The logo for Children's Institute is located in the top left corner. It consists of the text "children's institute" in a white, lowercase, sans-serif font on a dark blue rectangular background. Below the text is a thin white horizontal line with a decorative, slightly irregular pattern. Underneath this line, the words "STRENGTHENING SOCIAL AND EMOTIONAL HEALTH" are written in a smaller, white, uppercase, sans-serif font. A decorative element of small, light green dots forms a curved path that starts near the logo, goes up and over the top of the page, then curves down and across the bottom of the page, ending near the footer. The left side of the page features a vertical yellow bar with a similar pattern of dots curving from the top left towards the bottom right.

children's
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STRENGTHENING SOCIAL AND
EMOTIONAL HEALTH

Primary Project: 2015-16 Rochester City School District (RCSD) Program Outcome Summary

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SEPTEMBER, 2016

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Introduction

Primary Project has a 59-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, work 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 2015-16 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 expanded to as many as 27 schools and is currently in 21 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 target K-2.

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) and is a tier 2 evidence based program.

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 2015-16 school year, Primary Project was implemented in 22 elementary buildings in the district (see Table 1 below). A total of 3,956 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 663 students in grades pre K-2 across the 22 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	171	27
5	K-2	218	19
7	K-1	115	20
8	K-2	207	42
9	K-2	240	55
10	K-2	151	27
15	K-2	134	18
16	K-2	138	9
17	K-2	207	43
19	K-2	163	16
25	K-2	118	22
28	K-2	88	28
29	K-2	153	43
33	K-2	471	105
34	K-2	207	54
35	K-2	204	25
42	K-2	216	21
43	K-2	303	31
44	K-2	108	26
53	Pre-K & K	123	17
57	K-2	80	5
58	K-2	138	21

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 2015-16 year, the school year began with a “kick off” meeting that brought together child associates and supervisors. This meeting is designed to set the tone for the year and provide teams with relevant information to ensure a strong start to the program year.

In the absence of senior child associates, this initial meeting provided COMET training to teams so that they were equipped to train new teachers in buildings on how to access and complete T-CRS instruments in COMET and to handle building level support questions. 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	Dates
Primary Project “Kick off” meeting and COMET training (Part 1)	9/10/15
Executive Functions and Play	9/22/15
Introductory Two Day Primary Project Training	9/29 & 9/30/15; 10/8 & 10/9/15; 1/11 & 1/12/16
COMET Training (Part II)	11/4/15
Two Day Supervision Training	11/12 & 11/13/15
Beyond the Basics: Taking Child Led Play Skills to the Next Level	11/20/15
The Art of Limit Setting	12/14/15

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 the mainly the supervisor and child associate. The focus of the second visit centered on a review of the year (highlights and challenges) in implementation and planning forward for the 2016-17 school year. Emphasis over the last couple of years has been to invite building administrators at either visit to share highlights of the program and address any questions or concerns. 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. Three 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 2015-16			
Outcome	Measures	Number of participants	Method
Social, emotional and behavioral adjustment	Teacher-Child Rating Scale (T-CRS)	582	Teacher Report
Student progress in the playroom	Associate Child Rating Scale (A-CRS)	570	Child Associate Report
Record of sessions with participating students	Child Log (CLOG)	621	Child Associate Report
Summarizes student's program experience and provides recommendations	Professional Summary Report (PSR)	356	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 2015-2016 year 3,956 students were screened using the T-CRS across all 22 buildings implementing Primary Project. Of those screened, 663 students were identified as appropriate candidates for Primary Project. Some demographic data of participating students is as follows:

- 48% boys
- 1% were from pre-K; 35% were from Kindergarten; 31% 1st grade; 32% 2nd grade
- 60% African American, 28% Latino, 9% Caucasian, 2% Asian, and 1% other

At the beginning of the 2014-15 year, RCSD made a decision to discontinue the use of the Background Information Form. This measure collected additional demographic data on household composition, suspension, and students receiving special education services. It was conveyed that this additional background information may be able to be captured on students in Primary Project through other data systems used in the district.

