

# Rooted in Relationships

2016-2017 Evaluation Report  
February 2018  
Nebraska Children and Families Foundation



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# Nebraska Children and Families Foundation

## 2017 Evaluation Report

Rooted in Relationships (RIR) is an initiative that partners with communities to implement evidence-based practices that enhance the social-emotional development of children, birth through age 8. One part of this initiative supports communities as they implement the Pyramid Model, a framework of evidence-based practices that promote the social, emotional, and behavioral competence of young children, in selected family child care homes and child care centers. Using the Pyramid Model in these settings is an emerging practice nationally; therefore, development of implementation and evaluation processes and procedures is evolving over time. In addition to Pyramid Model implementation, each community establishes a multi-disciplinary stakeholder team charged with developing and implementing a long-range plan to influence the early childhood systems of care in the community and support the healthy social-emotional development of children.

### The work of this initiative is focused on the following three goals and critical outcomes

1. Nebraska has shared principles, definitions, and collaborative practices related to screening, assessment, and adult-child interactions, which promote the positive development of the “whole child”. The RIR initiative includes ongoing evaluation for continuous improvement.
2. Early care and education environments meet the needs for all children’s positive social-emotional development.
3. Rooted in Relationships seeks to improve the social-emotional competence of children ages birth through 8.

### Communities engage in three key activities

1. **Community Work:** Stakeholders connect with additional local partners for the development of a long-range plan to support the social-emotional development of young children. Such a plan will include community assessment, systems building, and the development of a process for coordination of systems and services.
2. **Implement the Pyramid Model:** The communities identify 9-15 child care providers from in-home and center-based early childhood settings to participate in a three-year implementation cycle using a train-coach-train approach.
3. **Selection of a Systems Priority:** Communities choose at least one additional system (e.g. health, child welfare, early elementary, parent engagement) to support the implementation of evidence-based strategies to promote social-emotional development. The community utilizes this system to meet the needs and improve the overall well being of children, families, and their community.

RIR currently supports ten communities in various stages of the initiative inclusive of planning, implementation and expansion: Buffalo, Dakota, Dawson, Dodge, Hall, Jefferson, Keith, Lancaster and Saline Counties as well as counties in the Panhandle (TBD). Funding for this project

is provided by the Buffett Early Childhood fund (beginning in 2013) and Nurturing Healthy Behaviors funding through a grant award to Nebraska Children (NC) following a state funding appropriation to the Nebraska Department of Education (NDE) in 2014.

### **Evaluation Completed to Monitor Progress and Outcomes**

Quantitative and qualitative evaluation data is collected to monitor progress and measure outcomes on both Pyramid Model implementation and community-based systems work. Throughout this report, findings from RIR participant focus groups are provided. Evaluators conducted six focus groups with providers and directors from Dakota, Dawson, Dodge, Hall, Lancaster, and Saline counties. Approximately one-third of RIR providers, with one to three years of participation in RIR, attended a focus group. Focus group results include strengths as well as considerations for future growth. Based on key findings from both quantitative and qualitative evaluation methods, RIR staff continuously refine and update processes to improve outcomes, reduce burden and support communities.

This evaluation report is organized in three major sections: Community Early Childhood Systems of Care, Pyramid Model Implementation, and Building Statewide Capacity to Support Early Childhood Systems of Care. Evaluation results found positive outcomes across all components.

**Supporting Community Early Childhood Systems of Care:** Communities completed systems level planning and have initiated community specific strategies that may include public awareness activities, development of an infrastructure system for the implementation of Circle of Security™-Parenting, promoting the importance of high quality child care, and parent engagement activities. Circle of Security™-Parenting, a strategy implemented by six of the ten communities, was effectively implemented with parents demonstrating significant increases in parenting skills, improved relationships with their children, and decreased parenting stress.

**Pyramid Model Implementation:** Pyramid Model fidelity measures for program-wide implementation and classroom evaluations for quality practices were collected at baseline and at the end of each year of participation in RIR. Although RIR does not require center-based programs to implement the Pyramid Model program wide, those that chose to demonstrated improvement each year. These programs met fidelity in all but one area (n=5) on average by the end of Year 3. Family child care programs met fidelity in all areas (n=9) by the end of Year 2. All the infant/toddler (n=3) and 80% of the preschool classrooms (n=5) achieved the quality benchmarks by the end of Year 3. Providers reported that their skills improved significantly and were highly satisfied with their Pyramid coach.

