



A N N U A L R E P O R T



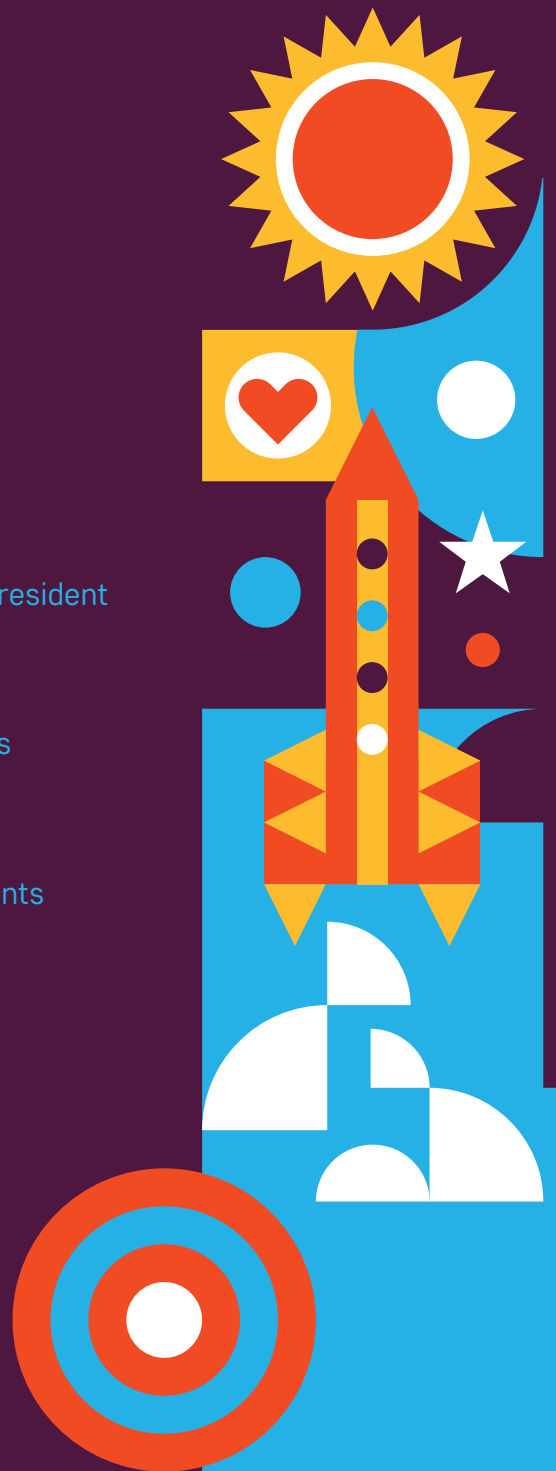
THE
PRIMARY
SCHOOL

Our Mission: Our mission is to foster each child's well-being as a foundation for academic and life success by drawing on the strengths of the child's entire community including family, educators, medical and mental health providers.

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Our Vision: We envision a world in which every child, regardless of background, becomes a healthy and productive adult.



LETTER FROM OUR CEO AND PRESIDENT

We set out to build The Primary School with the mission of creating a holistic system of care that dramatically changes the life trajectories of our highest need children.

While we were designing The Primary School, we talked to dozens of teachers, health professionals, and other people who work with children. We asked them if they had ever met a child who had a health issue or experienced trauma that prevented them from thriving in the classroom. Without exception, people said yes. Teachers told us stories of trying to work on reading with students who missed weeks of school from asthma or were coming to school unable to focus due to an unsafe home environment. Social workers spoke about trying to support families experiencing poverty or trauma without the long-term structures or community needed to empower parents. Health providers spoke of trying to treat illness and developmental delays based on a snapshot of a child's life in a well child visit, without having a true sense of what was happening at home or the regular touchpoints with the child necessary to drive towards true change. These challenges fueled our belief that our systems need to work together, and that the people within these systems are hungry to do so.

