



# A Review of Nebraska Early Childhood Social-Emotional Initiatives

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Interdisciplinary Center For Program Evaluation

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## Executive Summary

A call to action at the 2001 Governor's Symposium on Early Childhood Mental Health gave rise to an integrated state level strategic planning process that resulted in a system of supports and services to enhance young children's social-emotional competencies. A strong infrastructure (e.g., cross-system work groups, adoption of new policies, expanded sources of funding, professional organizations work and expanded efforts to train the work force) was established that serves as the foundation for service implementation. This report will include a one year snapshot (2012-2013) of data based on a subset of the programs implemented in Nebraska.

What is the guiding evidence-based **FRAMEWORK FOR IMPLEMENTING SERVICES**?

The Pyramid model provides a framework for early childhood social-emotional initiatives in Nebraska including three tiers:

- Nurturing and responsive relationships and high quality environments.
- Targeted social-emotional supports.
- Individualized interventions.

What is the Early Childhood **SOCIAL-EMOTIONAL INITIATIVE FRAMEWORK**?

- The initiative focused on four primary areas: building community systems of care, building children's competencies through early childhood programs, providing mental health consultation in early childhood programs, and implementing parent/child therapeutic services.

Who were the **CHILDREN** served?

- Eight programs that were established in part to support young children's social-emotional competencies were reviewed to begin to determine their impact on program quality and child and family outcomes.
- A total of 4,888 children were served.
- The majority (54%) of children served were receiving services in early childhood programs (e.g. Sixpence and Educare).
- 58% of the children represented minority populations (based on five programs' data).

What was the **QUALITY OF THE PROGRAMS** served?

- The quality of the classrooms receiving mental health consultation improved over time with teachers demonstrating significant improvements in their ability to support the children's social-emotional skills.
- Although the community child care classrooms receiving mental health consultation significantly improved, few preschool classrooms (23%) and infant classrooms (40%) met the benchmark for quality.
- The provision of a positive emotional climate in school district-funded early childhood classrooms was in the high range of quality.

How did the programs impact **CHILD OUTCOMES**?

- The results of the meta-analysis found children were making significant positive changes with strong effects in the area of social-emotional competencies and behavioral skills.
- A descriptive review of each of the programs' findings suggests that programs with a mental health consultation component had stronger effects on social-emotional outcomes, than children who participated in early childhood programs where there was less targeted intervention with individual children.

How did the programs impact **FAMILY OUTCOMES**?

- Parents reported high attachment and nurturing skills with their children at the post assessment. The majority of the parents reported a significant change with strong positive effects over time in program.
- Parents demonstrated high scores in their ability to build relationships with their children during observed parent-child interactions. These scores were consistent over time.

## Introduction

In 2001, at the Governor’s Symposium on Early Childhood Mental Health there was a call to action for state leaders and practitioners to join together and begin to strategically plan to address the social-emotional needs of the young children in Nebraska. Strategic planning was initiated in 2002 under the leadership of a cross-system Early Childhood Mental Health work group from which a number of initiatives emerged. Two cross-system teams continue this work, the Early Childhood Mental Health work group as part of Together for Kids and Families (TFKF) and the Nebraska Pyramid Model Leadership Team, to provide guidance and leadership to continue to build on the efforts of those earlier initiatives.

Research has found that early literacy skills paired with social-emotional competence including self-confidence, a sense of curiosity, impulse control, empathy, and the ability to engage with other children and adults are necessary for a child to have a good experience in school and must be developed in children. Children who have opportunities to develop socially and emotionally are more likely to succeed in school (Raver, 2002; Berger, 2014). Children will encounter difficulties learning if they are distracted from educational activities, have problems following directions, getting along with others, or controlling negative emotions. This strong relationship between early relationships and success in school stresses the importance for early childhood experiences to support children’s growth in this area and why Nebraska has planned strategically to expand efforts to support children’s social-emotional competence through the implementation of a continuum of programs and services.

The Pyramid model provides the framework for early childhood social-emotional initiatives in Nebraska. This evidence-based early childhood social-emotional consultation model is designed to support the social and emotional development of young children (Fox, Dunlap, Hemmeter, Joseph, & Strain, 2003; Hemmeter & Fox, 2009). The model was designed as a promotion, prevention and intervention framework. The pyramid framework is comprised of three tiers of interventions that are built on the foundation of a high quality workforce.



**TIER ONE:** This tier focuses on universal practices designed to promote positive, responsive relationships with all children and to create a high quality supportive environment (Hemmeter & Fox, 2009). Responsive relationships include actively supporting children’s play, responding to children’s communication and using specific praise to encourage positive behavior. The high quality classroom has a number of key components in place to ensure that children know expectations and get support in meeting them, such as structured transitions and an optimal room layout with appropriate play materials.

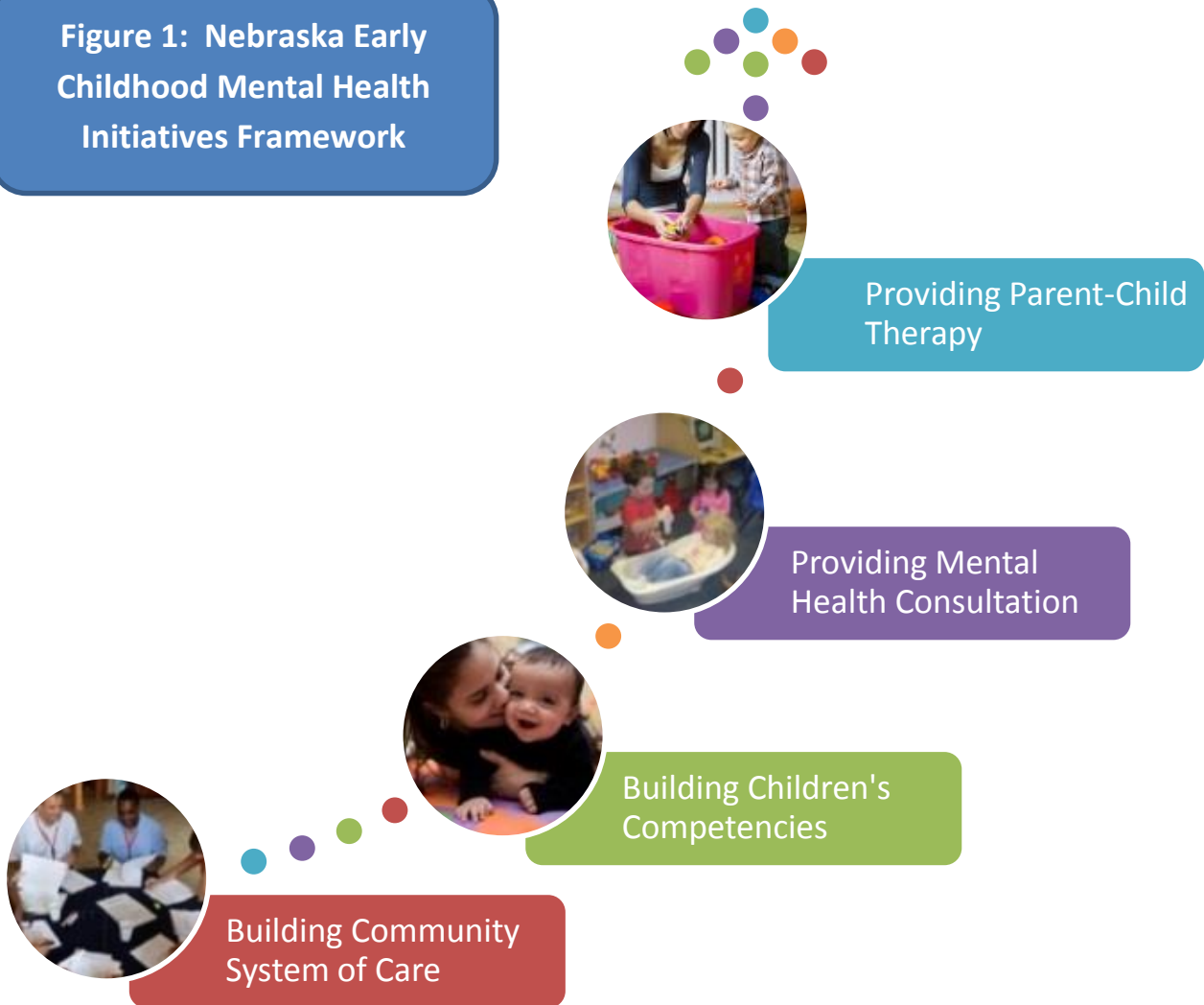
**TIER TWO:** This tier emphasizes the use of intentional social and emotional teaching strategies such as explicit instruction about how to enter play or how to solve social problems.

