medical Center (HCMC) Mental Health Services, there is a great need for mental health care due to increasing populations, crime, poverty, stress and increasing numbers of people with mental illness as challenges they face (Hennepin County Public Affairs, 2003). While, as stated earlier, Primary Project is not designed to deal with severe mental illness, it does help young children to resolve adjustment difficulties that may cause more serious social and

[2] This includes all sites with Preschool – third grade children.

emotional distress in later years. When children with early school adjustment problems are not provided effective services, they remain at high risk for later, serious problems during adolescence and early adulthood, including delinquency, school failure, and substance abuse (Weissberg, Gullotta, Hampton, Ryans, & Adams, 1997). The potential impact for Primary Project to help improve children's mental health in Hennepin County remains great.

Primary Project Quality Assurance

1. Services to Children

Over the course of the first two years of the program approximately 5700 children were screened using the AML-R tool countywide[3]. It is anticipated that another 3000 children were screened using alternative methods including the Teacher-Child Rating Scale (T-CRS). Of these children, 1071 children were selected to participate in Primary Project.

Participating schools received training in screening and selection as part of the training received from Children's Institute. Screening was conducted for each of the targeted grade levels identified to be served in the school and varied based on site management. This follows recommended practice. For example, if only kindergarten and first grade children received service, they were the only ones screened. National data indicates that with approximately 30 hours of child associate time per week at a school site, 45 - 50 children could be served over the course of a school year.

2. Supervision and Clinical Linkage

A crucial part of delivering a consistent, caring, and, therapeutically effective intervention lies in the interdependence between the mental health professional and child associate. While the child associate depends on the expertise and experience of professionals for supervision and training, the school and community mental health professionals can extend the reach of their services through the child associates' interaction with children who might not have typically been seen by the professional. In addition to the ongoing supervision of the child associate by a school-based mental health professional (social worker, counselor, etc.), many sites also establish a strong clinical linkage with an outside mental health agency. In Hennepin County, several districts work with outside mental health agencies including Washburn Child Guidance and Family and Children's Services. The outside clinical professional can help provide additional training and consultation to the school Primary Project staff. Not only is this clinical linkage beneficial to the children being serviced in Primary Project, it also strengthens the collaborative relationship between the school and the outside agency.

Supervision is typically done through a combination of individual and group meetings. One approach is for the school based supervisor to meet with the child associates weekly to review how children are doing and to maintain clinical responsibility in that domain. Then, once a month, the school based supervisor and the child associates might meet with an outside mental health professional to discuss issues that have come up in the weekly meetings. However, supervision is not limited to just weekly or monthly meetings. As one social worker states about supervising a child associate,

[3] This is based on data sent to Children's Institute by school sites. Some schools process their own screening data locally, therefore the total number screened is significantly greater.

"She chats with me any time she wants to. We have a time set up every week but to be honest with you, I mean we usually see each other and any time she needs to talk, we talk. We have that kind of relationship."

A child associate at another site said that she uses an outside mental health professional. In this instance, a psychologist is brought in several times a year to discuss individual children and general child development. She maintains that, *"this is a very important part of the project because it helps us gain insight from a seasoned professional on children's mental health."*

This trend continued in an interview with a principal who relied on her school psychologist for overseeing the clinical aspect of Primary Project. In another Hennepin County school, the school psychologist is also used to provide rich knowledge and the ongoing processing of sessions.

The link to professional clinical experience in Primary Project is strong. Although supervision varies slightly from school to school, a strong commitment to supervision and the provision of knowledge and training is evident. Further, it appears that the dedication to providing child associates with support is viewed as fundamental.

3. Training

Both national and local consultants have offered training with expertise relative to the program. Over the three-year period, the continuity of trainers coupled with the very low turnover rate of child associates has allowed the trainings to focus on deepening the skills of the child associates. In addition to the fall and spring trainings for all staff, a series of meetings have been instituted for the child associates. These meetings are facilitated by a local therapist from Washburn Child Guidance who serves as an outside mental health consultant to three districts. The focus of these meetings is training around a specific topic (for example, cultural differences in play) and an opportunity for the twenty-five plus child associates to network and share resources. The following provides a list of training dates:

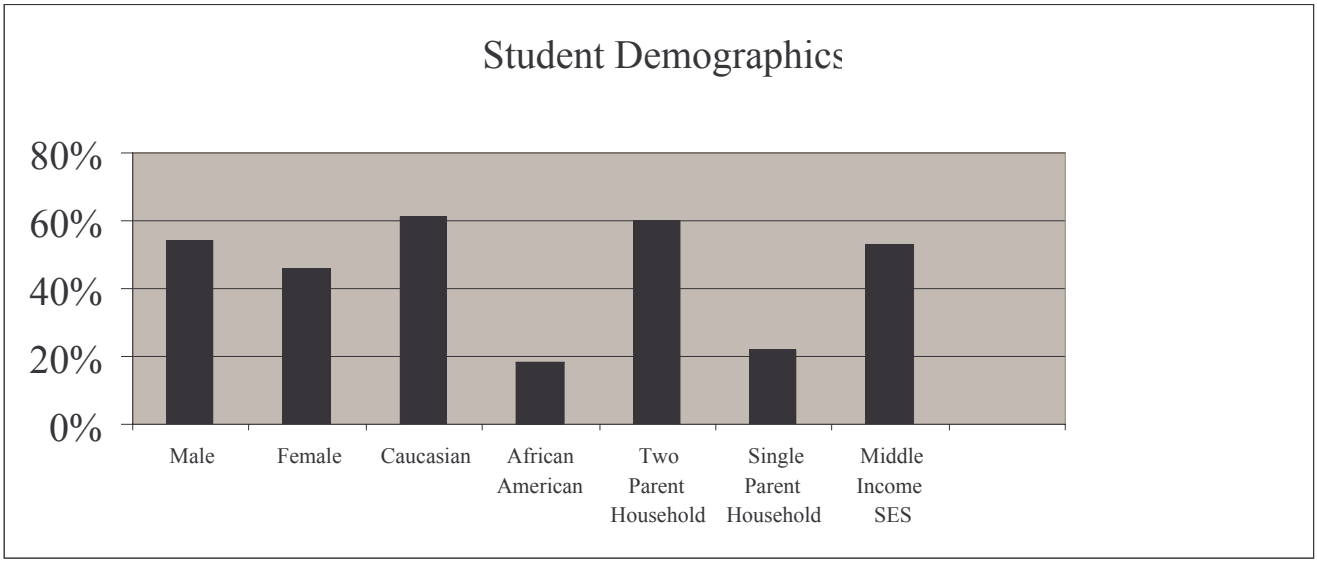
September 24-25 2001 (Children's Institute)
January 9-11, 2002 (Children's Institute)
March 2002 (Children's Institute)
September 26-27, 2002 (Children's Institute + Local)
March 13-14, 2003 (Children's Institute + Local)
May 27, 2003 (Local)
September 25-26, 2003 (Children's Institute + Local)
November 21, 2003 (Local)
February 6, 2004 (Local)

Upcoming Training
March 11, 2004 (Children's Institute)
April 23, 2004 (Local)

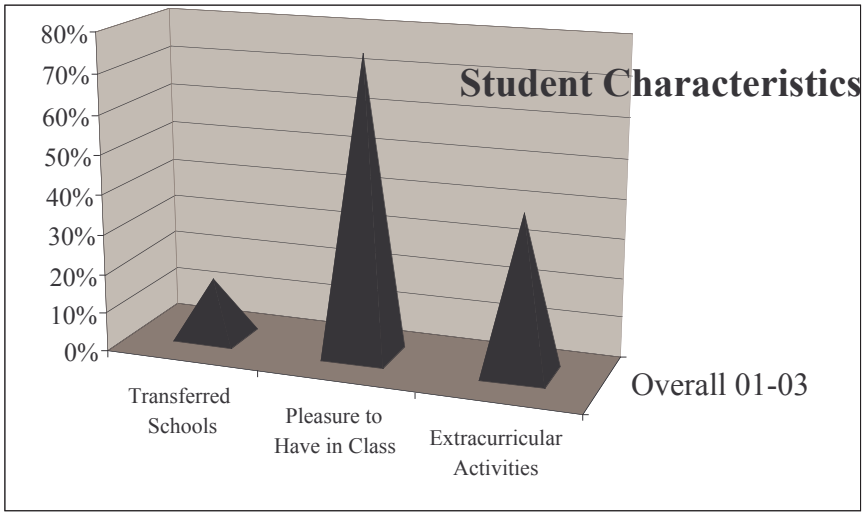
Summary of Data

The following results were compiled and analyzed for the combined 2001/02 and 2002/03 school years. Individual year reports have previously been made available to the Alliance.