**Building Statewide Capacity to Support Early Childhood Systems of Care:** RIR established cross-agency partnerships to align activities with the goal of building statewide capacity to support young children and their families, especially related to social-emotional development and early childhood mental health. RIR increased the state's capacity to implement evidence-based practices, including creating infrastructure supports, reflective consultation, facilitator networking, and evaluation to support statewide implementation of Circle of Security™-Parenting. In addition, RIR collaborated with multiple agencies to provide training and consultation for mental health providers to implement Child Parent Psychotherapy. RIR also assisted in chartering a Coach Collaboration Team to develop sustainable cross-system early childhood professional development in Nebraska, focusing on coaching as one delivery mechanism.

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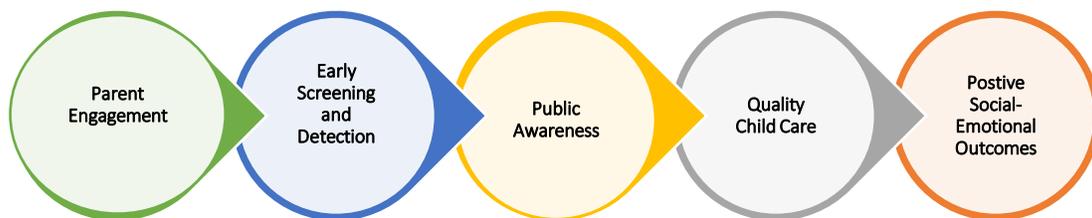
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# Supporting Community Early Childhood Systems of Care

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This report will focus on the efforts of all ten communities currently implementing the RIR package. These include Buffalo, Dakota, Dawson, Dodge, Hall, Jefferson, Keith, Lancaster, Saline and yet to be communities located in the Panhandle. In each community, the Stakeholder Team was responsible for developing a community plan to strengthen their early childhood systems and supports for social-emotional development and early childhood mental health. This planning process included two primary elements: community data gathering and selection of a systems priority. Communities first identify their priorities through a systematic process of community mapping using the Early Childhood System of Care Community Self-Assessment (ECSOC) tool and analyzing other sources of existing community data. The four primary areas rated on the ECSOC self-assessment include: health, family resources, early childhood mental health and school. Community stakeholders rate the degree to which each of these services is available and the degree of importance of each service. Communities also gather parent feedback via a parent survey. Once communities gather their existing data and complete the ECSOC they develop a long-range plan to strengthen early childhood systems of care in their community and support children’s social-emotional development.

The evaluation of the implementation of each community’s plan was customized to match the strategy(ies) adopted by that community. This was accomplished through a collaborative effort between the evaluator and community stakeholder team to identify the questions and design the evaluation plan. For strategies that were shared across communities, a common evaluation was developed. This report will describe the priorities that were found across RIR Stakeholder Teams and describe the strategies that communities adopted based on this plan, including any evaluation results.



## Common Priority Areas across RIR Community Stakeholder Teams

# Program Descriptions and Evaluation Findings

This section provides a summary of each community's systems work. All communities implemented the Pyramid Model, and six communities implemented Circle of Security™-Parenting as a systems strategy. Those findings will be reviewed in a separate section of the report. All communities are currently in the implementation phase except for the Panhandle, which is currently in the planning phase of the RIR initiative.

## Dakota County

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Dakota County began implementation of the RIR initiative in July of 2014. The Dakota County Connections work is funded through blended RIR and Community Well-Being (CWB) funds. Several parts of the Dakota work plan are funded primarily by CWB funds (e.g., Parent Child Interaction Therapy and Community Response). Evaluation results for these projects are reported in their CWB annual report.

### Parent Engagement Activities

**Parents Interacting with Infants (PIWI):** Dakota County Connections partnered with Educare of Winnebago to support the implementation of two PIWI groups, in South Sioux City and Winnebago. Part of the RIR funds supported training assistants for the groups. The purpose of the program was to support parents' interactions with their children. The South Sioux City PIWI group used toys as incentives to increase participation throughout the series. The PIWI facilitators reported incentives helped to increase attendance and parents appreciated them.