**TIER THREE:** The final tier provides individualized interventions to give children who struggle with challenging behavior additional positive supports. In the pyramid model, the mental health consultant coaches classroom staff in implementing this “hierarchy of strategies” (Fox et al., 2003; Hemmeter & Fox, 2009).

Implementing these levels of intentional support provides essential social-emotional instruction and positive behavior support for all children while at the same time addressing the specific needs of children who may not achieve desired outcomes without some individualized interventions (Hemmeter, Fox, Jack, & Broyles, 2007). The framework and strategies of the Pyramid Model can be used by any early childhood care and education program serving children birth to five. For maximum benefit, the entire staff, along with parents, should be committed to implementing the program-wide strategies. Expectations for implementation of the model include the establishment of a local leadership team, the self-assessment of the program, and an implementation plan that includes training, coaching, and strategies for including parents, and regular review and reflection about the fidelity of the implementation to the Pyramid model.

The purpose of this report is to provide a snapshot of the Nebraska early childhood social-emotional initiatives currently in place. The report describes the efforts to build both the **foundational supports** and **the implementation strategies** ranging from building a community’s systems capacity to providing direct services. An overview of this framework is illustrated in Figure 1.

**Figure 1: Nebraska Early Childhood Mental Health Initiatives Framework**



**Foundation for Service Implementation**

**Infrastructure Support**

Cross System Work Groups	Policy	Funding	Professional Organizations
TFKF Mental Health Work Group  NE Pyramid Model Leadership Team	LB603- Safe Haven (2009) Medicaid Regulation Change –Funds Parent Child Intervention Therapy (PCIT), Child Parent Psychotherapy (CPP) (2013) LB556-Mental Health Telehealth Pilot (2013) LB507-Quality Rating Information System (2013) LB190-Expanded Sixpence funds (2013) LB944 – Expanded Nurturing Healthy Behavior Projects (2014)	State Funding  Federal Funding  Private Foundation Funds  Braided Funding	Infant Mental Health Association

**Trained Work Force**

BECI/Colleges Universities	Training Initiatives	Training Networks	Guiding Documents	Statewide Sponsored Trainings
	Pyramid Training  Babies from the Bench  Circle of Security	Early Learning Connections  UNL Extension	Core Mental Health Competencies for Early Childhood Professionals  Early Learning Guidelines  Head Start Performance Standards	Infant Mental Health Series

**Intervention Matrix  
(Initiatives and Programs are placed in the Category Below Based on their Primary Role)**

Building a System of Care	Building Children’s Competencies	Mental Health Consultation	Parent/Child Therapeutic Services
Child Well Being (NCFE) (6 communities)	Sixpence Programs (Statewide)*	Nurturing Healthy Behaviors (3 communities)	Child well Being (NCFE) (PCIT therapists in 4 communities)
	Early Childhood Services (ECS) Teen and Young Parent Program (Douglas & Sarpy Counties)		
Rooted in Relationships (NCFE) (3 communities)	ECS Network of Excellence (Douglas & Sarpy Counties)***	Getting Ready Project (UNL)	Behavioral Health Clinics Initiative (10 communities) (MMI-UNMC)
Omaha Collaborative (Kim Foundation)	Circle of Security (Panhandle)		
	CSEFEL Demonstration Model Sites (4 communities)		
	NDE Pyramid Sites (11 communities)** Educare (Omaha, Lincoln** & Winnebago**)		

\*Increased funding in 2013 to expand programs

\*\*Newly funded projects in 2013

\*\*\*Implemented new model in 2013

# NEBRASKA'S FOUNDATION FOR SERVICE IMPLEMENTATION

## INFRASTRUCTURE SUPPORT

Nebraska has worked to build a strong system of infrastructure supports as a platform from which to implement a range of community-based activities to facilitate young children's social and emotional skills. Key components of the state infrastructure include: cross system work groups, policy work, professional associations, and identification of funding sources.

## CROSS SYSTEM WORK GROUPS

**Early Childhood Comprehensive Systems (ECCS) Planning Project.** The State ECCS project, Together for Kids and Families (TFKF), is a planning and collaboration effort that began in 2003 through a grant that was funded by the Maternal and Child Health Bureau (MCHB), US Department of Health and Human Services. A Mental Health Work Group was established to develop a strategic plan to identify infrastructure, training, and implementation strategies that would continue to build Nebraska's capacity to address the social, emotional, and behavioral health needs of children and their families. Currently, the Mental Health Work

Group is focused on:

- Assisting communities in the development and enhancement of an effective system of care to support the social, emotional, and behavioral health needs of Nebraska's young children.
- Building the capacity of individuals who interact with young children to support social, emotional, and behavioral health.

Recent accomplishments included:

- Completion and piloting of a comprehensive community assessment tool regarding Early Childhood Mental Health, the *Community Early Childhood System of Care (ECSOC) Self-Assessment*;
- *Nebraska's Early Childhood Integrated Skills and Competencies for Professionals*; and *Service Principles for Early Childhood Mental Health, Education, and Home Visiting*.

Work continues to embed the core competencies into training curriculum, and college curriculum for early childhood education. Additionally, the group is focused on improving communication on community work among initiatives related to assessment and planning. This integration of effort is known as Early Childhood Community Link. Additionally, Lifespan Health Services was awarded a Development Grant through Maternal, Infant, and Early Childhood Home Visiting (MIECHV) and are utilizing the *ECSOC* tool in the communities being supported through this grant to move towards evidence-based home visiting. UNL-Extension is conducting this work via a contract with Nebraska Department of Health and Human Services (DHHS) and will submit a report of findings regarding the tool in early 2014. Additionally, the

*ECSOC* tool as well as *Integrated Skills and Competencies* are being utilized in communities being supported through Rooted in Relationships.

**Nebraska Pyramid Model Leadership Team.** A state leadership team, FRIENDS (and now called Nebraska Pyramid Model Leadership Team), comprised of cross-agency representatives was convened in 2006. The team has continued to work collaboratively to establish a coordinated statewide system of information, education, support, and resources to better address the social-emotional development and related needs of young children and their families. The team’s vision is: “All young children in Nebraska will have access to services that meet their social-emotional and behavioral needs.” Nebraska Pyramid Model Leadership Team members represent various state-sponsored initiatives, projects, and activities that share this vision, have complimentary goals, and desire to work together. This team represents a “coming together” of many stakeholders for more intentional coordination, identification of benchmarks, and the measurement of success in achieving this vision.

One of the products of this group was the development of a self-assessment tool to assist early childhood programs in determining what changes might be useful before implementing the Teaching Pyramid. The tool is designed to help early childhood programs self-assess their current practices and policies in supporting social and emotional development in young children. This process is intended to optimize the program’s readiness for and focus on change and to establish a climate of commitment to program-wide implementation. This project was spearheaded through the Nebraska Department of Education’s Early Childhood Training Center (ECTC), along with the professional development team associated with the Center on the Social Emotional Foundation for Early Learning (CSEFEL).

Since 2008, the primary focus of the Nebraska Pyramid Model Leadership Team has been the Pyramid Model implementation which is described under the Implementation section. Other activities of this leadership team include sharing information on statewide early childhood mental health efforts in order to facilitate coordination among initiatives (e.g., Early Childhood Mental Health Work Group, the Early Development Network’s attention to CAPTA referrals, and training initiatives such as Helping Babies from the Bench (also described in this report). Future coordination of this work is being monitored by the Early Childhood Interagency Coordinating Council (ECICC) and other state agency endeavors.

## **POLICY**

The following describe policies that have been implemented in the past five years that have guided efforts to support young children’s social-emotional skills and behavior.

**The Children and Family Behavioral Health Support Act, LB603.** This Act was passed in 2009 by the Nebraska Legislature. The bill passed after the “Safe Haven” experiences in Nebraska revealed that a large number of families were struggling with their children’s behavioral health needs and could not find the resources to assist them. New services implemented with the passage of LB603 were the Nebraska Family



Helpline, the Family Navigator program, and Right Turn, a program to assist families after adoption and/or guardianship. The goal of all three programs is to provide empathetic support to families in meeting the needs of their children who may be experiencing behavioral and emotional problems. They generally focus on helping families clarify their concerns, identify their strengths and needs, and develop plans to address the needs. A further goal of the Right Turn program is to prevent the dissolution of adoptions and guardianship situations by ensuring that the adoptive parents and other caregivers have adequate support to deal with the special issues they face.