Of the children in Primary Project, the data show that 54% of the children were male and 46% were females. Of those children, 61% were Caucasian, 18% were African American, 6% were Hispanic, 6% were Asian, 2% were Native American and the remaining percentage were classified as Other. The parental breakdown indicates that the majority (60%) of these children come from two parent homes while 22% come from one-parent homes that resulted from divorce or separation. The remaining percentages include family structures such as parent and stepparent or foster placement. Socioeconomic data indicate that 53% of the children come from middle-income families, while 5% come from upper income families. 31% of these children's families reported that they fell into the lower income classification, and 11% were classified into the poverty level designation.



Forty-six percent of the children were either in pre-kindergarten or kindergarten, while 26% were in first grade, 21% were in second grade, and 7% were in third grade. It is important to note from the data that nearly 15% of the children had transferred to their current school from another school. Research indicates that transferring schools can be a risk factor for adjustment difficulties.

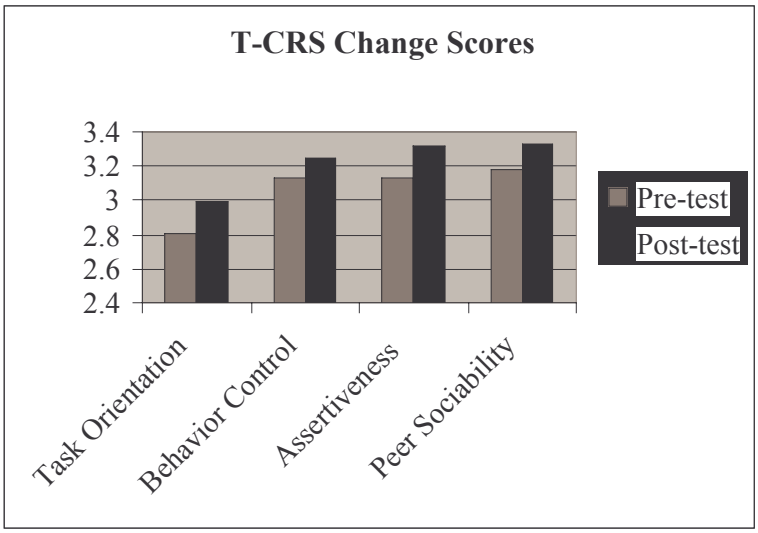


Further, the data indicate that a small percentage (6%) of children in Project had been suspended at some point from school. Student characteristics indicated that a majority (75%) of the children were thought of by the teacher to be "a pleasure to have in class" and 40% engaged in extracurricular activities outside of school. These two pieces of data seem highly logical when considering the theoretical foundations of Primary Project. Specifically, that there is a group of children whose adjustment difficulties are not so severe as to completely limit functioning but nonetheless impede their academic and social success. For some of these children, roughly 5-10%, absences and on-going medical problems are of concern.

Academically, nearly 20% of the children were noted as engaging in some type of remedial education. More than 10% were learning English as a second language, while a small percentage (6%) were in speech/language special education programs or affected by some learning disability.

The T-CRS 2.1 (Perkins and Hightower, 2002) is a quick and easy way to use teacher assessment that measures student competencies and problem behaviors. It is completed before a child is seen and again at termination to measure program impact for the individual child. The T-CRS 2.1 is comprised of four empirically derived scales that highlight the critical elements of a child's social and emotional adjustment: Task orientation, behavior control, assertiveness, and peer social skills. Within each scale are two, four item secondary scales that measure the positive competency and negative problem behaviors. Teachers rate each item on a 5-point scale. The measure has alpha and test-retest reliability on one range .87-.94. Evidence from various validity studies support the T-CRS 2.1 as a measure of children's socio-emotional adjustment (Perkins & Hightower, 2002).

According to the pre- and post-test T-CRS results, statistically significant changes were noted for all four competence scales across Hennepin County. In an analysis of all Hennepin County schools combined, it was found that students improved significantly in task orientation. Briefly, students were found to work more independently and improve rates of time on task.