At the end of our first year at The Primary School, we are filled with gratitude, admiration, and determination. We have grown to serve 250 infants, toddlers, children, and their families over the past year and are excited to continue to build our community. The design and launch of our model has been a true team effort, and we are thankful for all of the community members, experts, and partners who contributed to this journey.

At the heart of our work, though, is our families. We have so much admiration for the resilience of our parents and their willingness to support each other in achieving their goals. We see parents teaching other parents to drive and about immigrants rights, and pushing each other to attend English classes. We watch our parents proudly serving as their children's first teachers, not only supporting their academics but also developing their children into people who can be healthy and happy.

We feel a fierce sense of determination to continue to learn and improve our approach to integrated primary care and primary education. This work is hard and we believe that only the highest level of intentionality and excellence honors the importance of it. We therefore are dedicated to getting faster at identifying issues, better at delivering an integrated, team-based approach to care, and continuing to share so children everywhere can get the holistic care they deserve.

With gratitude and hope,



Priscilla and Meredith

OUR APPROACH

Fueled by the belief that the current model of school is too limited to close the achievement gap for our nation's most at-risk children, we are designing a new model of integrated primary education and primary care that braids together education, health, and family support services starting at birth. In doing so, The Primary School is expanding the traditional definition of "school" in order to prepare all children to succeed in college, career, and life.

The Primary School approach rests on three key premises. To create the best possible academic, soul (socio-emotional), and health outcomes for the highest-need children, we believe we need to: start early, integrate health and education, and partner with parents.

GUIDING PRINCIPLES AND KEY PREMISES

START EARLY

A. Sensitive time for child brain development

B. Key window to influence parenting

C. Importance of prenatal environment

INTEGRATE HEALTH AND EDUCATION

D. Socio-emotional skills are critical

E. Health and education tightly linked

F. Barriers created by trauma

PARTNER WITH PARENTS

G. Outsized influence of parents

H. Adult well-being foundational to child well-being

I. Power of social cohesion/community

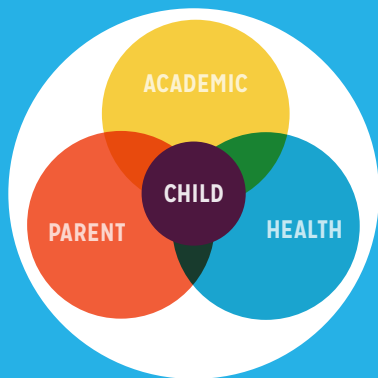
I. Start early: School starts at five for most children, but research shows that much of critical brain development happens earlier in life. We therefore start our programming at birth, or before, to take advantage of this key window to impact children and parents.

II. Integrate health and education: We believe that it is critical to nurture the full well-being of the child, which encompasses not only their ability to achieve academically, but also their physical and mental health. To address these "whole child" needs, we need to combine health and education supports in a collaborative system of care.

III. Partner with parents: We recognize that parent well-being, home environments, and parenting practice have a powerful impact on children's outcomes. We believe that all parents are capable and loving, and we partner closely with parents to jointly support children.

OUR PROGRAM MODEL

OUR PROGRAM AREAS



INTEGRATED SUPPORTS

The Primary School is not a single service or program, but an integrated system of supports and partnerships that come together to create a personalized, seamless, and holistic experience for each child and family. This integrated system works together towards a common set of outcomes for children across academic, health, and soul (socio-emotional) domains.

CORE PROGRAM ELEMENTS

Our model starts prenatally and combines health, education, and parent program elements.

1. Early childhood support: We admit students at or before birth, and provide parent-based, early childhood supports during the critical early years of neurodevelopment. This programming focuses on building caregiver capacity versus direct support to children.

2. School starting at age three: Starting at age three, we provide a seamless, developmentally appropriate school experience that builds year-to-year.