**Expanded Mental Health Services, LB556.** In 2013, LB556 passed and required Nebraska Department of Health and Human Services (DHHS) to develop rules and regulations for utilizing telehealth services for children’s behavioral health in order to remove barriers to the state’s limited children’s behavioral health services by expanding access to the telehealth system. The bill established a pilot program for telehealth behavioral services that includes three clinics, with at least one urban and one rural clinic. Parents of children in pediatric practices within the pilot clinics would be offered routine mental and behavioral health screenings for their child during required school physical exams or at the request of a parent. Children identified through screening as being at risk could be referred for further evaluation and treatment, and faculty and staff of several programs at the University of Nebraska Medical Center (UNMC) would be available for consultation via telehealth to the primary care practice.

**Change in Medicaid Regulations.** In 2013, Nebraska DHHS changed the Medicaid regulations to reimburse certified mental health practitioners who use PCIT or CPP interventions with children and their families.

**Step Up to Quality Act, LB507.** In 2013, LB507, the Step Up to Quality Act, put into place a Quality Rating and Improvement System (QRIS) for child care providers in Nebraska. The system will develop quality ratings based on a five-tiered system and assign ratings to applicable programs. Participation in QRIS would be available to all child care providers and early childhood education programs in the state, but would be required for programs that receive significant child care subsidies from public funds.

**Expansion of Early Childhood Programs, LB190.** Funding for LB190 was passed in the mainline budget bill (LB195) in 2013. This bill provided \$11 million over three years to increase funding for the Sixpence Early Learning fund, building responsive relationships and high quality environment for Nebraska infants and toddlers most at risk for failing in school.

**Expansion of Nurturing Healthy Behaviors Projects, LB944.** Funding for LB944 was included in the mainline budget bill (LB495) in 2014, appropriating an additional \$400,000 in each of fiscal years FY2014-15 and FY2015-16 to the Nebraska Department of Education to expand the Nurturing Healthy Behaviors program and contract with partner organizations for early childhood consultation services. Such services include mental health screening, assessment, individualized program plans, staff training, curriculum development, and program evaluation. These services are available to child care centers, preschool programs, and elementary schools to serve children from birth through eight years of age. Priority in

distributing funds is given to expanding early childhood programs in areas of the state underserved by mental health providers and in areas of the state with high numbers of at-risk children.

## PROFESSIONAL ORGANIZATION

**Nebraska Association for Infant Mental Health (NAIMH).** NAIMH works to promote and support nurturing relationships for all infants; to provide a forum for interaction and study among professionals, students, and parents; to advocate for application of infant mental health principles for services to infants and young children and their families; and to distribute educational materials that promote an increased understanding of infant mental health issues. This organization is scheduled to host educational webinars for a variety of disciplines to support awareness and education of what infant mental health is and its application to work with infants, young children and their families. The association is also present on Facebook and soon to be Twitter to enhance visibility and its breadth of education to support quality support services for children and families. The NAIMH have been meeting since its first organizational meeting in April 2006, to bring together a wide variety of professionals and others who have a keen interest in the optimal social-emotional-behavioral development of young children. This statewide organization is hosted in Nebraska by the Nebraska Children and Families Foundation.

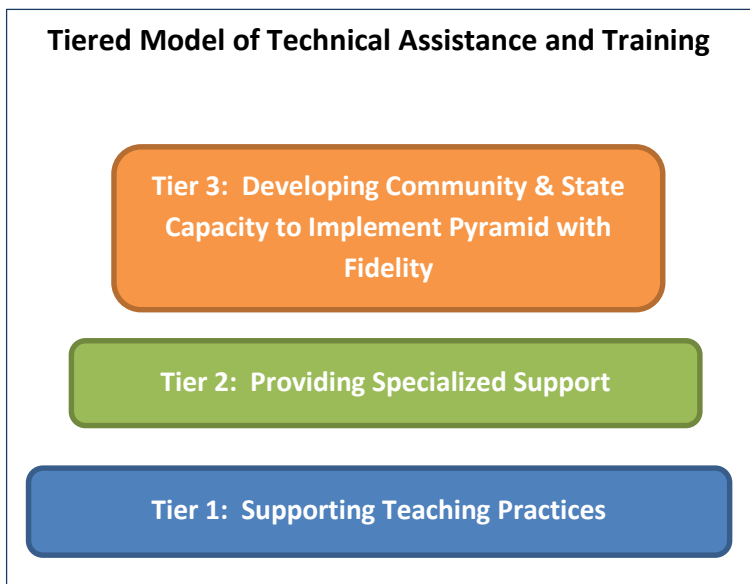
**Coalition for the Advancement of Children’s Mental Health (CACMH).** The CACMH is a collaboration of over 30 metro Omaha agencies that work to promote the development of a comprehensive, coordinated system of care addressing the social and emotional needs of young children and their families. This coalition first met in 2005.

## TRAINING ACTIVITIES

**Framework for Training.** The Pyramid Model Leadership Team has conceptualized a training framework that defines a continuum of support across three tiers:

**Tier 1:** Focuses on increasing early childhood educators’ knowledge and practices related to social-emotional development and addressing challenging behavior.

**Tier 2:** Targets building a specialized workforce that supports educators across a variety of areas including training, coaching, and child-focused consultation.



**Tier 3:** Helps to develop both the community and state capacity to implement the Pyramid Model with fidelity by having an educated leadership team that helps to define the training and evaluation infrastructure supports that are necessary for successful implementation of Pyramid Model instructional practices.

The following strategies support activities in each of these related tiers. These strategies are the results of intentional, cross system work that was adopted to maximize coordination, use of resources and participation.

### **Tier 1: Increasing Early Childhood Educators' Knowledge and Practices**

**Workforce Knowledge and Competency Framework (Tier 1).** Nebraska implemented a standards-based Workforce Knowledge and Competency Framework in 2008. Aligned with both early childhood credential and degree programs and professional development opportunities, the framework is entitled Nebraska's Core Competencies for Early Childhood Professionals (Competency Framework). The framework and supporting materials are updated and published by the Department of Education. The Competency Framework addresses nine core areas, e.g., child growth and development, interacting with children, and providing guidance to children. All core knowledge areas relate directly to the portions of the framework that address the specific learning domains as well as areas addressed in Nebraska Early Learning Guidelines: social and emotional development, health and physical development, language and literacy development, mathematical thinking, scientific thinking, and creative arts.

The Nebraska Department of Education (NDE) also provides materials and additional resources to support early childhood educators' use of the Competency Framework, including the Competency Framework self-assessments, the Competency Framework Professional Development Plan, and the Competency Framework Professional Development Record. Copies of the Competency Framework and supporting materials are distributed widely to early childhood educators and are:

- Available in printed format from the NDE and on the NDE website.
- Provided to all providers who receive professional development on the Competency Framework, including as part of the Quality Portfolio Training Series (an intensive foundational training course that includes Competency Framework), and
- Incorporated into the resources provided to early childhood education students by two-year and four-year colleges.

**Helping Babies from the Bench (Tier 1).** Helping Babies from the Bench is a series of multi-disciplinary trainings and follow-up action planning conducted at various sites across Nebraska that is focused on infants and toddlers in the child welfare system. These trainings are co-sponsored by the UNL Center for Children, Families and the Law, Through the Eyes of a Child Initiative, and the Early Development Network. The training assists those who work with child court cases and other stakeholders to ensure best possible

outcomes for children ages birth to 5. Topics include Part-C early intervention/EDN services, the impact of stress, neglect, and trauma on child development, focusing on the Pre-Hearing Conference and Protective Custody hearing on the infant or toddler, and infant/parent relationship therapy. Led by Judge Douglas Johnson of the Separate Juvenile Court of Douglas County, the group of trainers includes a child psychologist, an early development specialist, an education specialist, and an infant-parent relationship therapist.

**Learning Child Team (UNL Extension) (Tier 1).** The Learning Child Team (LCT) is a program of UNL Extension in the Institutes of Agriculture and Natural Resources at the University of Nebraska at Lincoln. The Learning Child Team is committed to enhancing the capacity of the community to support the healthy growth, development, and success of young children through the provision of training opportunities for families and providers. One strand of their training is in the area of social-emotional development, which is based on the Pyramid Model. Trainings are offered as part of childcare conferences, parent education trainings, a half-day or full-day training focused on Social-Emotional Development, or a more comprehensive, foundational training on the Pyramid Model's concepts and strategies. Nine sessions are available for both families and/or early childhood providers.

**Children, Youth, Family and Schools (CYFS) Partnership Academy (Tier 1).** The CYFS Partnerships Academy provides training opportunities that focus on developing the knowledge and skills necessary to promote partnerships that support children's academic success and enhance social skills and self-control and enhance home-school communication. Two key workshops are provided in this area that include the foundation for partnership practices and a hands-on workshop that allows for practicing the skills related to the nuts and bolts of successful partnerships. Customized workshops are also available.