Child logs were completed on 595 students in Primary Project. A total of 7,973 contacts (individual sessions with children) occurred; the average number of sessions = 13.4; 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 between 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 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 2015-16 school year, Primary Project T-CRS scores effect sizes for the four at risk subgroups were:

- 0.50 for the Behavior control at risk subgroup (N=363)
- 1.21 for the Task orientation at risk subgroup (N=304)
- 1.36 for the Assertiveness at risk subgroup (N=236)
- 0.86 for the Peer social skills at risk subgroup (N=296)

Each of the effect sizes exceeds the threshold of 0.25.

Overall, T-CRS results of Primary Project indicated positive outcomes for the 2015-16 year. Of the 580 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 (see attached T-CRS report - Appendix 1).

Each year, child associates complete the Associate Child Rating Scale or (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 2015-16 year, child associates completed pre- and post- A-CRS instruments on 570 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. The other two scales, shy/anxious and acting out/limits indicate positive growth, however there was not a small effect size change (see attached A-CRS report – Appendix 2).

The professional summary report 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 2015-16 year, large effect sizes were noted in many of the 13 areas rated by the supervising mental health professional. Improvements in shy/withdrawn behaviors, task orientation, assertive social skills, self-confidence and interest in school are a few worth noting (see attached PSR report – Appendix 3). School based supervisors made the recommendation to terminate Project for 86% of participants; 9% 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 78.6% 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