3. Partnership with health care providers: We partner with existing health care providers to coordinate medical care for

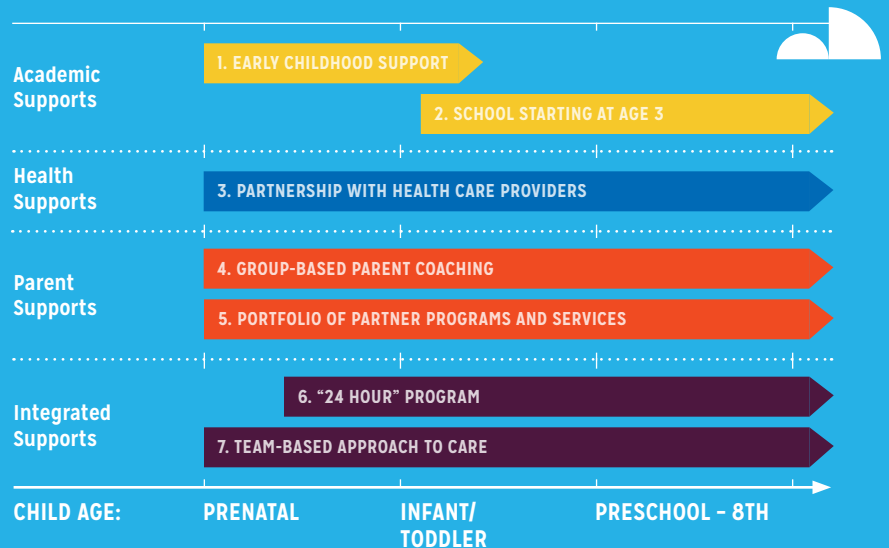
children, complemented by health promotion work that is woven into our school and family programs. Teachers and health care professionals work together to provide whole child supports for children.

4. Group-based parent coaching: Families receive continuous, group-based parent coaching to empower them to better support their children and become healthier themselves. The coaching is parent-driven and focused on the individualized needs of every family.

5. Portfolio of partner programs and services: Our families and children are diverse and have a wide range of needs, including needs that go beyond health and education (e.g., housing, employment, food security). We seek to connect families to other existing service providers in the community.

6. “24 hour” program: We offer health and education resources and supports that extend the reach of our in-person programs into the home through technology, activity boxes, and strategies to use at home.

7. Team-based approach to care: Each child is supported by a team of adults from various fields that works together to support the child. This “Children’s Circle” is unique to each child and includes family members, health care providers, teachers, and parent coaching staff.



OUR WORK: YEAR 1 HIGHLIGHTS

In 2016-17, The Primary School completed our first full year of programming for families and children in East Palo Alto. Below are highlights from each of our program areas: parent, school, health, and integrated supports.

PARENT PROGRAM

This year, we partnered with primary caregivers to support their children's academic, health, and soul outcomes.

"We were encouraged to reach out to one another and this helped us to connect and start recognizing the different skills other parents in the group had."

The Primary School Parent

Every family participated in our parent coaching program, with the support of a dedicated parent coach.

★ The core structure of our parent program is group-based coaching. All parents completed an eight-week course called "Foundations", during which parent coaches

facilitated groups of parents in discussions about stress management, goal setting, healthy habits, and more. After Foundations was completed, parents began monthly coaching groups ("Parent Circles") that continue throughout their time at The Primary School. Across our parent programming, we had over 90% average family attendance at our weekly and monthly sessions.

★ During Foundations, each parent completed a self-assessment process that allowed the parent to reflect on their strengths and weaknesses in a variety of areas, including well-being and health, social supports, knowledge of child development, and financial security, among others. Parents then worked, guided by their parent coach, to achieve goals in areas of their choice.

● Examples of goals from this year included: Getting a new job, getting a driver's license, spending more quality time with their child, saving money for their child's education, or learning English.

"It's meant to be a time for myself, a moment to focus on me and give myself space to connect with my child and forget all the other things that are going on."