**Statewide Training (Tier 1).** The state has sponsored a number of statewide conferences outside of the initiatives described above. They include the following:

- B-5 Social Emotional Regional Forums: McCook, Valentine, Broken Bow, Norfolk, Ogallala, Papillion
- Bridges out of Poverty: Kearney and Omaha - 2 day conference and 1 day workshop in each location; 1 day workshop for EDN SC's and Boys Town Parent Resource Coordinators; 2 day conference in Omaha for child welfare and court personnel.
- Diagnostic Code Birth-3 Revised Training: 2 day conference and 1 day follow-up workshop in Kearney and Lincoln for school psychologists and early intervention providers and infant mental health therapists/psychologists/psychiatrists.
- Assessing and Identifying Social-Emotional Development in Infants and Toddlers: Two Presentations by Dr. Joy Osofsky in Kearney and Lincoln.
- Infant Mental Health Conference: Three presentations by Dr.'s Paula Zeanah and Julie Larrieu, Professors of Clinical Psychiatry, Tulane University School of Medicine. Conference locations included Omaha and Kearney.

## **Tier 2: Targets Building a Specialized Workforce that Supports Educators**

**Nebraska Early Childhood Coach’s Training (Tier 2).** Nebraska is building the capacity of early childhood coaches by designing and offering, through the NDE Early Childhood Training Center, an evidence-based, intensive training experience for early childhood coaches. There are two levels of coach training: core training on early childhood coaching and a specialized coach training on the Pyramid model. The three-day Early Childhood Coach Training series is designed to prepare coaches with the basic skills and processes that are needed to offer reflective, intentional, and focused support to those who are improving their practices. The professional development ensures that early childhood coaches and consultants across the state will have, as a minimum, a set of core competencies. It also provides a common objective for coaches and consultants to increase teacher/caregiver/parent effectiveness and improve child/family outcomes. This Early Childhood Coach Training series, first piloted in May 2010, has trained 181 individuals to enhance their leadership and supervision skills. These individuals are applying their skills acquired in a variety of center and home-based early learning settings.

The specialized Pyramid Model Coaches training focuses on strategies to support a systematic, program-wide implementation of the Pyramid Model to fidelity. A prerequisite to participation in this training was completion of both the Early Childhood Coach and the Pyramid training. A key aspect of this training was the use reflective supervision techniques and learning strategies to assess classroom practices. The first training for six coaches was completed in 2013.

## **Tier 3: Develop Community and State Capacity to Implement the Pyramid Model**

**Pyramid Leadership Training (Tier 3).** The first-ever Nebraska Pyramid Leadership Academy for preschool teams from school-based early childhood programs and Head Start programs was held in 2013. The Pyramid Academy is a 3-day intensive team leadership training that focuses on program-wide adoption of evidence-based practices to promote preschool children’s social-emotional competence and address challenging behaviors. The purpose of the Academy is to build the capacity of local leadership teams to guide program-wide implementation of the Pyramid Model (early childhood positive behavior supports) in their preschool classrooms.

## **SUMMARY OF STATEWIDE IMPLEMENTATION INITIATIVES**



### **BUILDING A SYSTEM OF CARE**

**Child Well-Being Communities.** Nebraska Children and Families Foundation (NCF) prioritizes building the capacity of communities’ prevention system through the adoption of a continuum of strategies across the age span (i.e., birth through 24). The underlying assumption is that by building strong community

collaborations, a community prevention system is strengthened resulting in improved child and family protective factors. In 2011, NCFE funded six communities to build a collaborative to promote children's safety and well-being. All of these Child Well-Being (CWB) grantees are located in areas of the state with high percentages of children and families with poor safety, permanency, and child well-being outcomes. These communities include Dakota, Platte-Colfax, Lincoln, Dodge, and Madison counties, and the Panhandle (which includes 11 counties). Instead of relying on individual organizations, multi-disciplinary collaborations with the capacity to develop effective and sustainable systems and services are the backbone of the work. The CWB communities have completed a community assessment process that resulted in the development of a community implementation plan that embraced both preventive strategies to support children and families as well as strategies to strengthen their community collaboration. A collective impact approach has been adopted by the collaboratives as communities have found lasting social change can be successfully addressed through an integrated approach where individuals and agencies work together to develop a common agenda for solving complex social problems.

**Rooted in Relationships Communities.** Launched in 2013, this privately funded initiative housed at NCFE is designed to build on existing community services and systems to increase capacity leading to positive social-emotional outcomes. Rooted in Relationships partners with communities to assist in the development and implementation of long-range plans to support the social-emotional development of children, birth through age 8. The initiative includes the following:

- Convene local partners (cross-systems/disciplines) to develop a long-range plan to support the social-emotional development of young children.
- Implement the Pyramid Model in early care and education settings selected in the community and in accordance with fidelity to the model using the established evaluation plan.
- Choose at least one additional system, (e.g., health, mental health, parent education/support, schools), to support the development of a detailed plan to implement evidence-based strategies to promote social-emotional development.

Three communities, located in Dakota, Dawson, and Saline counties, were chosen based on need and readiness to begin implementation. There are plans to implement additional communities over time.



### BUILDING CHILDREN'S SOCIAL-EMOTIONAL COMPETENCIES

There are several programs in Nebraska that have adopted evidence-based practices that strengthen young children's social-emotional competence and help parents build their capacity to nurture and support their children's development in this area. These programs are described below.

## EARLY CHILDHOOD PROGRAMS BUILDING CHILDREN'S SOCIAL-EMOTIONAL COMPETENCIES

**Sixpence Early Learning Fund.** In 2006, the Early Childhood Education Endowment was created by the Nebraska Legislature to provide effective early care and learning opportunities for Nebraska's youngest and most vulnerable children. Interest from the Endowment is used to fund projects (branded "Sixpence") across Nebraska for children ages birth to three. The Sixpence Early Learning Fund is a public-private partnership that is used primarily for grants to school districts to provide programs and services for infants and toddlers who are most at risk of school failure. The first 13 grants to 11 communities, operated by school districts and their partners, were awarded in 2008. In 2013, an additional 21 grants (including six expansion grants) were awarded expanding services to 12 additional communities. The grantees represent much community diversity including rural and urban areas, prison facilities, as well as Native American reservations. Sixpence requires programs to meet Quality Criteria that ensure children are in settings that will provide maximum benefit for their positive development.

The purpose of the Sixpence Programs is to help promote children's opportunities to experience positive environments that provide for their healthy growth and development during their earliest years. The Sixpence Programs promote community level partnerships that focus on meeting the developmental needs of very young children and support parents as their child's first and most important teacher, helping to ensure their child's success in school and later in life. The programs have a strong emphasis on supporting infants' and toddlers' social-emotional skills through supporting their parents' interaction with their children. The funded programs represent one of three models: family engagement services, center-based infant/toddler care, or a combination of family engagement and center-based services.

**Educare.** Nebraska currently has three Educare Centers (Omaha, Lincoln, and Winnebago) that are part of a larger, national network of Educare Centers. In order to provide a high quality early childhood education and care program, Educare braids funds from numerous sources including Head Start, Nebraska DHHS and Education Departments, Learning Community of Douglas and Sarpy Counties, and parent fees.

Educare serves students and families from low-income homes who often face unique barriers in developing the foundational skills needed for school success. Educare's program model is specifically designed to help at-risk students and their families overcome such barriers. The goal is that children receive the services they need to arrive at kindergarten ready to learn and do not start so far behind their more economically advantaged peers. The Educare Model's core features include: research-based practices, small class size and high staff/child ratios, highly qualified staff and intensive professional development, a focus on language and literacy, emphasis on social-emotional development to promote school readiness, on-site family support services to engage students and parents, reflective supervision and practice throughout the program, an interdisciplinary team approach, and an emphasis on starting early.

**Early Children Services Network of Excellence.** Early Childhood Services (ECS) Network of Excellence (NOE) is a comprehensive network of child care providers in Douglas and Sarpy County that is dedicated to effective learning experiences for children through high-quality early care and education programs. NOE provides a continuum of services and bases the delivery of these services upon the needs of the teachers and the centers being served. NOE enables child care providers to continuously improve their programs without increasing costs for families by encouraging peer-to-peer growth and free training opportunities, as well as providing access to additional community resources. The primary work of NOE is the implementation of an intensive coaching model to a targeted number of child care programs that are chosen through an application process.