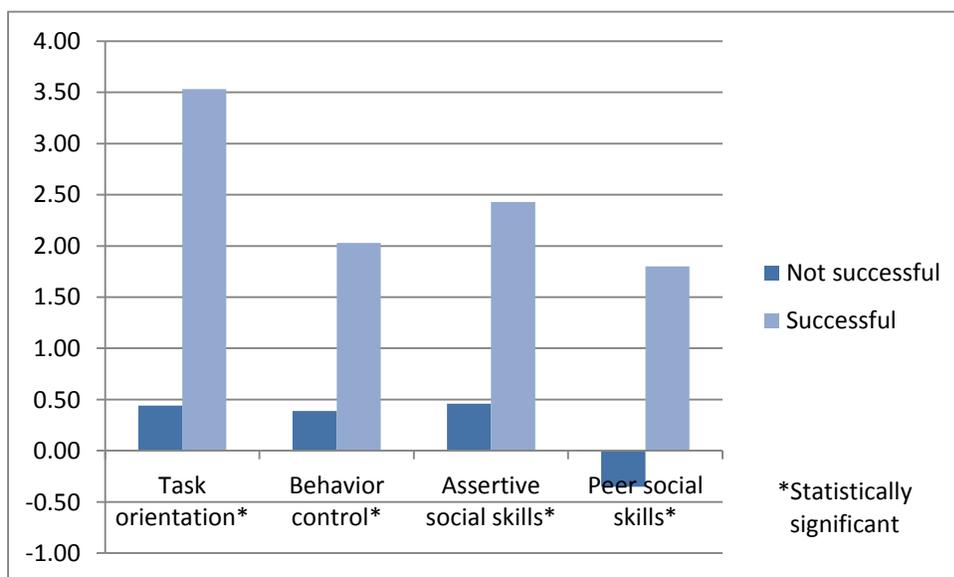


Figure 2 – ACRS outcomes

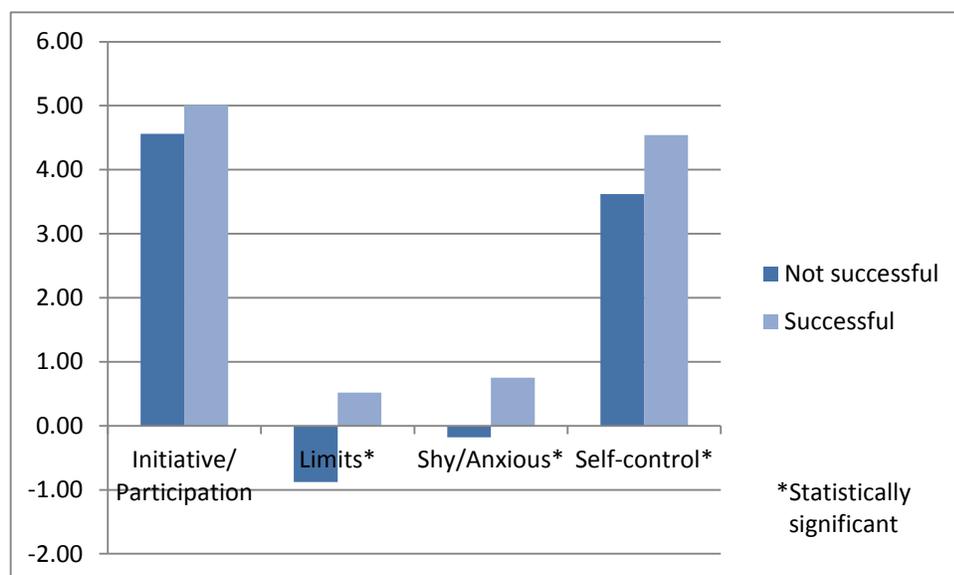
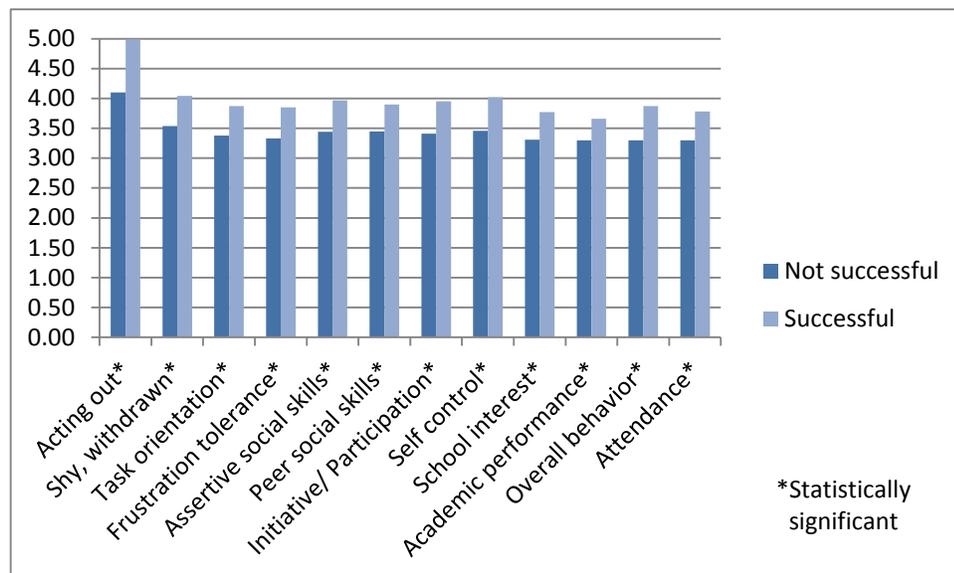


Figure 3 – PSR outcomes



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

Attendance design

At the start of the 2011-12 school year, the Rochester City School District required contracted programs to indicate which outcomes would be impacted. Options were related specifically to academic outcomes, discipline, and attendance. While Primary Project is not directly linked to any of those outcomes, Children’s Institute chose attendance as the area to impact. After analyzing four years of attendance data for students participating in Primary Project (2011-2015), it was found that twice as many students showed improved attendance relative to the number that declined (see attached Attendance Comparison Appendix 3). Based on these results, leaders from RCSD along with Children’s Institute designed a way to look at these outcomes more closely. Schools that were designated as “in focus” for attendance difficulties were chosen for participation (Schools 8, 9, 16, 17, 29, 34, and 57). A meeting was held with building administrators to share preliminary findings, discuss ideas for moving forward, and to gain their support. Analysis of the results is underway. A separate report outlining results and process outcomes will be provided at a later date.