Significant improvements in Behavior control show that children participating in Project increased coping skills, decreased aggressiveness and were less disruptive over time. Significant improvements in assertiveness highlight improved participation and expression of ideas, increased leadership, and decreased shyness for children as a whole across Hennepin County Project participation. Lastly, the results indicate that significant changes in peer sociability were noted which demonstrates an increase in the quality of peer relationships and an increase in social skills among children in Project.

Primary Project Highlights

Interviews were conducted with various individuals who serve integral positions within the implementation and facilitation of Primary Project in Hennepin County. These fifteen to thirty minute interviews were with principals, social workers, child associates, and service coordinators in four of the districts. During the discussion of highlights and future challenges of Primary Project, it was clear that by and large, the changes in children served by Primary Project rank as one of the great program highlights. One child associate stated, *"It is just so rewarding to see that they feel a little more competent in the classroom or more outgoing."* This sentiment was evident across the interviews as individuals stressed the caring and therapeutic relationships that are established within Primary Project. Highlights, according to interview data, shed light on the ability of Primary Project to incorporate high standards in child associate selection, such that these empathic individuals are able to forge good working relationships with children who need them. Further, it was clear that, with Primary Project in the schools, school mental health professionals are freed up to deliver their services to children with more intensive needs. As one social worker states, *"It does lighten my load. She (child associate) takes a lot of those pre-intervention kids that maybe I would have needed to see. It is a real complement to the social work position in the building."*

One principal stated that Primary Project allows her school to concentrate on the shy and withdrawn children. Since no other program exists within the school to deal with this segment of children, it helps to deal with these students who may be at-risk. Moreover, it was clear that this strong focus was shared not only by child associates but by teams of educators, parents and mental health professionals. Generally, a trend was noted that in the past few years, teachers, parents, and administrators have become more aware of the program and have made efforts to become a part of the success of children in Primary Project.

Continued training has also been a strength and highlight of the program. As one principal stated, *"training has been exceptional, outstanding, and ongoing. The quality of training has been phenomenal."*

A site coordinator highlighted the program by stating that, *"the strengths are that it is preventative. It meets a group of children's needs who are often overlooked. It is grounded in good early childhood development."* This is echoed from a child associate who states that seeing *"the children blossom in the playroom"* is a real highlight. Moreover, feedback from parents and teachers about a child's growth and success seems to be a motivating and energizing part of Project.

Funding

Over the past decade the cost to implement Primary Project has continued to support the notion that it cost-effectively serves thousands of pre-kindergarten and primary grade children. An average cost per child is $400/urban child and $300/suburban or rural child in New York State, including the mental health professional time.

The cost per child declines over the first three years of a program and stabilizes in subsequent years. For example, first year costs include initial training and room set-up. Stable costs over time include salaries of paraprofessionals and evaluation. Through the Alliance, training has been centralized to take advantage of the economy of scale. The cost of professional time, school and/or community, is often provided as in-kind, depending on the extent of the services and support available.

Variability in cost per child is largely dependent on the amount of professional time funded through a project. Returning to the core components of the project, it is known that the professional staff shift their activities from direct service to indirect service. The subsequent benefit is that a greater number of children receive the clinical expertise of the professional through the work of the child associate. The returns on the time include:

- mental health screening data on all children in the target group,
- a global understanding of the social emotional needs of the school community,
- opportunity to meet with each teacher in the target group for focused discussion regarding the needs of the students within each classroom, and
- social-emotional data regarding children as part of referral to special services.

During the 2001/02 school year, the Alliance invested $300,000 for the Primary Project and $320,000 during the subsequent year, providing a flat amount to each district ($20,000)

regardless of size and potential for impact. For those districts that began mid-year, schools were given the opportunity to carry forward unused funds. Determining the actual cost per child requires a more detailed analysis of expenditures as well as budgeted amounts. In moving forward, it is important to better understand the costs related to Primary Project in Hennepin County.

With these in mind, we were able to determine that the average weighted cost per year during the first year was $815/child served[4]. This dropped significantly during the second year, when the average cost dropped to $480/child served (including one project in its first year). It is typical for projects to be more costly in their first year as many see children for only one semester, plus start up cost. Within each cohort there was considerable range in cost per child for both first and second year programs.