In 2013 they adopted a new coaching model, My Teaching Partner, which includes the following components:

- Intensive coaching from early childhood specialists
- Mental health consultation for young children (if applicable)
- Periodic developmental, vision, and hearing screenings, as well as fluoride treatments
- Access to enroll in the School Based Health Clinics
- Tuition assistance for professional development
- Access to strategies to promote parental engagement
- Referrals to services for children with special needs

## **PARENTING PROGRAMS BUILDING CHILDREN’S SOCIAL-EMOTIONAL COMPETENCIES**

**Circle of Security.** Circle of Security is a relationship-based parenting program designed to enhance secure attachment between parents and children. Research has confirmed that secure children exhibit increased empathy, greater self-esteem, better relationships with parents and peers, enhanced school readiness, and an increased capacity to handle emotions more effectively when compared with children who are not secure (Powell, Cooper, Hoffman, & Marvin, 2014). This parenting approach is being implemented in the Panhandle community. The goal of the parenting groups is to increase parents’ awareness of their children’s needs and whether their own responses meet those needs. In September 2014, Nebraska will host a statewide training and state partners are offering partial scholarships to community teams in order to expand this intervention to more parts of the state.



**Parents Interacting with Infants (PIWI).** The PIWI model is based on a facilitated group structure that supports parents interacting with their children. Three Child Well-Being communities (Dakota County, Platte-Colfax County, and Fremont) have trained facilitators and implemented PIWI groups. Some of the facilitators have incorporated the curriculum into existing community interventions, such as Early Head



Start socializations. The role of the PIWI facilitator is to support and enhance parent-child relationships by promoting parenting that is competent, confident, and mutually enjoyable.

**CSEFEL Demonstration Projects.** In 2007, Nebraska, via the NDE Early Childhood Training Center, applied for and was selected as a demonstration state for the Pyramid Model by the national Center on Social and Emotional Foundations of Early Learning (CSEFEL). Four diverse early childhood programs were identified to receive training and support as three-year demonstration sites to implement the Pyramid: Plattsmouth Community Schools, CEDARS Early Childhood Program, KidSquad, and Merrick County Child Development Center. These four demonstration sites were assisted by CSEFEL's technical assistance and training to implement the strategies of the Pyramid Model. The four CSEFEL Demonstration sites are useful resources to other programs that are implementing the Pyramid Model. CEDARS, KidSquad, and Merrick County Preschool projects are funded under Nurturing Health Behaviors grants and will be described in detail in the Mental Health consultation section. Plattsmouth Early Childhood Programs has blended classrooms including private, Head Start, state, and early intervention funding streams. The Pyramid Model in Plattsmouth has continued to be implemented program wide. A program coach provides coaching for the staff.

**NDE Pyramid Model.** As work at CSEFEL demonstration sites was underway, ESU 3 expressed interest in Pyramid training and implementation for the school districts they serve. As a result, the NDE Office of Special Education, in collaboration with and facilitation by ESU 3, provided Pyramid training, technical assistance, coaching, and funding support to interested school district teams. Three cohorts of Pyramid training, implementation, and coaching were supported for the following nine school districts within ESU 3: Douglas County West, Fort Calhoun Community Schools, Weeping Water Public Schools, Louisville, Conestoga, Ralston Public Schools, Elmwood-Murdock, Gretna Public Schools, and Plattsmouth Community Schools.

**NDE Statewide Pyramid Model.** Seeking to expand the program model launched by ESU 3, in 2013 the NDE Office of Early Childhood invited 10 early childhood programs across central and eastern Nebraska to participate in a year-long, program-wide implementation of the Pyramid Model. The cadre of six expert Pyramid coaches was deployed across the 10 programs to provide the coaching and support to the classroom teachers and to the schools' leadership teams. Participating school districts include: Auburn, Blair, Fairbury, Grand Island, Kearney, Lexington, Lincoln, NENCAP (Wayne and Dakota City), Pawnee City, and Schuyler. The coaches have provided onsite training, classroom consultation, and assistance with children who have challenging behaviors. Ongoing program evaluation will help inform plans for a second year of implementation with a goal of maintaining a quality program while turning over the coaching to internal leaders.

**Early Childhood Services (ECS) Teen and Young Parent Program (TYPP).** The overall goal of ECS TYPP is to ensure that every family with limited resources receives support to promote healthy lifestyles and to increase educational attainment for parents and their children. This program is a collaborative effort of

five agencies in Douglas and Sarpy County that integrate health, academic, and family support services to meet the needs of the teen or young adult parents. Key partners of the program are: Child Saving Institute, Lutheran Family Services, Nebraska Children’s Home Society, Heartland Family Service, and Visiting Nurse Association. The teen/young adult participant can receive a variety of services such as parenting classes, home visitation, mental health counseling, and support groups.



## MENTAL HEALTH CONSULTATION

Early childhood mental health consultation in Nebraska is based on evidence-based models designed to support the social and emotional development of young children. The majority of the consultation approaches are grounded in the Pyramid Model.

**Nurturing Healthy Behaviors Projects.** In 2006, Nebraska DHHS issued a request for applications for funding to provide training, consultation, and intervention from qualified mental health practitioners to child care providers, in coordination with the child’s parents or other such primary caregiver, using evidence-based practices for improving the social, emotional, and behavioral development of children while in licensed child care environments. The goal was to build upon the experiences and knowledge gained through the various pilot projects, planning efforts, and research base to offer an option to Nebraska families, children, and early care providers in supporting healthy social, emotional, and behavioral development in the child’s natural environment. These three projects include: Merrick County Child Development Center, KidSquad (Omaha), and Cedars (Lincoln). Although each implements a slightly different approach, they all encompass a mental health consultation model.

**KidSquad.** KidSquad is supported through the integrated funding of NHB, Region 6 and Buffet Early Childhood funds. KidSquad mental health and early childhood consultants partner with child care program staff to provide strategies to promote social-emotional competence in children and to address specific mental health and behavioral concerns. KidSquad is a single point of contact for parents, child care providers, and other early childhood professionals who are seeking help with the social, emotional, and behavioral issues of early childhood. A priority of KidSquad is to target child care centers that serve children who are eligible for the state’s child-care subsidy. KidSquad consists of four primary services:

- **Mental Health Consultation.** Mental health consultants coach teachers and administrators on best practices relating to the social and emotional development of young children. They also provide specific consultation for identified children and to their parents or guardians.
- **Early Childhood Consultation.** An early childhood education specialist supports centers that want to improve the overall environmental quality of their classrooms in the areas of room layout, play materials, educational activities, and general interactions with children.

- **Quality Grants.** Quality Grants of up to \$500 are available for qualifying child care centers that utilize KidSquad services. The intent of these funds is to purchase classroom materials to support the children’s social-emotional competence and quality learning experiences.
- **Training.** Consultants provide a variety of trainings for early childhood educators, child care center directors, and parents.

**Cedars (Lincoln).** The CEDARS mental health consultant partners with child care program staff to implement preventative strategies to promote social-emotional competence in children and to address specific mental health and behavioral concerns. CEDARS Early Childhood Centers serve children who are eligible for the state’s child-care subsidies. CEDARS Mental Health Consultation Project consists of three primary components:

- **Mental Health Consultation.** The mental health consultant supports teachers, administrators, and parents by consulting on classroom practices and providing specific consultation for identified children. In addition, the consultant provides support to parents through meeting and consulting on home-based behavior and mental health concerns.
- **Staff Training.** The mental health consultant provides trainings to CEDARS staff and to others in the community who work with young children throughout the year on Positive Behavior Supports (PBS) and children’s social-emotional development.
- **Parent Training.** The mental health consultant provides parent education on a regular basis throughout the school year.

**Merrick County (Central City).** The Central Nebraska Early Childhood Mental Health System of Care Project provides consultation and training to the program staff at the Merrick County Child Development Center (MCCDC). Located in Central City, Nebraska, MCCDC is a non-profit corporation that operates a preschool and before and after school program. Mental health consultation services include:

- **Screening.** The mental health consultant administers and scores the ASQ-SE, a social-emotional screener for all of the children in the early childhood program. Results are reviewed with parents at parent/teacher conferences.
- **Classroom consultation.** The mental health consultant provides consultation to six infant, toddler, and preschool classrooms. Classroom observation and individualized coaching are used to promote classroom practices that build the children’s social-emotional competencies.
- **Behavior plans.** Classroom teachers receive support in developing behavior plans for several children with unique challenges such as autistic spectrum tendencies.
- **Training.** Throughout the year, staff trainings are provided for the classroom teachers.

**Getting Ready Project.** The Getting Ready intervention was designed to provide an integrated, ecological, strengths-based approach to school readiness for families with children from birth to 5 who are participating in early education and intervention programs (Sheridan, Knoche, Edwards, Bovaird, & Kupzyk, 2010; Sheridan et al., 2008). Getting Ready provides an approach to use within existing community agencies and early childhood intervention programs, such as Early Head Start or Head Start, with a focus on both the *parent-child* and the *parent-professional* relationships. Through intentional and strategic efforts on the part of early childhood professionals, parents are encouraged to engage with their child in a warm and sensitive manner, interact in ways that support their child’s emerging autonomy, and use actions that represent formal methods to participate actively as partners in their child’s learning, all in ways that are culturally comfortable to them (Edwards, Sheridan, & Knoche, 2010).