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.

Development of a program manual - While a program development manual exists as a resource for all schools implementing Primary Project, Children's Institute developed an extension of that manual that is specific to RCSD. In the 2015-16 year the manual was refined and placed on the District's Share Point drive for all to access.

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	Provisional	June 2017
#9	Full certification	June 2018
#10	Full certification	June 2018
#15	Full certification	June 2017
#16	Full certification	June 2018
#17	Provisional	June 2016 ¹
#19	Provisional	June 2017

#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

¹ After examining and assessing best practices rubric, School #17 did not reapply for certification as they would not meet all of the required critical elements for a full three year certification.

Program Challenges

Staffing – For many years, RCSD Primary Project teams experienced the role of a senior child associate. This role was created many years ago as a way of highlighting exceptional child associates within the program. Senior child associates essentially were ambassadors of Primary Project, helping to support administrative components of the program, such as scheduling conferences, data management/monitoring, and orienting new building staff to the program. Historically, Senior Child Associates often continued to see children in Primary Project, balancing both their unique ability for organization and clinical skills. Over the years with the expansion of schools, retirement from these positions and tighter fiscal constraints, the district reduced the role of the senior child associate. Through ongoing program consultation, support, and training, teams were able to effectively balance roles and responsibilities within the school based team.

Funding – With changes in funding priorities, United Way discontinued funding Children’s Institute to support Primary Project beyond the 2015-16 school year. Children’s Institute received a one year commitment from the Greater Rochester Health Foundation to support Primary Project in the 2016-17 school year. Conversations with district leadership are already taking place to discuss sustainability and expansion of program beyond the coming year.

