



STRENGTHENING SOCIAL AND
EMOTIONAL HEALTH

**Primary Project:
2016-17 Rochester City School District (RCSD)
Program Outcome Summary**

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Children's Institute is a recognized leader in programs, research, and evaluations supporting children's social and emotional health. Our partner COMET Informatics offers a data support system that provides informed decision-making, organizational quality improvements, and improved outcomes for children and youth.

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Introduction

Primary Project has a 60 year history providing social and emotional support to students in pre-K – second grade in Rochester City School District (RCSD) elementary schools. Currently in 21 elementary buildings, the core team, consisting of the school based social worker or psychologist and child associate, works collaboratively with teachers to identify students who are just beginning to show signs of difficulties with school adjustment. Children's Institute has a long partnership with the district through shared financial resources and supporting program implementation through training and consultation.

This report focuses on the work and accomplishments of Primary Project during the 2016-17 school year in the Rochester City School District. Some highlights include:

- Continued close collaboration between Children's Institute and the Rochester City School District.
- Ongoing training, consultation, and continued support for program implementation.
- Systematic social and emotional screening of all students in targeted grades at buildings implementing Primary Project.
- Positive student outcomes based on assessments and observations from teachers, school based mental health professionals, and child associates.

Historical Context

Primary Project, formerly known as Primary Mental Health Project, was developed in partnership with Children's Institute and the Rochester City School District in 1957. The idea for Primary Project was initiated by a district social worker and psychologist who, together with a researcher from Children's Institute, developed this flagship program to meet the needs of children experiencing school adjustment difficulties. The early rationale for the development of Primary Project was to provide a cost-effective preventive support service to young children experiencing mild school adjustment difficulties. In the early years, Primary Project was implemented in one elementary building in the Rochester City School District and has since expanded to 21 elementary schools. Primary Project received numerous national awards and accolades attesting to its effective and efficient programming. It is listed on the National Registry of Evidence-Based Programs and Practices of the Substance Abuse and Mental Health Services Administration (SAMHSA). Among the many awards bestowed on Primary Project is the U.S. Surgeon General's Report on Mental Health (1999) recognizing it as one of five exemplary research-based prevention programs in the nation for enhancing children's mental health.

Program Content

Primary Project contains six core components, each of which contributes to the program's success.

1. Focus on young primary grade children who are just starting to show school adjustment issues
2. Systematic screening and selection for students who are best served by the program
3. Use of paraprofessionals to provide direct services to children
4. Change in the role of the mental health professional
5. Ongoing program evaluation
6. Integration into the school environment

Focus on young children: Primary Project was designed for students in pre-k through 3rd grade. Currently, in RCSD Primary Project services are provided mostly to K-2 students.

Systematic screening and selection: After the first four weeks of school, classroom teachers complete the Teacher-Child Rating Scale (T-CRS) on all children in 1st & 2nd grade. This systemic approach is intentional so all children will be reviewed and considered and it is particularly helpful in differentiating children who might benefit most from Primary Project and those who are in need of more intensive services. In January, kindergarten students were screened using the T-CRS in all Primary Project schools and those students were considered for a second cycle of Primary Project. By allowing the children ample time for early school adjustment, the children who continue to show signs of early school adjustment difficulty will be more readily identifiable. Primary Project is part of schools' Response to Intervention (RtI).

The T-CRS, which is used as a screening tool for this project, consists of 32 items that assess four primary domains of a child's socio-emotional adjustment:

- **Task orientation:** A child's ability to focus on school related tasks
- **Behavior control:** A child's skill in adapting and regulating behavior and emotions
- **Assertiveness:** A child's interpersonal ability to engage and assert one's needs
- **Peer social skills:** A child's ability to interact with peers

The RCSD school-based team (school mental health professional, child associate, and teacher) review the screening data of all children and select those who fall within the 15% to 30% percentiles on any of the scales of the T-CRS and are deemed to be at early risk for school adjustment. After children are identified, written parental permission is obtained by school personnel. Upon permission receipt, the child associates begin scheduling sessions and meeting with children.