Early childhood professionals participate in formal training and receive ongoing coaching from a master coach to support their use of the strategies that promote responsive and effective parent-child interaction and learn how to engage families in targeted, collaborative problem-solving. These strategies are meant to infuse meaningful parent engagement into all aspect of the natural early childhood environment (e.g., home, conferences, information interactions and early childhood settings).



## PARENT/CHILD THERAPEUTIC SERVICES

**Parent Child Interaction Therapy (PCIT).** To support early childhood social-emotional development and parent child interaction, in 2012 the Nebraska Child Abuse Prevention Fund Board awarded four new, five-year grants to Child Well-Being communities. Among other strategies, each of the grantees is implementing PCIT. PCIT is an evidence-based strategy for children ages 2-7 with emotional and behavioral challenges. Currently there are 17 therapists who provide certified PCIT through this funding.

**Behavioral Health Clinic Initiative.** Munroe-Meyer Institute implements Behavioral Health Clinics (BHC) in integrated pediatric and health care clinics that provide service to children and their families for behavioral, developmental, emotional, and social issues. These clinics are located across the state. Faculty, staff, and students from UNMC Munroe-Meyer Institute who are trained in behavioral pediatric psychology provide services and are supervised by licensed psychologists. These services are covered by most insurance companies or Medicaid. There are 10 clinics in rural areas and 13 clinics in the Omaha and Lincoln metropolitan area. In addition to these 23 clinics, services are also available through telehealth upon request.

## SUMMARY OF EVALUATION FINDINGS ACROSS PROJECTS

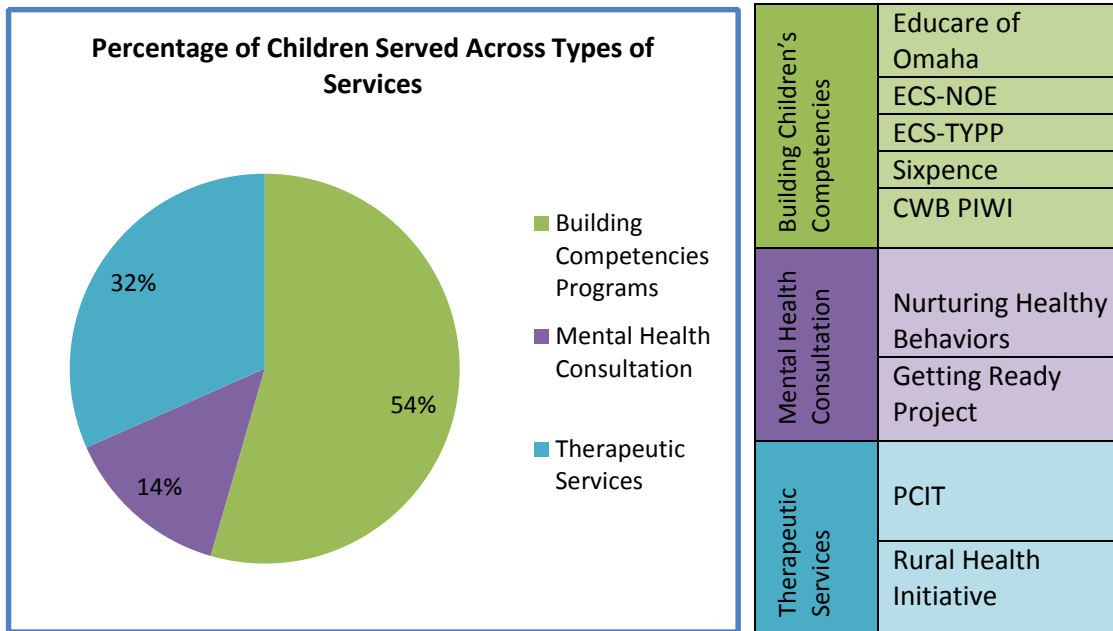
### DESCRIPTION OF POPULATION AND SERVICES PROVIDED

A snapshot of data from 2012-2013 was used to provide a landscape of the services provided to children and families and to understand the impact of these efforts to support the social-emotional well-being of young children across Nebraska. Of the intervention programs described in this report, a total of 8 programs had data available for review. Information was gathered by extracting descriptive and outcome data from annual or research reports from each of those 8 projects listed below. The type of data that was extracted from each project report is summarized below:

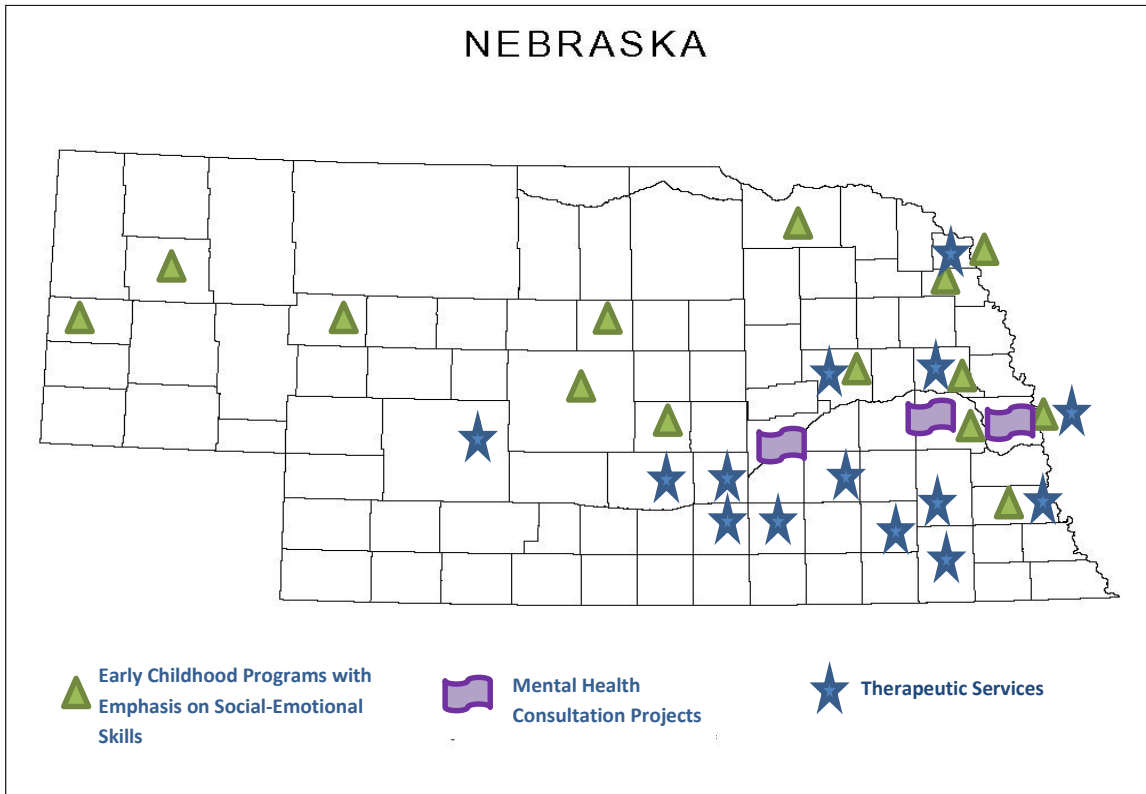
<b>Annual Data Snapshot 2012-2013</b>										
<b>Identification of Data Sources for Analysis by Initiative and Program</b>										
Type	Program	# of Sites	Demographic		Classroom Observation		Child Social-Emotional		Family	
			Child	Family	TPOT	CLASS	DECA	DECA-C	PFS	KIPS
Building Children's Competencies in EC Programs	Educare of Omaha	2	X	X		X	X			
	ECS-TYPP	5	X	X			X		X	X
	Sixpence	11	X	X		X	X			X
	CWB PIWI	4	X	X					X	
Mental Health Consultation	Nurturing Healthy Behaviors	3	X	X	X		X	X		
	Getting Ready Project		X	X			X			
Therapeutic Services	CWB-PCIT	4	X	X					X	
	Behavioral Health Clinic Initiative	21	X							

A total of 4,888 children were served across the 8 initiatives and programs that represents one year of data (i.e., data available in the 2012-2013 program year). The highest number of children served was in

early childhood services. In the area of therapeutic service, the Rural Health Initiative accounted for the majority of the children. Fewer children were served in mental health consultation services.



The data in this section represent programs and initiatives across the state. Their locations by type are displayed in the map below.



Fewer reports included demographic information. For those five programs that reported on the demographics of the children (1,304), 58% of the children represented minority populations. A total of 12% of the children were identified with an Individualized Education Plan or Individualized Family Service Plan.