- The combined cost per child over the two-year period was from $265 to $1333.
- Year One cost per child ranged from $370 to $2222.
- Year Two cost per child ranged from $206 to $1250 for second year programs.
- The cost per child screened in the second year is less than $50/child (only 54% of the sites provided screening data).

Primary Project is strengthened with in-kind support including both personnel (in many cases the school mental health professional's time is in-kind) and non personnel support (playroom space). There has been strong support from many principals exhibited in their regular participation in trainings (overview and data presentations in particular), insuring adequate support and supervision for the child associates, and allocating appropriate space and supplies for the project. At one site, a space was designed specifically for use in Primary Project during a construction project. At this time it is difficult to ascertain the full impact of in-kind support without a detailed analysis of the program budgets.

Funding for the evaluation has been prorated across sites ($600/site) regardless of the number of students served. This has remained constant for each of the three years that Hennepin County has implemented the program. The evaluation includes measures, processing and analysis which provides site, district and county level reports based on the data received.

While this report addresses the time period 2001 - 2003, it is important to note that the Alliance has committed funds for the current school year as well as the 2004 - 2005 year.

[4] Number served was determined by the number for which there was both a pre- and a post-test change score.

Summary and Recommendations

In summary, for the first two years of program implementation, 5400[5] children were screened in preschool through third grade, with over 1000 children receiving direct helping services through Primary Project with an average cost of $480 per child during the second year of implementation, which is within expected range for similar programs nationally. It is anticipated that this cost will decline approximately 10% – 20% as schools become more efficient in their implementation of the program.

Children in Hennepin County have improved significantly in task orientation, behavior control, assertiveness, and peer sociability after participation in Primary Project over the past two years. The schools have implemented Primary Project with fidelity and are reaping the results. Comments by mental health professionals in the schools show that they value Primary Project because it enables them to reach at-risk children indirectly through the child associate whom they supervise. In this way they can reach more children and avoid more significant problems later. Some sites are in their third year of implementation. Costs have gone down and the experience of supervisors and child associates has made the program run more smoothly. The sites have responded well to the training by Children's Institute and local mental health professionals. All of this bodes well for expanding Primary Project to other sites and districts. The expertise of the present sites could be shared with new sites.

The following recommendations are centered on five areas, each of which is essential for long term sustainability and quality: evaluation, expansion, funding, marketing, and training. The Alliance may want to convene a small strategic planning group to address each of the following, as well as to develop a 3 – 5 year plan.

1. Evaluation

Sites have engaged in discovering how their evaluation can be used to provide feedback to key stakeholders, as well as to continually improve their program. Each fall teams have reviewed their data as part of a workshop "Data: Making it Count" conducted by Children's Institute. Staff has been available to answer questions as well as to probe the local teams to better understand the impact they are having.

It is recommended that the evaluation continue to be included in funds provided to school sites for the following reasons:

- It documents behavior as rated by classroom teachers. The data are used to analyze trends, understand the changing needs of the students served, and determine whether teachers observe behavioral improvements due to the program.
- It provides a constant way of monitoring program services.
- It sets the stage for potential long term data analysis (safeguards will need to be put in place to insure student confidentiality). The data can eventually be used to

[5] It is anticipated that this number is probably half of the total number screened as all schools do not have their screening data processed through Children's Institute

leverage other grants and facilitate and support effective services for mental health needs of students.
- It leads to ongoing program improvement.

2. Expansion

Clearly there is room for expansion of Primary Project in Hennepin County with less than 20% of schools currently implementing the program. The Alliance was wise in its decision to introduce the program slowly to the county. We have learned over the years that slow, steady, and intentional growth is essential to sustainability and quality. It is better to build a quality program than repair a weak one.

Judith Langford Carter[6] when speaking in California 10+ years ago stated that there are three ways to ruin an effective program: 1) abdication of leadership; 2) death by dilution and 3) punishment by politics. The first two have particular relevance to the Alliance. The Alliance will need to determine what role it wants to play in continuing to lead the effort to support and lead Primary Project. Leadership can come in many forms, including supporting administrative support to bring projects together and continued quality services to children, supervision of child associates, and collaboration of school and community mental health professionals.