The T-CRS serves not only as a measure to identify children for Primary Project, but also as a valuable measure for identifying children who may need more intensive support or services. The

school mental health professional can use the screening data to inform practices that meet the social and emotional needs of all the children based on the rating scale, observational data, and teacher and parent inputs.

Use of paraprofessionals: Child associates are RCSD employees and provide the direct services to the children in the program. They are selected for their ability to establish effective, genuine, caring relationships with children. To add to this natural ability, they are trained in the child-centered intervention using play, which is described below. Their responsibilities include:

- Establish helping, supportive relationships with children
- Participate in ongoing professional development
- Engage in weekly supervision
- Maintain notes
- Communicate with parents and staff
- Prepare and maintain the playroom space

School buildings have designated space that is used for the weekly play sessions between associates and children. These rooms are specifically equipped with expressive and creative toys or media that will encourage young children's natural ability to create and communicate through play. Child associates are specifically trained to be "therapeutic agents", which involves learning basic helping skills of listening with focused attention, responding empathically to the child, encouraging the child's decision making, reflecting the child's feelings, building the child's competence by encouraging instead of praising, giving developmentally appropriate responsibility back to the child whenever they are capable, and setting emotionally responsive limits. These skills are all part of the intervention, which is driven by a theoretical underpinning of child-centered play.

Children meet with their assigned associate one-to-one for approximately 12-15 sessions, once a week, for 30-40 minutes. Primary Project best practices indicates that children are re-evaluated by the team after 12-15 sessions to determine whether they should "graduate" from the program or continue for additional time. Every child is discussed during these team meetings to ensure children receive the most appropriate level of service.

Role of the mental health professional and supervision: Mental health professionals, usually the school social worker, are responsible for directing the day-to-day project activities. They also have the primary responsibility to clinically supervise, support, and help train the child associates beyond the training provided by Children's Institute. Additionally, they direct the screening and selection of students, monitor students' progress, and provide clinical oversight. This role provides an opportunity for school mental health professionals to expand their reach to a greater number of children. Children's Institute provides support through ongoing training for supervisors as well as onsite consultation with the core team (school based mental health professional and child associate).

Ongoing program evaluation: Each year, schools generate site-specific formal evaluation reports via COMET. Schools are able to access in real time pre- and post- data for T-CRS and

A-CRS (Associate Child Rating Scale), the Child Log (record of sessions), and the Professional Summary Report (PSR) (completed by the school-based mental health professional). The project teams are strongly encouraged to share their data with building administrators and teachers to demonstrate outcomes, as well as to drive any programmatic changes.

Integration into the school community: Primary Project is used as a Tier 2 intervention as part of the RtI (Response to Intervention) approach. Because children are screened and identified as showing emerging signs of school adjustment difficulties, identification and intervention are critical at this juncture.

Services

During the 2016-17 school year, Primary Project was implemented in 21 elementary buildings in the district (see Table 1 below). A total of 4,130 students were screened using the T-CRS measuring student's socio-emotional development. Once teachers identified appropriate students for services and written parent consent was obtained, services were provided to a total of 585 students in grades pre K-2 across the 21 buildings.

Table 1 – Schools in which Primary Project was implemented, grades served, number of students screened and served

School	Grades Served	Number of Students Screened	Number of Students Served
2	K-2	174	28
5	K-2	189	23
7	K-1	170	22
8	K-2	208	40
9	K-2	337	38
10	K-2	147	23
15	K-2	136	19
16	K-2	179	7
19	K-2	105	20
25	K-2	148	13
28	K-2	236	49
29	K-2	174	35
33	K-2	462	91
34	K-2	241	44
35	K-2	205	15
42	K-2	255	18
43	K-2	221	22
44	K-2	87	22
53	Pre-K & K	145	25
57	K-2	170	16
58	K-2	141	11