## PROGRAM OUTCOMES

Quality early childhood education programs have been linked to young children’s positive social-emotional outcomes (Campbell & Pungello, 2012). The majority of the center-based programs described in this report had one of two assessments completed that measured the quality of the classroom environment in supporting young children’s social-emotional competence.

**Key Finding: Teachers receiving mental health consultation demonstrated significant increases in their ability to support the children’s social-emotional skills. While teacher skills improved, the majority of the classrooms did not meet the quality benchmarks.**

**Mental Health Consultation.** KidSquad was the only mental health consultation program that collected both pre and post assessments to monitor the success of the program. To assess the impact of mental health consultation on teacher skills in supporting social-emotional development, evaluators completed

the TPOT (Teaching Pyramid Observation Tool) for classrooms serving children ages 3 to 5, or the TPITOS (Teaching Pyramid Infant Toddler Observation Scale) for classrooms serving infants and toddlers. After each observation, the teacher and the KidSquad consultant were debriefed on the findings in order to support the continuous improvement process. The sites included Head Start programs, Educare of Omaha, home-based, church-based, and non-profit and for-profit child care centers. Most of the sites served high percentages of children in poverty. Specifically, 62% of sites had more than 50% of students eligible for child care subsidy funds. The classrooms that received mental health consultation represented a broad range of quality (i.e., poor to high quality) when services were initiated. A total of 58 classrooms had pre-post data.

These assessments have two subscales in common: anchor scores based on a 5 point Likert scale and the percentage of red flags observed in the classroom. Anchor scores evaluate teacher practices in the areas of building relationships with children through play and conversations, using preventative measures through establishing routines, supporting social-emotional skill building with intentional teaching strategies, and individualizing strategies to support children who need more support.



The majority of classrooms demonstrated significant improvements after intervention based on a paired t-test analysis (TPOT  $p < .001$ ,  $d = .89$ , TPITOS  $p = .001$ ,  $d = 1.04$ ). Although programs made significant improvements, the majority did not meet the quality benchmarks (i.e., only 23% of pre-school and 40% of the infant classrooms met the benchmark score of 3.0 for program quality).

Pre-Post TPOT scores for 43 Classrooms				
Subscale	Pre	Post	Gain	Rating
<b>Environmental Score (Average)</b>	<b>5.74</b>	<b>6.35</b>	<b>11%</b>	7 items Yes/No rating
<b>Anchor Score (Average)</b>	<b>1.65</b>	<b>2.34*</b>	<b>41%</b>	15 items 6 point rating scale (0=poor/ 5=exemplary)
<b>Red Flag Score (% with Red Flags)</b>	<b>63%</b>	<b>35%</b>	<b>N/A</b>	16 items Yes/No rating
<b>*Significance at the &lt;.001 level, two-tailed test.</b>				

Pre-Post TPITOS Scores for 15 Classrooms				
Subscale	Pre	Post	Gain	Rating
<b>No Environmental Scores</b>				
<b>Anchor Score (Average)</b>	<b>2.42</b>	<b>2.9*</b>	<b>20%</b>	24 items 4 point Rating Scale (1=poor/ 4=exemplary)
<b>Red Flag Score (% with Red Flags)</b>	<b>67%</b>	<b>33%</b>	<b>N/A</b>	14 items Yes/No rating
<b>*Significance at the .001 level, two-tailed test.</b>				

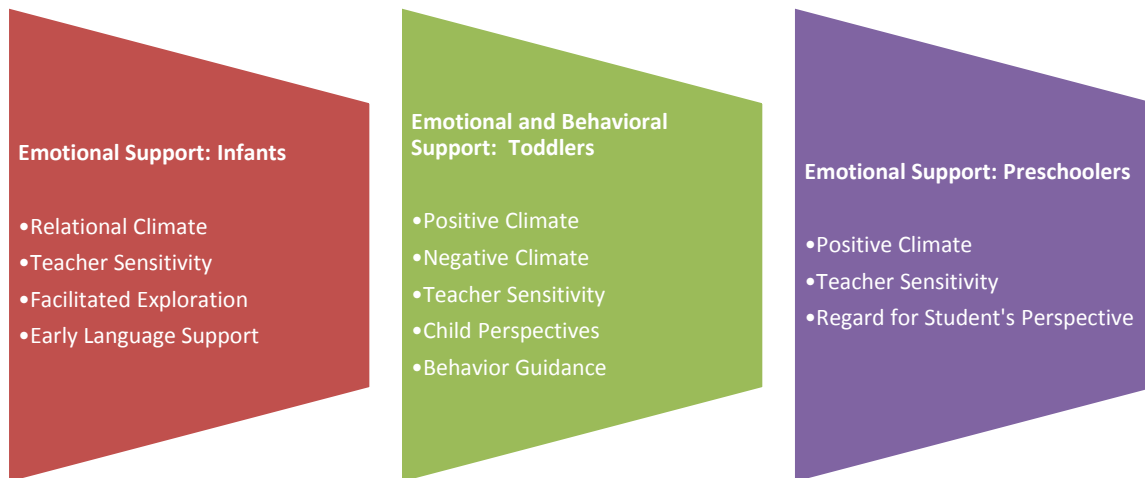
Sample red flag items include chaotic transitions, using harsh tones with children, and reprimanding children for expressing emotions. At the pre observation, 64% of the classrooms had red flags. By the post observation, only 34% had red flags. These results found that mental health consultation improved the practices of the classrooms by decreasing these negative practices. Of classrooms that still had red flags at post, the number of red flags declined.



**Key Finding: Teachers serving young children in early childhood programs implemented high quality services that support young children’s social-emotional skills.**

**Early Childhood Initiatives and Programs.** Early childhood initiatives and programs (Educare of Omaha and Sixpence) completed classroom quality ratings once annually and results were compared to a set indicator. For the purpose of this report, the Emotional Support section of the Classroom Assessment Scoring System (CLASS) was analyzed as it most directly related to evaluating the classroom practices that support children’s social-emotional competence. A total of 39 classrooms were evaluated using the Classroom Assessment Scoring System (CLASS). The CLASS has a specific observation for each age group. Specific dimensions for each are summarized below. Following the observation, the teacher and program administrator were debriefed on the findings in order to support the continuous improvement process.

**Summary of Dimensions of Emotional Support by Age Group**



The 39 classroom observations were completed across Infant (5), toddler (20), and preschool (14) age groups. The majority of the classrooms across all age groups scored within the high range in Emotional Support. Preschool classrooms scored slightly higher than the toddler or infant classrooms.

Summary of Infant CLASS Assessments		
Infant Classrooms	# of classrooms	Emotional Support
Mean Score (Score Ranges)	5	5.96 (5.88-6.04)
<i>1-2 low range 3-5 middle range 6-7 high range</i>		

Summary of Toddler CLASS Assessments		
Toddler Classrooms	# of classrooms	Emotional Support
Mean Score (Score Ranges)	20	6.54 (6.25-6.90)
<i>1-2 low range 3-5 middle range 6-7 high range</i>		

Summary of Preschool CLASS Assessments		
Preschool Classrooms	# of classrooms	Emotional Support
Mean Score (Score Ranges)	14	6.60 (6.47-6.60)
<i>1-2 low range 3-5 middle range 6-7 high range</i>		



## CHILD OUTCOMES

**Key Finding: Children, who participated in early childhood programs with an emphasis on social-emotional skills, demonstrated significant improvements in social-emotional skills. Children targeted for intervention through mental health consultation made greater gains than children who participated in early childhood education services.**

A key child outcome for these initiatives and programs was improved social-emotional competence and decreased behavioral problems. Two primary assessments were used to assess this construct, the Devereux Early Childhood Assessment (DECA) and the DECA Clinical. For this analysis, all programs described in this report that used one of these two assessments were included. These programs focused on either

Initiative or Program	Results of Individual Findings Pre-post findings on Social-Emotional Assessments		
	N	p	d
Mental Health Consultant - A	106	<.001	.88
Mental Health Consultant - B	56	<.001	.87
Mental Health Consultant - C	144	<.05	.75
Building Competencies - A	356	<.001	.40
Building Competencies - B	167	<.001	.28
Total Children	829		

providing high quality services in a classroom or home setting or providing more individualized intervention within the context of a classroom setting. A total of 5 programs met these criteria and had data to share. All five of these programs used a pre-post design with results demonstrating significant positive differences with effect sizes ranging from small to large. All studies included children within the range of birth to 5 years of age. The analysis was based on data collected for 829 children.

A fixed effect meta-analytic method was used to analyze the impact of the programs on the social competence of children. The results of the meta-analysis found children in these programs were making significant positive changes with strong effects ( $d=.55$ ). These results are within the zone of desired effects as described by Hattie (2009).