The Primary School Parent

The focus of the parent program differed depending on the child's age.

★ This year we launched coaching with parents of children in three different age groups: infants, toddlers, and school-aged children.

- In the infant and early toddler stage (6 - 18 months), programming focused on the parent-child relationship, with a strong emphasis on healthy attachment and building early language foundations. Parents participated in group-based coaching, as well as playgroups with their infants.

“I think if I wasn’t introduced to this school, I would’ve been in my shell still. I have a community that I trust now, and I have friends.”

The Primary School Parent

- In the late toddler stage (24 - 36 months), coaching focused on healthy development and preparing for school. We held school readiness groups throughout the spring and summer to identify and support our highest-need children and to begin building partnership between the parents and the school.



- With the parents of our school-age children, coaching focused more on adult wellness. Monthly groups were co-facilitated by a parent leader and a parent coach, and topics included: nutrition, financial planning, well-being and stress management, positive discipline, routines, and sleep habits.

★ All groups focused on building community and social cohesion across parents, using common structures and facilitation techniques to put parent voice front and center.

ACADEMIC PROGRAM

This year, we launched our core school program with our first class of four-year-old students.

“My daughter didn’t speak very much... knows a lot more English. She responds to her name and can count and she has surprised me a lot.”

The Primary School Parent

We worked to refine our instructional approach, called “Balanced Inquiry.”

★ Our approach is informed by both our students’ needs and their potential. We believe that opportunities to inquire, explore, and hold agency over one’s learning are essential in any community of learners. At the same time, we see an urgent need to intentionally develop our students’ early schema and skills. The early portion of units focused on strong foundational skills work, before transitioning into greater student-led inquiry.



- This upcoming school year, we are thrilled to be launching a new inquiry-based curriculum in partnership with Sesame Workshop, the scope of which will be announced this fall. The new curriculum balances academic rigor with socio-emotional development and focuses on characters and stories that are culturally relevant for students.

★ On nationally-normed assessments, our students made great academic growth and outperformed students from more advantaged socioeconomic backgrounds (as measured by the Children’s Progress Academic Assess-

ment or CPAA). We also worked to build out assessments of foundational “readiness skills” to help prepare our students for academic success in kindergarten and beyond.

We launched our soul work in classrooms to grow the socio-emotional and non-cognitive skills of our students.

★ We focused on helping students understand and manage their own emotions, as well as make friendships and negotiate conflict with their peers.

★ Teachers introduced socio-emotional skills through regular read-alouds, yoga and mindfulness, and tools to help students manage their needs including a “Mood Meter” to chart emotions and a “cozy chair” for students who needed time to self-regulate. We look forward to continuing to build our approach to achieving soul outcomes this coming year. We also introduced these tools in our parent circles so practices can be reinforced at home.

“My son was upset and he started taking deep breaths and I was able to recognize what he was doing because I learned about the mood meter in my Parent Circle.”

The Primary School Parent

HEALTH PROGRAM

This year, we promoted health in our school and parent program, and also worked directly with community health providers to coordinate care for children across the doctor’s office, school, and home.

We continued to deepen our relationship with our health partners in order to foster a true team-based approach to care.

★ We worked with primary care providers to develop a workflow around information-sharing that enabled the creation of holistic health profiles for students. The workflow included receiving informed consent from families under HIPAA (law protecting health information)



and FERPA (law protecting education information). The HIPAA consent allowed The Primary School to receive health information, and the FERPA consent allowed the medical home to receive education information.

★ For students with unaddressed medical needs, pediatricians participated in their Children’s Circles meetings in person, on the phone, or even via telehealth video conferencing.

★ Ravenswood Family Health Center (RFHC), our primary health care partner in East Palo Alto, allocated time for one of their pediatric nurses to serve as a partnership liaison between The Primary School and RFHC. This has allowed us to better tackle care coordination needs and improve population health management.