Training

Ongoing training is essential to both school based mental health professionals and child associates to strengthen and refine their skills in child led play. It is considered best practices that new child associates and school based mental health professionals/supervisors receive the two day introductory training held in the fall. In addition, a two day supervision training is offered for school based supervisors to also support supervisors' skills. Annually, for seasoned associates, a minimum of six hours of ongoing training related to Primary Project is considered best practices. For the past few years, the majority of training hours for RCSD occurs early on in the fall, prior to program start up. This was based on feedback from both mental health professionals and child associates that training would be more desirable prior to starting service with students. In the 2016-17 year, the school year began with a "kick off" meeting that brought together child associates and supervisors. This meeting is designed to offer relevant training to both school based mental health professionals and child associates and provides teams with information to ensure a strong start to the program year. An outline of trainings held is highlighted in Table 2.

Table 2 – Trainings Offered for RCSD child associates and school based mental health professionals

Training	Date
Primary Project "Kick off" meeting and training "Supporting Gender Expansive Children in Schools"	9/15/16
COMET Training Part 1	9/21/16
Primary Project: Month by Month	9/23/16
Introductory Two Day Primary Project Training	9/29 & 9/30/16; 10/6 & 10/7/16
Effects of Trauma on Child Development	10/21/16
COMET Training (Part II)	11/2/16
Two Day Supervision Training	11/3 & 11/4/16

Consultation

During this past year, schools received two on-site visits from a Children's Institute consultant to address programmatic questions, offer guidance and support, and help support the team address clinical issues that arose during playroom sessions. Every building received a visit in the fall and the spring. The fall visit included the building supervisor/school based social worker or psychologist and child associate(s). The intent of the fall meeting was to review the previous year's data with the team, address start up plans for Primary Project, prepare for national certification, and address any concerns early in the year to ensure a strong implementation. The second visit occurred between April and June and included mainly the supervisor and child associate. The focus of the second visit centers on a review of the year (highlights and challenges) in implementation and planning forward for the 2017-18 school year. Administrators are encouraged to join the visit so that highlights of the program can be shared and challenges can be addressed in an efficient way. Throughout the year, the consultant remains in contact with Primary Project personnel through e-mails and phone communication.

Other support

Collegial circles are professional development opportunities for RCSD child associates, facilitated by the Primary Project consultant for the district. Collegial circles have allowed small groups of child associates to come together to share resources and playroom experiences, solve common problems, and discuss common needs and questions. Two collegial opportunities were offered throughout the year at various times to accommodate associates' schedules.

Student Outcomes

Ongoing program evaluation is a core component and considered best practices for Primary Project. Each year, schools collect data via COMET, a web based tool. At the end of each year, teams are able to access reports and are encouraged to share results with building staff, including teachers and administrators. The table below highlights the measures that are collected, the time that they are completed, and the member of the Primary Project team responsible for completion.

Table 3 – Primary Project Measures and Outcomes

Primary Project 2016-17			
Outcome	Measures	Number of participants	Method
Social, emotional and behavioral adjustment	Teacher-Child Rating Scale (T-CRS)	466	Teacher Report
Student progress in the playroom	Associate Child Rating Scale (A-CRS)	480	Child Associate Report
Record of sessions with participating students	Child Log (CLOG)	567	Child Associate Report
Summarizes student's program experience and provides recommendations	Professional Summary Report (PSR)	527	School based social worker or psychologist

Screening is conducted at two points during the year using the T-CRS. The first is four weeks into the start of the school year and the second is in January. After screening using the T-CRS, children rated as being at risk for social-emotional difficulties are considered for referral to Primary Project. Generally, “at risk” is operationally defined as scoring at or below the 30th percentile on one or more of the T-CRS’s subscales.

After completing their participation in the program, children are again assessed using the T-CRS.

During the 2016-17 year, a total of 4,130 students were screened using the T-CRS measuring student’s socio-emotional development. Once teachers identified appropriate students for services and written parent consent was obtained, services were provided to a total of 585 students in grades pre K-2 across the 21 buildings.