A review of each program's data analyses is summarized in the above table. A descriptive review of each of the program's findings suggest that programs with a mental health consultation component had stronger (larger effect sizes), than children who participated in early childhood programs where there was a less targeted intervention on social-emotional competencies. These results may best be understood by reflecting on the population that each of these programs served. Children referred for mental health consultation demonstrate more behavioral challenges and in some situations fewer social-emotional competencies prior to intervention. The individualized consultation that is targeted specifically on social-emotional outcomes with these groups of children had a greater impact than those programs that did not serve this specialized group of children.

## FAMILY OUTCOMES

**Key Finding: Parents reported high levels of attachment and nurturing behaviors with their children. The majority of the parents reported significant improvements in this area.**

A strong focus of four programs was on supporting parents' interaction with their children in order to improve parent-child relationships, as research has shown the positive link between positive parenting and a child's healthy social-emotional development (Wakschlag & Hans, 2000). Two measures were used to evaluate parent-child interaction, the FRIENDS Protective Factor Survey (PFS) and the Keys to Interactive Parenting Scale (KIPS). A pre-post design was used across programs. For purposes of this report, the FRIENDS PFS subscale on attachment and nurturing behaviors was analyzed. The KIPS involved rating parent-child interaction based on a videotape of a 6 to 8 minute play session. KIPS focuses on three primary areas: building relationships, promoting language, and supporting confidence. For this report results on the building relationships subscale was analyzed.

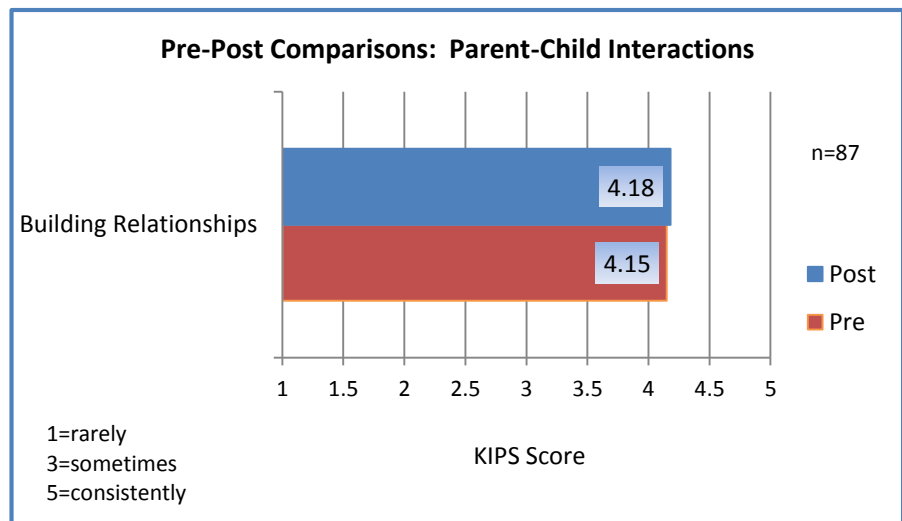
The results of the FRIENDS PFS survey are summarized in the table below. In all of the programs, parents reported strong attachment and nurturing behaviors (6.7 based on a 7 point Likert scale with 7 = always) after participation in the program. For two of the programs, there were significant improvements over time, with parents demonstrating improved attachment and nurturing skills.

Initiative or Program	Results of Individual Findings Pre-post on FRIENDS PFS		
	N	p	d
Building Competencies - A – PFS	71	.015*	.41
Building Competencies - B – PFS	15	No Significant Change	No Meaningful Change
Child Therapy - A - PFS	9	.035*	1.22
Total Children	95	*2 tailed t-test	



**Key Finding: Parents demonstrated positive interactions with their children that were consistent over time.**

Two programs completed the KIPS as part of their evaluation. Parents' strengths in their interactions with their children were on building relationships. Parents scored high on this scale both on the pre and post assessments. There was no significant differences in the parents' scores on this subscale of the KIPS between the pre and post assessment.



## SUMMARY

**Purpose.** This report provides a summary of the states' journey to build a system of care to benefit the young children in Nebraska by creating positive environments in center and home settings. A strong infrastructure (e.g., cross-system work groups, adoption of new policies, expanded sources of funding, professional organizations work and expanded efforts to train the work force) is established that serves as the foundation for service implementation. Built upon this foundation are four targeted services components including: 1) building community systems of care, 2) building children's competencies through early childhood programs, 3) providing mental health consultation in early childhood programs and 4) implementing parent/child therapeutic services.

**Results.** Eight programs that were established in part to support young children's social-emotional competencies were reviewed to begin to determine their program quality and their impact on child and family outcomes. Over 4800 children were served by these programs with the majority of the children being enrolled in early childhood programs. Results from one year of data (2012-2013) found:

- Teachers receiving mental health consultation demonstrated significant increases in their ability to support the children's social-emotional skills. While skills improved, the majority of classrooms did not meet the quality benchmarks.
- Teachers serving young children in early childhood programs implement high quality services that support young children's social-emotional skills.
- Children, who participated in early childhood programs with an emphasis on social-emotional skills, demonstrated significant improvements in social-emotional skills. Children targeted for intervention through mental health consultation made greater gains than children who participated in early childhood education services.
- Parents reported high levels of attachment and nurturing behaviors with their children. The majority of the parents reported significant improvements in this area.
- Parents demonstrated positive interactions with their children that were consistent over time.

**Limitations.** This report is meant to provide the readers with a landscape of the current programs and initiatives in the state that support young children's social-emotional skills. Data sources were limited to those available through the MMI Interdisciplinary Center of Program Evaluation (ICPE) and evaluation reports that were submitted to the ICPE. As a result, the information is only based on a subset of the children. Outcome analysis based on program/initiative comparisons should be interpreted with caution given the variations in programs and evaluation procedures. It is recommended that a state-wide data summary be completed in future years to allow for trend data analysis across time, which will provide a more comprehensive picture of service implementation and impact. Continued data collection and analyses will be helpful in monitoring progress and improving practices as Nebraska expands its initiatives in this area.

## REFERENCES

- Campbell, F. A., Pungello, E. P., Burchinal, M., Kainz, K., Pan, Y., Wasik, B. H., Ramey, C. T. (2012). Adult outcomes as a function of an early childhood educational program: An abecedarian project follow-up. *Developmental Psychology, 48*(4), 1033-1043. doi:10.1037/a0026644.
- Fox, L., Dunlap, G., Hemmeter, M. L., Joseph, G., & Strain, P. (2003). The teaching pyramid: A model for supporting social competence and preventing challenging behavior in young children *Young Children, 58*(4), 48-52.
- Hattie, J. (2009). *Visible Learning: A synthesis of over 800 meta-analyses relating to achievement*. New York, NY: Routledge.
- Hemmeter, M. L., & Fox, L. (2009). The teaching pyramid: A model for the implementation of classroom practices within a program-wide approach to behavior support. *NHSA: Dialog: A Research-to-Practice Journal for the Early Childhood Field, 12*(2), 133-147. doi:<http://dx.doi.org/10.1080/15240750902774718>.
- Hemmeter, M. L., Fox, L., Jack, S., & Broyles, L. (2007). A program-wide model of positive behavior support in early childhood settings. *Journal of Early Intervention, 29*(4), 337-355.
- Knoche, L. L., Sheridan, S. M., Edwards, C. P., & Osborn, A. Q. (2010). Implementation of a relationship-based school readiness intervention: A multidimensional approach to fidelity measurement for early childhood. *Early Childhood Research Quarterly, 25*, 299-313.
- McCullum, J. A., & Yates, T. J. (1994). Dyad as focus, triad as means: A family-centered approach to supporting parent-child interactions. *Infants & Young Children, 6*, 54-63.
- Raver, C. C., & Knitzer, J. (2002). Ready to enter: What research tells policymakers about strategies to promote social and emotional school readiness among three-and four-year-old children. (Promoting the Emotional Well-Being of Children and Families Policy Paper No. 3). New York, NY: National Center for Children in Poverty. Retrieved from <http://hdl.handle.net/10022/AC:P:9263>.
- Sheridan, S. M., & Kratochwill, T. R. (2008). *Conjoint behavioral consultation*. New York: Springer.
- Sheridan, S. M., Marvin, C. A., Knoche, L. L., & Edwards, C. P. (2008). Getting ready: Promoting school readiness through a relationship-based partnership model. *Early Childhood Services: An Interdisciplinary Journal of Effectiveness, 2*, 149-172.
- Wakschlag, L. S., Hans, S. L. (2000). Early parenthood in context: Implications for development and intervention. In C. H. Zeanah (Ed.) *Handbook of Infant mental Health, Second Edition* (pp. 129-143). New York: Macmillan.

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