Secondly, as the program expands in Hennepin County and throughout Minnesota, it is important to look at the possibilities for building on an economy of scale, as well as to be cautious about not diluting an effective program to serve more children or more schools.

Specific things to consider as Primary Project expands:
- How to provide cross site consultation, training, and group supervision
- Expanding the role of clinical mental health staff working in concert with school personnel
- Developing a "Minnesota" niche for Primary Project while simultaneously staying connected to the national program
- Identifying and supporting a position for coordination of the program with clearly defined roles and responsibilities outlined and articulated. It is important to have an individual who has sufficient time to carry out the activities identified (approximately .5FTE).

3. Funding

There are four models which states have used for funding Primary Project over time.
- Ongoing funding to districts for multiple years (5+)
- Funding for three years which declines over time
- Stable funding for three years
- Year to year funding

[6] Family Resource Coalition, Chicago Illinois

The two which have resulted in the highest quality implementation as well as have contributed to the long term implementation of the program are the "three year models." Three years serves a sufficient time for schools to see the impact of the program and find alternative resources. Year one is spent in learning the program, year two serves as a solid year of implementation, and during year three the data helps to institutionalize the program.

In each of the communities that provided time limited support (three years), these circumstances *the projects knew up front* that the expectations were for three years of funding with consultation and support at the local level to seek additional resources and work with districts in finding local funds. Expansion funds were provided to districts after the three years, with the caveat that the original schools maintained the project. This prevented the project from moving from school to school, following the money.

In addition to considering the term of funding, the Alliance is encouraged to

- Establish benchmarks around anticipated cost per child for districts
- Consider an application process (simple!) for districts to follow which would include more detailed budget information including in-kind support.
    - Categories might include personnel (school and community), training, evaluation (builds accountability at local level), supplies (limited amount)
- Continue to fund multi-site work including training, consultation, and marketing

4. Marketing

A tremendous amount of quality work has been done in Hennepin County and program fidelity is central to marketing excellence. Hennepin County and the Alliance can serve as a model for all of Minnesota about how to implement a research-based program across sites. Now is the time to get the word out regarding children screened, services provided, and the impact the program has had. This is needed at school site, district, and countywide.

5. Consultation and Training

Consistent training of child associates and their supervisors across sites has been one of the keys to program fidelity. In addition, the involvement of administrators and community mental health personnel has also been important. It is possible to go from one school to another and be confident that Primary Project is being implemented with fidelity.

Recommendations:

- *It is recommended that consistent consultation be offered to programs over the term of the grant from the Alliance.* For example, year one getting the program off to a positive start following the model, and year two assisting the programs in understanding the data from year one and start planning for subsequent growth. Consultation provides schools and communities with an external perspective to

both validate their work as well as to help problem solve issues. In addition it keeps schools *connected* to the project as a whole. This in turn builds the base for future expansion.

- Develop a two tier training for new and seasoned staff.
- Utilize national training resources in Primary Project.
- Provide community trainers adequate information regarding Primary Project to avoid "mixed messages" for staff.

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APPENDIX

Penetration of Primary Project in Minnesota				
District	**Site**	**01-02**	**02-03**	**03-04**
Anoka-Hennepin	Park View	1	1	1
Bloomington	Pond	1	1	1
	Southwood	1	1	1
Brooklyn Center	Earle Brown	1	1	1
Eden Prairie	Cedar Ridge			1
	Eden Lake			1
	Forest Hill's	1	1	1
	Prairie View			1
Edina	Normandale		1	1
Hopkins	Harley Hopkins	1	1	1
	Katherine Curren	1	1	1
Minneapolis	Longfellow	1	1	1
Minnetonka	Clear Springs		1	1
	Scenic Heights		1	1
Orono	Early Childhood Ctr.	1	1	1
	Schumann			1
Osseo	Park Brook	1	1	1
Richfield	Sheridan Hills		1	1
Robbinsdale	Noble			1
	Zachary Lane		1	1
St. Anthony	Wilshire Park		1	1
St. Louis Park	Kids Place Preschool	1	1	1
Wayzata	Birchview	1	1	1
	Gleason Lake		1	1
Westonka	Hilltop		1	1
	Shirley Hills		1	1
	Total:	**12**	**21**	**26**