★ Additionally, for our families in the infant and toddler programming, we began working closely with San Mateo County Family Health Services field nursing and home visiting programs so that our parent coaches can better coordinate services with the public health nurses who work with overlapping families.

Our work emphasized preventive health, including a focus on improving our students' control of asthma to reduce absenteeism.

★ This included launching monthly routine screenings of all children with asthma and communication with health partners after each screen to ensure asthma care needs were met for each child and parents stayed well-informed about their child's asthma action plan.

★ In addition, we have been partnering with Children's Health Fund and Osmosis to create a new asthma education video for teachers and parents. We will be working to disseminate that in the upcoming months.

★ RFHC performs regular health screenings for all students in school (vision in the spring, hearing in the fall) and brought dental services on-site through their Virtual Dental Home program. Finally, we piloted developmental screeners for the students in our toddler program who will be entering school in the fall, to help us and their families plan for supports over the summer and at the start of school.

“More than two years ago, our pediatric staff spoke to me about how frustrated they were that children were born healthy but they were already behind for preschool at age three. They work at our community health center because they wanted to make a difference in reducing health disparities and helping children succeed. So I asked: What do you think is the answer? And they said: We need a school.”

Luisa Buada, CEO, Ravenswood Family Health Center





INTEGRATED SUPPORTS

We brought our three core programming areas together with a set of integrated structures that promoted cross-team collaboration and problem-solving for each child.

“Children’s Circles helped me integrate the progress that was happening at home and the progress that was happening at school”

The Primary School Parent

We held three rounds of Children’s Circle meetings for all school-age students.

★ The Children’s Circle is a team structure that puts the child at the center and coordinates delivery of supports from all of the adults in a child’s life: family members, parent coaches, teachers, pediatricians, and other clinicians/service providers.

★ This team met three times throughout the year for all children and engaged in personalized growth planning for each student based on an understanding of the whole child. The team managed against a common plan and goals to support the academic, soul, and health development of the child. It was also a core mechanism to drive change at home by reinforcing behavior across home and school.

We introduced more targeted and complex “Success Plans” for our highest-need students.

★ We learned that we needed a structure for deeper, more comprehensive problem-solving and planning for our highest-need students. We created “Success Plans” that allowed for more targeted and frequent goal-setting, with multiple people implementing and checking in on different parts of the plan.

★ This upcoming school year we are looking forward to building out our Success Plan process with a more intentional set of diagnostic tools and protocols.

“We changed almost everything at home from the things we ate, the way we talked, the way we supported his behavior. We took things that we discussed [in Children’s Circles] and really rolled with it.”

The Primary School Parent

We built and piloted a technology tool (“Atlas”) to support the team-based approach to care and integrated planning around a child’s holistic profile.

★ We partnered to create Atlas to help us bring multiple stakeholders from different systems together to understand the full picture of a child’s needs, develop a consistent and comprehensive plan of support, and track progress on the execution of that plan.

★ Last year, Atlas was used primarily as an internal collaboration tool. This coming year we will begin to integrate external resource providers (including speech-language pathologists and occupational therapists) into the platform as well.



LESSONS LEARNED

Our mission is not only to deliver the best possible program to our children and families, but also to learn as quickly as possible and to share those learnings with others. We are still in the early stages of our organization and model and have much more to learn, but want to share some of the lessons from our first year.

DEFINING CHILD OUTCOMES

★ Defining success in a holistic model is challenging - and even more challenging in a child's early years. For example, we struggled to define and measure our soul (socio-emotional) outcomes given that the field is still developing. We will be investing in building out more well-defined standards in Year 2 and are looking forward to piloting socio-emotional measurement tools.

★ Next year, we also look towards better defining child outcomes for our 0-3 program. We seek to understand a comprehensive profile of children beyond clearly-established developmental milestones, including elements of attachment, executive function, and socio-emotional growth. We hope a richer understanding of these elements will improve how we are able to support children and prepare them for school!