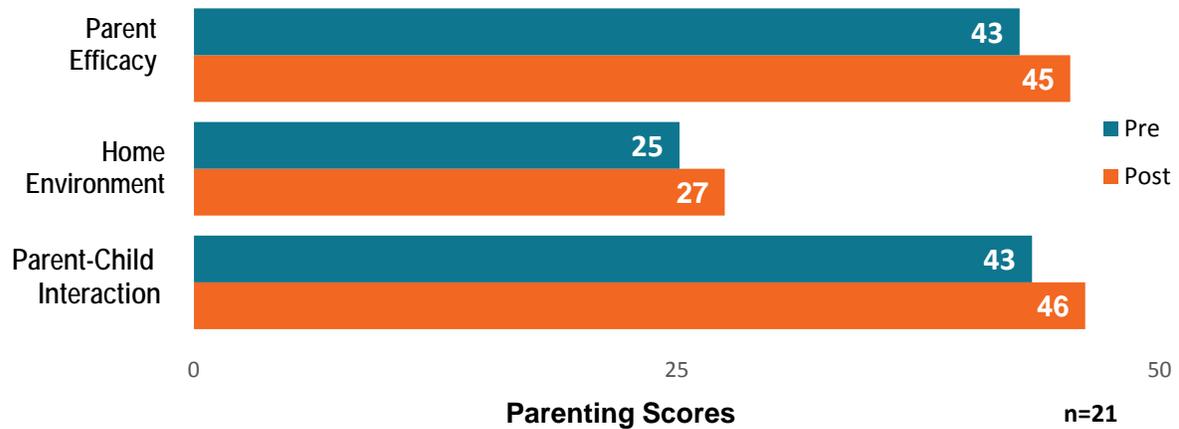
The Healthy Families Parent Inventory (HFPI) subscale scores on the Home Environment Scale, Parent Efficacy, and the Parent/Child Interaction Scale were collected to assess program outcomes by measuring how parents supported child learning and development, parent-child interactions, and parent sense of efficacy. Twenty-one parents completed the survey. The results found that the majority of parents demonstrated significant improvement with strong, meaningful effect sizes across all areas including: Parent-Child Interaction ( $p=.011$ ,  $d=.607$ ), Home Environment ( $p=.003$ ,  $d=.736$ ), Parent Efficacy ( $p=.011$ ,  $d=.736$ ). Results of the satisfaction surveys (reported as the % that agreed) found that parents felt respected by PIWI staff (100%), reported a better relationship with their child (72%), learned new techniques to teach their child new skills (100%), and would recommend this program to another parent (94%).

**"If you could have seen the looks on the parent's and children's faces when they received their incentives.... It was priceless."**

**A PIWI trainer**



**Parents made significant changes across all areas of parenting skills. Strengths were in supporting the areas of Parent Efficacy and Parent-Child Interaction.**



**Parent Pyramid Modules:** This year Dakota County Connections provided parents an opportunity to participate in a six-week Pyramid Parent Module training held at Kidlogic, a child care center that participates in the Pyramid program. The class had anywhere from four to 13 parents, varying from week to week in attendance. The parents received free dinner and free child care provided by Kidlogic employees. Holding the class at the child care center was very helpful for parents. Incentives that correlated with the lessons were sent home each week. Parent comments indicated they found the class interesting, the materials useful and appreciated that each week had real, tangible strategies that they could use at home and then report progress the following week. The trainer reported that the group was interactive and engaged.

<b>Families improved in all areas assessed following completion of the parent modules.</b>	Pre %*	Post %*
% who feel they have a positive relationship with their children	64%	100%
% who feel better able to recognize their child’s challenging behaviors	27%	100%
% who see themselves as better able to help their children when they need comfort or want to explore new things	55%	100%
% who see themselves are more likely keep calm when children “push their buttons”	0%	100%
% who see themselves as confident that they can meet the social-emotional needs of their children	36%	100%
% who feel more able to find resources in the community to help with the problems they face	27%	100%

\* % that agreed or strongly agreed with the statement



**“I am very thankful to take this class. I feel like it gave me an abundance of tools and resources to help raise my child. A lot of these ideas I would have never tried or even thought of. I enjoyed being able to give my feedback each week to specific situations that happen at our house and problem solve to find a solution.”**

**A parent reflects on the Pyramid Modules**

**Community Parent Engagement Activities:** The RIR family engagement and health work group collaborated to support families in existing family outreach activities, including Biking for Backpacks (100 children and parents), Family Fun Night Out (75 children and families) and School Registration Event (150 children and families). These events not only supported the parents and their children, but also gave Dakota County Connections an opportunity to provide information about their activities and the importance of supporting children’s social-emotional development. RIR continued a strong partnership with the community library where families can access social emotional materials and a “cozy corner” for parent-child engagement. Planning is underway to expand parent engagement with health systems.