Some demographic data of 2016-17 participating students are as follows:

51% boys; 49% girls

1% were from pre-K; 35% were from Kindergarten; 31% 1st grade; 32% 2nd grade

63% African American, 24% Latino, 10% Caucasian, 1% Asian, and 2% other

Child logs were completed on 567 students in Primary Project. A total of 7,478 contacts (individual sessions with children) occurred; the average number of sessions = 13; and the average length of time for sessions = 31 minutes.

To determine the impact of the program, we examine the effect sizes of the change from the initial and the final T-CRS assessment for children completing the program. The standard to be used when looking at impact will be change equivalent to one-quarter of a standard deviation (0.25) or greater. This is consistent with the standard employed by the What Works Clearinghouse (WWC), part of the U.S. Department of Education's Institute of Education Sciences (IES). The effect sizes for each of the T-CRS subscales have been computed for the Primary Project referred subsample that was initially at risk for that specific problem behavior. For example, since only certain students were deemed at risk for behavior control problems, the effect size calculations for behavior control only consider children who were initially scored at or below the 30th percentile on that subscale. A separate effect size is provided for each of the four T-CRS subscale scores.

For the 2016-17 school year, Primary Project T-CRS scores' effect sizes for the four at risk subgroups were:

0.45 for the Behavior Control at risk subgroup (N=314)

1.26 for the Task Orientation at risk subgroup (N=268)

1.34 for the Assertiveness at risk subgroup (N=198)

0.74 for the Peer Social Skills at risk subgroup (N=238)

Each of the effect sizes exceeds the threshold of 0.25.

Overall, T-CRS results of Primary Project indicated positive outcomes for the 2016-17 year. Of the 466 students that had pre and post T-CRS instruments completed, there was an increase in all four areas (task orientation, behavior control, peer social skills and assertiveness) on the T-CRS. (This T-CRS report follows this section.)

Each year, child associates complete the Associate Child Rating Scale (A-CRS) both at the beginning (after 3-4 sessions with the student) of the student's time in Primary Project, as well as at the end. In the 2016-17 year, child associates completed pre- and post- A-CRS instruments on 480 children. There was positive change noted on all four areas of the A-CRS (initiative/participation, acting out/limits, shy/anxious, and self-confidence). Similar to the T-CRS, change is noted by effect size. Large effect size change is noted for students on the self-confidence and initiative/participation scales. Small effect size is noted for the shy/anxious scale. While acting

out/limits indicate positive growth, effect size was less than 0.25 (This A-CRS report follows the T-CRS report noted above.).

The Professional Summary Report (PSR) summarizes a child's program experience, as perceived by the school based mental health professional (social worker or psychologist). Completed at the end of the student's experience in Primary Project, the supervising mental health professional utilizes input from child associates and teachers and indicates recommendations for the future for each individual student. In the 2016-17 year, large effect sizes were noted in many of the 13 areas rated by the supervising mental health professional (This PSR report follows the A-CRS report noted above.). School based supervisors made the recommendation to terminate Project for 80% of participants; 4% were recommended to continue participation in Primary Project next fall.

Success in the program was assessed by the mental health professional's recommendation for the child. Cases in which the child leaves Primary Project because the goals were met (rather than because the school year is ending, the child is moving, etc.) and the professional's recommendation is to terminate the child from Project (as opposed to re-evaluation, continuing next year, etc.) can be considered as "successful" outcomes, with other combinations being considered "unsuccessful". Using this criterion, approximately 61.1% of the participants were successful. We compared the average (mean) T-CRS, A-CRS, and PSR change scores for these two groups of Primary Project students. The results are presented in the charts below.