PROVIDING INTEGRATED SUPPORTS

★ Cross-team integration (across our academic, parent, and health programs) produced both great successes and new challenges.

★ We saw many individual child success stories, with people from different systems coming together to solve complex problems for children. We learned a lot about overcoming the challenges of communicating across

sectors, particularly when each sector uses different tools, protocols, and terminology.

★ We also learned that diverse teams (e.g., early childhood teachers, early elementary teachers, health professionals, social workers, and community organizers) offer the value of diverse perspectives, but it takes time to build trust, use common language, and understand roles within a collaborative system.

★ We continue to face the challenge of getting these systems to work together in a consistent, efficient manner. For this coming year, in response to the need for more clear ownership and dedicated resources, we created a full-time position to lead the work of integrating systems.

INVOLVING PEDIATRICIANS

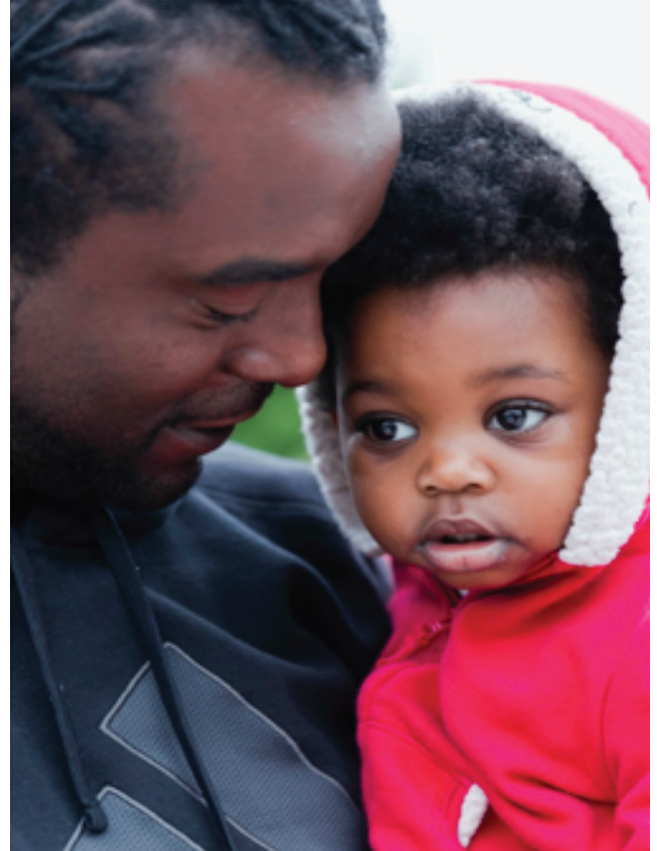
★ Pediatricians were excited to support cross-team work with the school, but their participation was limited by logistics and time constraints (most of our community's pediatricians have panels of hundreds, if not thousands of patients!).

★ In order to get the most value out of pediatricians' time (both for them and us), we prioritized supporting students with the greatest medical needs.

★ The information-sharing process between The Primary School and medical homes enabled us to create holistic and robust child profiles that better supported both of us in understanding root causes and providing appropriate services.

★ Empowering parents through informed consent and transparent communication was a critical part of the process as well. We worked to demonstrate to parents that any information-sharing was done through, and not around, them and with the clear purpose of better serving their child.

★ However, we still struggled with the technical constraints of sharing data seamlessly (e.g., the challenges of pulling relevant information from an electronic health records system) and look forward to continuing to refine the process in partnership with pediatricians and parents.



PARENT GOAL-SETTING

★ Families found value in the process of setting goals for themselves as parents. We saw the immense power of social cohesion that was built in monthly Parent Circles and allowed parents to support each other in their goals and tap into networks of support.