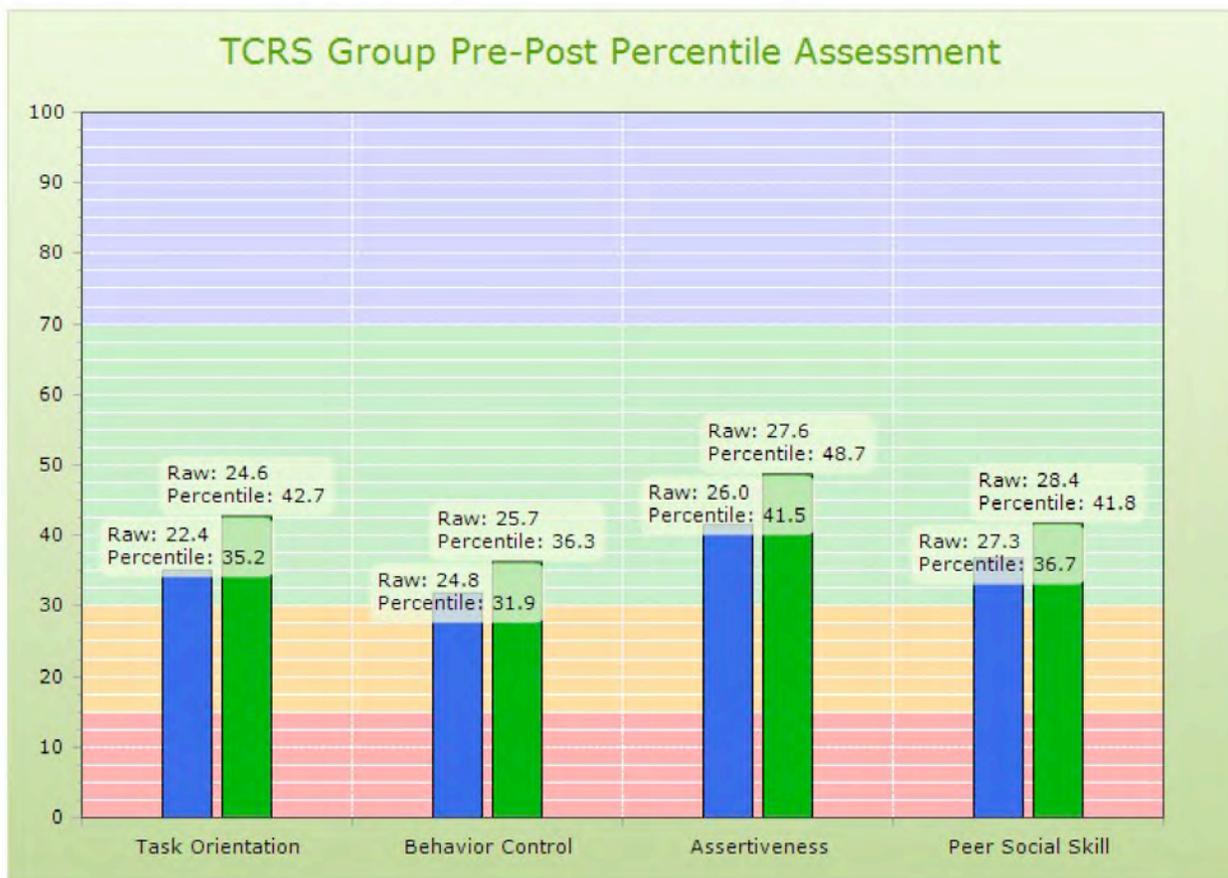
Future Direction

This report highlights the 2015-16 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. Leadership from both the RCSD and Children's Institute has engaged in conversations about the growth and expansion of Primary Project across the district and sustainability beyond the 2016-17 school year.