Figure 1 -- TCRS Outcomes

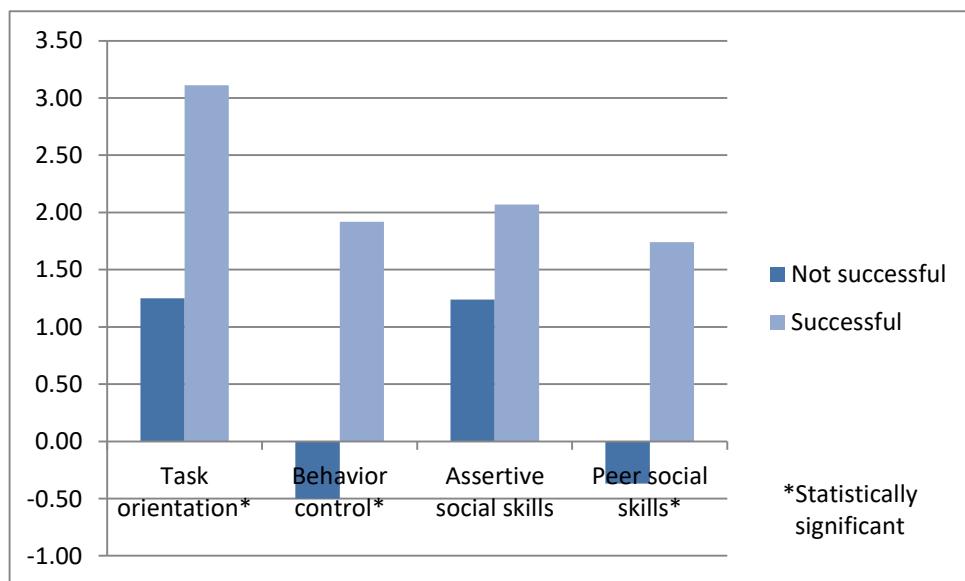


Figure 2 -- ACRS Outcomes

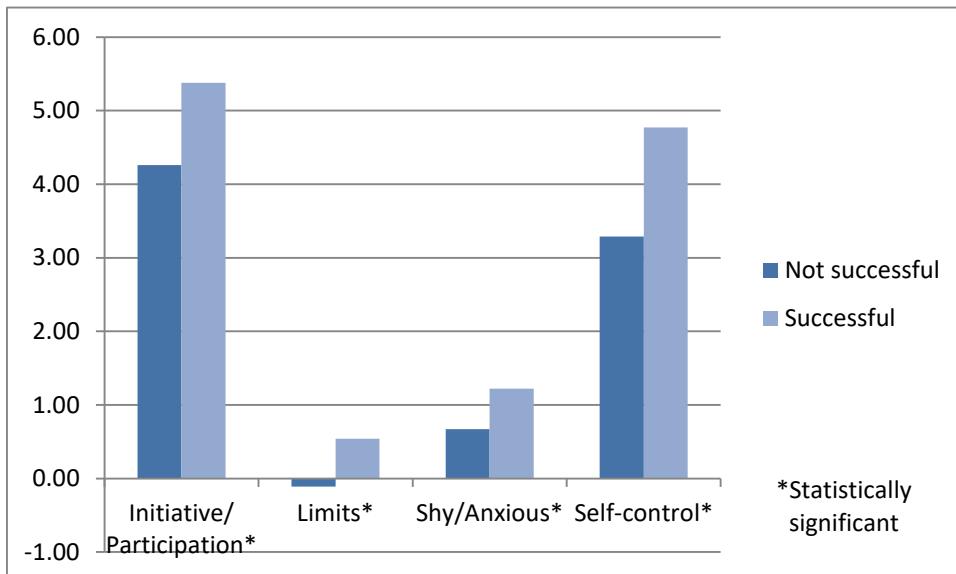
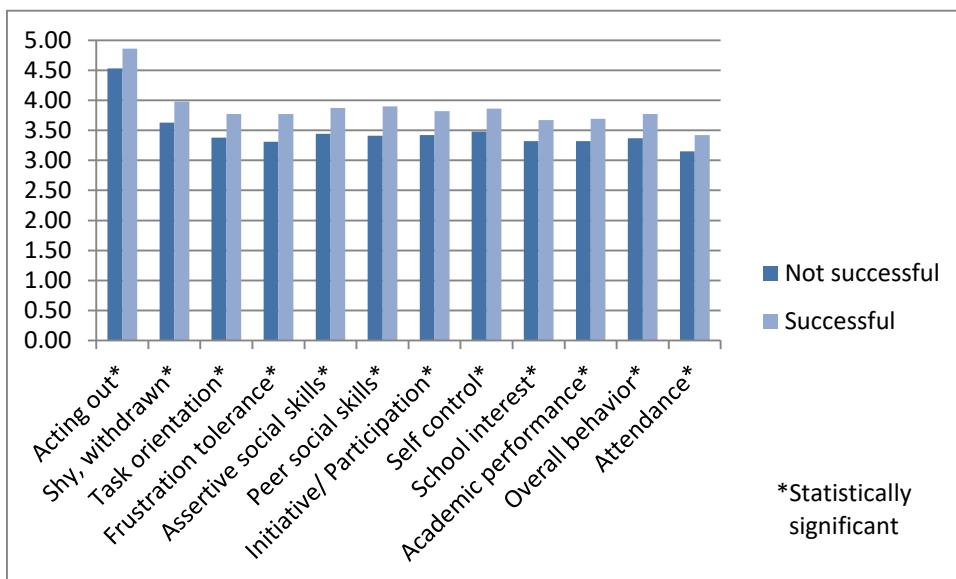