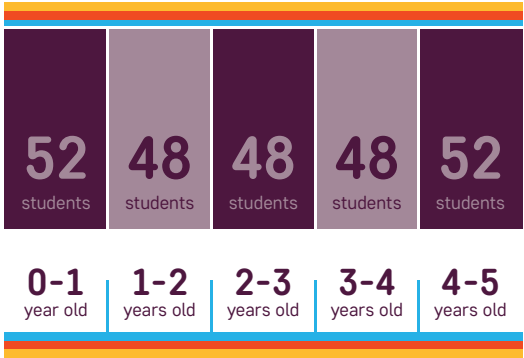
★ We also learned about the value of personalization in parent programming and goal-setting - both in terms of the age of the child and the needs of the family. A parent who is losing his or her home, or a parent who just had a baby, may struggle to focus on a goal around personal wellness. Goals are most powerful when they meet parents where they are and are focused on what the parent cares about the most. We have modified our goal-setting process to give parents more flexibility in where they choose to set goals.

OUR COMMUNITY, OUR STUDENTS

Over the last 18 months, we have enrolled nearly 250 children and their families in The Primary School. We are proud to have worked closely with community partners to identify and recruit families from East Palo Alto and the Belle Haven neighborhood of Menlo Park. At The Primary School, we seek to serve the children and families who will benefit most from our model. Risk comes in many forms, therefore we define our recruitment criteria broadly, but it may include:

Number of Students By Age

We are proud to have admitted 248 students across the 0-5 age range over the last 18 months.



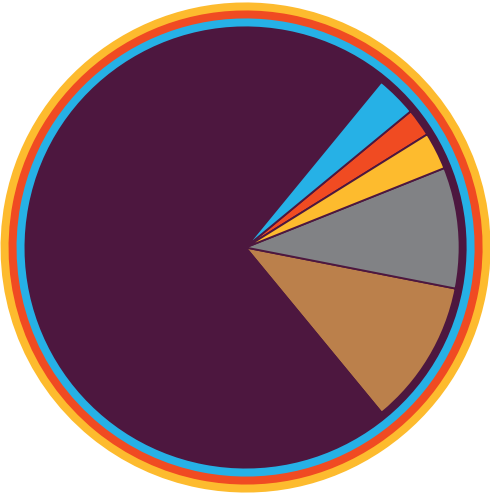
- ★ Children who will benefit from supports before formal schooling starts.
- ★ Children with physical or mental health conditions.
- ★ Children or families who may have been affected by trauma.
- ★ Families who may require social supports (e.g., homeless families, recent immigrants, single parents, teen moms, families struggling with substance abuse or violence).

After this targeted recruitment to high-benefit families, we select children for the program through a lottery.

Students By Race/Ethnicity

At The Primary School, we serve a diverse population that mirrors the diversity of the community we serve in East Palo Alto.

72%
Hispanic/Latino



- 3%** Hispanic/Latino, Black/African American
- 2%** Hispanic/Latino, Native Hawaiian/Pacific Islander
- 3%** Mixed/Other
- 9%** Native Hawaiian/Pacific Islander
- 11%** Black/African American

OUR PARTNERS



**THE
PRIMARY
SCHOOL**

COMMUNITY PARTNERS

- RAVENSWOOD FAMILY HEALTH CENTER
- RAVENSWOOD CITY SCHOOL DISTRICT
- COUNTY OF SAN MATEO HEALTH SYSTEM
- EAST PALO ALTO CITY GOVERNMENT
- ONE DEGREE

COMMUNITY PARTNERS

♥ At The Primary School, we seek to build on the strengths and existing systems and resources in the community and be a part of a broader community solution. We work closely with other organizations to support our families and are deeply grateful for the support of our community partners.

RECRUITMENT PARTNERS

♥ We rely on partners to help us recruit families that will benefit the most from our model. We would not have the incredible community of families in our program today without their help.