Appendix 1

Group Percentile Pre/Post Report

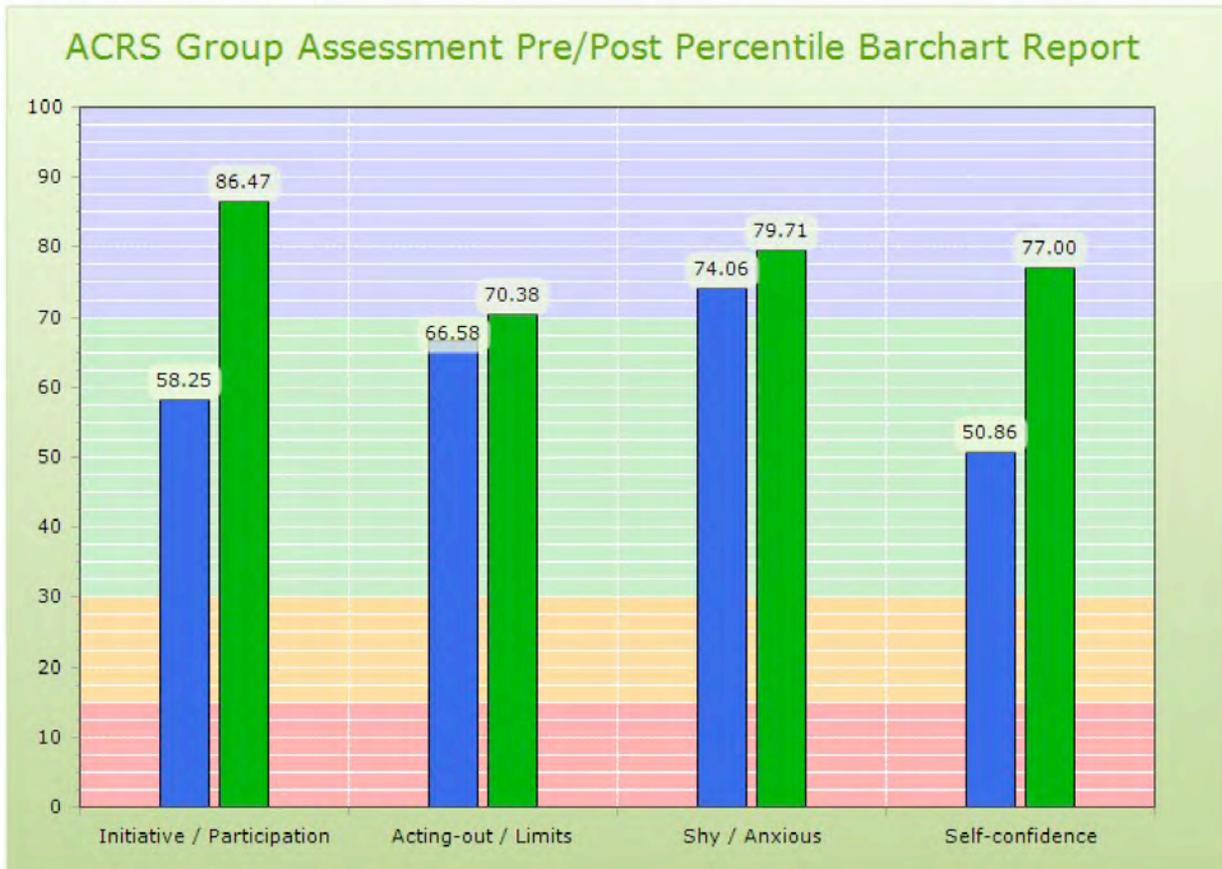


<u>Group</u>	<u>Group Description</u>
First	Pre-Post TCRS Results for RCSD - 663 subjects

<u>Series</u>	<u>From</u>	<u>To</u>	<u>Option</u>
First	7/1/2015	6/30/2016	Earliest
Second	7/1/2015	6/30/2016	Latest

<u>Dimension</u>	<u>Effect Size</u>	<u>Std Dev</u>	<u>Count 1</u>	<u>Count 2</u>
Task Orientation	0.32	6.79	580	580
Behavior Control	0.13	6.39	580	580
Assertiveness	0.30	5.48	580	580
Peer Social Skill	0.22	5.04	580	580

Appendix 2



Group Group Description
 First 2015-16 ACRS Pre-Post Results for RCSD (663 subjects)

Series From To Option
 First 7/1/2015 6/30/2016 Earliest
 Second 7/1/2015 6/30/2016 Latest

<u>Dimension</u>	<u>Effect Size</u>	<u>Std Dev</u>	<u>Count 1</u>	<u>Count 2</u>
Initiative / Participation	1.07	26.47	570	570
Acting-out / Limits	0.13	28.54	570	570
Shy / Anxious	0.27	20.90	570	570
Self-confidence	0.85	30.81	570	570

Appendix 3

PSR Change Scores Report (PMHP)

Filter

From Date: 7/1/2015
To Date: 6/30/2016

Students: Using Advanced-Tabbed Filters

Subject Viewing as: Self [Change](#) i

School: ALL
Grade: ALL
Relationship: ALL
Group: Primary Project
Status: Active

Last Name: _____
First Name: _____
Student ID: _____

Student Child Professional
 Family Admin

Retrieve Preview



Scale Name	Mean Change	Std Dev	Effect Size	Observations
Acting-out/aggressive behaviors	0.59	0.77	0.77	415
Shy, withdrawn, or anxious behaviors	0.86	0.68	1.27	423
Task orientation	0.66	0.69	0.96	592
Frustration tolerance	0.62	0.71	0.88	543
Assertive social skills	0.79	0.64	1.25	599
Peer social skills	0.75	0.65	1.16	623
Initiative and participation	0.79	0.65	1.21	617
Self-confidence	0.85	0.68	1.26	612
Interest in school	0.63	0.68	0.92	591
Academic performance	0.56	0.65	0.86	563
Overall school behavior	0.68	0.68	1.00	607
Attendance	0.53	0.68	0.78	434

Child is leaving Project at this time because...



Recommendation for this child is to...