Figure 3 -- PSR Outcomes



For each outcome variable, the “successful” group out-performed the “unsuccessful” group. With only one exception, all the results are statistically significant at $p < .05$.

Program Successes

Continued partnership - Since the inception of Primary Project in 1957, Children's Institute and the Rochester City School District have been partners in providing social and emotional support to its students. Part of Primary Project's success is the relationship between the Children's Institute coordinator for Primary Project and the RCSD District Coordinator, Ruth Turner.

Certification - National certification is an endorsement of programs that meet best practices and implement their program with attention to program fidelity. Schools that are nationally certified have to apply every three years to become recertified. Certification requires that schools submit materials that describe how Project is being implemented at their building, as well as a letter of support from the building administrator. Once materials are received, the building is then assigned to a Children's Institute representative/endorser experienced in Primary Project.

The RCSD district coordinator for Primary Project has been in strong support of all schools receiving and maintaining national certification. Certification has been an expectation of local funders who support Primary Project implementation in buildings. Below is a table highlighting certification status and their renewal date

School	Certification Status	Renewal date
#2	Full certification	June 2018
#5	Full Certification	June 2019
#7	Full certification	May 2018
#8	Full Certification	April 2020
#9	Full certification	June 2018
#10	Full certification	June 2018
#15	Full certification	June 2017
#16	Full certification	June 2018
#19	Full Certification	May 2020
#25	Full certification	June 2018
#28	Full certification	June 2018
#29	Full certification	May 2018
#33	Full certification	April 2018
#34	Full certification	May 2018
#35	Full certification	April 2018
#42	Full certification	May 2018
#43	Full certification	June 2018
#44	Full certification	June 2019
#57	Full certification	June 2018
#58	Full certification	April 2018

Program Challenges

Staffing – Child associates are in unique and exciting positions within schools. These positions require well rounded individuals possessing strong relational skills with both children and adults as well as balancing other job responsibilities which include:

- Orienting/training teachers and other new users in buildings to COMET.
- Assisting in facilitating parent consent process.
- Preparing and maintaining the playroom space.
- Participating in ongoing trainings and professional development related to Primary Project.
- Participating in regularly scheduled supervision.
- Maintaining notes on children identified for the program.
- Completing assigned measures in COMET.
- Maintaining ongoing informal communication with staff and parents.

The hiring process takes time to ensure that the right person is identified and that they will remain in that position for many years. When changes in staffing occur, particularly during the school year, it is a disruption in services to students which often prevents them from receiving the full benefit of Primary Project.

Future Direction

This report highlights the 2016-17 year for Primary Project in the Rochester City School District. Positive student outcomes were noted based on perceptions of teachers, child associates, and supervisors. Our partnership between Children's Institute and RCSD continues to be strong. Each year, Children's Institute looks at ways of strengthening and refining Primary Project practices within the district.

It is Children's Institute's intent to continue to partner with the district and offer high quality training and consultation to support ongoing program implementation with attention to program fidelity in buildings.