RECRUITMENT PARTNERS

- ABLE WORKS • BABY BASICS • BLACK INFANT HEALTH • CATHOLIC CHARITIES • CITY OF MENLO PARK • COMITE DE VECINOS DEL LADO OESTE • COUNTY OF SAN MATEO HEALTH SYSTEM • ECUMENICAL HUNGER PROGRAM • LIFE MOVES • NEW CREATION HOME MINISTRIES • NUESTRA CASA • NURSE-FAMILY PARTNERSHIP • ONE EPA • RAVENSWOOD FAMILY HEALTH CENTER



PARENT ADVISORY GROUP

♥ Since September 2015, we have worked with a group of parents in East Palo Alto on the design and implementation of our programs. We would like to thank our Parent Advisory Group for sharing their leadership and for working with us to ensure that our model is designed and implemented to benefit families from East Palo Alto and Belle Haven.

PARENT ADVISORY GROUP

LIBORIA BARRERA AND MARIO RAMIREZ • ERICA AND VITO DICARLO • NYLA DOWDEN • DIANA AND MOSES HERRERA-UHILA • BRENDA QUEZADA • LAURA SALDANA AND JUAN PINTO • VAEA AND LITA SANFT • LAJEAN WOODS

SCIENTIFIC ADVISORY BOARD

♥ We convened an inter-disciplinary Scientific Advisory Board this year to give us guidance on model design and to help us start to develop our approach to program improvement and a learning and research agenda.

SCIENTIFIC ADVISORY BOARD

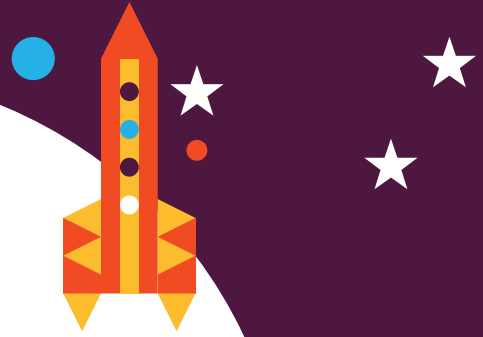
TOM BOYCE UNIVERSITY OF CALIFORNIA SAN FRANCISCO SCHOOL OF MEDICINE • PRUDENCE CARTER UNIVERSITY OF CALIFORNIA BERKELEY GRADUATE SCHOOL OF EDUCATION • JOE MCCANNON BILLIONS INSTITUTE • ARNIE MILSTEIN STANFORD UNIVERSITY SCHOOL OF MEDICINE • TUMAINI COKER SEATTLE CHILDREN'S HOSPITAL • STEPHANIE JONES HARVARD GRADUATE SCHOOL OF EDUCATION • ARIEL KALIL UNIVERSITY OF CHICAGO HARRIS SCHOOL OF PUBLIC POLICY • ARNIE MILSTEIN STANFORD UNIVERSITY SCHOOL OF MEDICINE

LEARNING PARTNERS

♥ We have been fortunate over the last several years to be able to learn from and with colleagues across the country. We are particularly grateful to the following partners for supporting us with the learning process in our first year.

LEARNING PARTNERS

CAP TULSA • CODMAN ACADEMY • EDUCARE • MOVING HEALTHCARE UPSTREAM COLLABORATIVE • NEWSCHOOLS VENTURE FUND • THE RALES CENTER AT JOHNS HOPKINS • SESAME WORKSHOP • TURNAROUND FOR CHILDREN



LOOKING TO THE FUTURE



As we enter our second year, we look forward to continuing to grow and learn with our families and partners in East Palo Alto as we jointly set our children on a path towards life success.

We are beginning to think about the broader impact we can have on health and education across the country. We seek to prove that by bringing systems of care together, all children can live successful, meaningful, and healthy lives. Furthermore, we hope to demonstrate that this is possible not only in our community, but also in communities across the country. To that end, we are focused on building a model that can be effectively implemented in many diverse communities, and sustained by public funding. We are excited to explore opportunities to broaden our impact in the coming years.

THE PRIMARY SCHOOL VALUES



EXCELLENCE



GROWTH



COURAGE



COMMUNITY



SOUL