## **Child care**

Dakota County Connections provided scholarships to four families to help them pay for child care expenses; in turn, these families attended parenting classes held at the child care center. Both parents and grandparents provided extremely positive feedback regarding what they learned through attendance at these classes.

## **Public Awareness**

In 2017, a video was produced to highlight both Pyramid and community systems work specific to Dakota County. The video can be utilized to garner additional community support as well as recruit families and providers to engage in opportunities offered.

## **Dawson County**

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### **Parent Engagement**

Dawson County began implementing the RIR initiative in 2014. This year they continued to focus their systems work on increasing parent engagement in community activities and broadening understanding of the importance of social emotional development. A previous needs assessment found that parents were interested in participating in parenting activities, specifically those that include fun activities with their children or a series of classes that were delivered in a convenient

location at low or no cost. This year, Dawson County RIR identified several community events for parents and focused on providing social-emotional content at these events.

In addition, backpacks and social-emotional materials were purchased for each of the six libraries in the county. Each library received five backpacks for families to check out with topics including social-emotional development for babies, following expectations, problem solving, emotions, and anger management. Parenting information was included in each backpack and many of the materials were in both English and Spanish.

**Circle of Security™-Parenting:** Dawson County RIR continued to support COS-P classes as a parent engagement strategy. During this year, the group sponsored seven classes. Results from the evaluation of these classes can be found on page 15.

## Public Awareness

The Dawson County RIR stakeholder team sponsored seven activities to promote awareness of parent engagement and social-emotional needs of children. All were well attended by community families and social emotional materials were distributed. These included celebrations for the Week of the Young Child, family fairs, and other community events (e.g., United by Culture and Lights Out Lexington). These events were sponsored in collaboration with multiple community partners. A Facebook page was established and had 176 posts in the last year and successfully reached over 12,000 individuals. In 2017, a video was produced to highlight both Pyramid and community systems work specific to Dawson County. The video can be utilized to garner additional community support as well as recruit families and providers to engage in opportunities offered.

**1,352 families** and **children** participated in **7** community events to increase awareness of **parent engagement** and the **social-emotional needs of children.**

## Saline County

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### Developmental Screening

Saline County began implementation of the RIR initiative in 2014. The Saline RIR stakeholder team determined that the screeners used to identify children that need further assessment were not as sensitive as they would have liked. The team worked with two sites, a local pediatric clinic and a Sixpence program, to pilot the Survey of the Well-Being of Young Children (SWYC). The SWYC is a comprehensive screening instrument for children under five years of age that covers a broad range of areas including developmental milestones, social-emotional concerns, autism and trauma informed care. The physician's office piloted the SWYC for several months but has decided to continue with the Ages and Stages Questionnaire (ASQ) as they felt it has more

research behind it and that it was easier to score. The Sixpence program (which provides home visiting services for children 0-3 and their families) has continued to implement the SWYC, as well as the Ages and Stages Questionnaire (ASQ). They reported the expanded content in the SWYC was helpful, specifically the family section (e.g., related to domestic violence, drug use).

## Parent Engagement

**Circle of Security™-Parenting:** The Saline and Jefferson Counties RIR stakeholder teams continued to support Circle of Security™-Parenting classes as a parent engagement strategy. The group focused on serving a five-county area (Fillmore, Gage, Jefferson, Saline and Thayer) with their classes. These classes were supported through braided funding that used not only RIR funds, but also in-kind funds from community partners. This year, the group sponsored six classes. Results from the evaluation of these classes can be found on page 15 of this report. The stakeholder team provided stipends this year to increase the COS-P facilitators' participation in reflective consultation and held quarterly facilitators' meetings to coordinate activities.

**PIWI and PCIT:** This past year, this RIR community was given the opportunity by the Nebraska Child Abuse Prevention Board to apply for funding to build community capacity for the provision of PIWI and PCIT. They have identified two therapists who will be attending the Parent Child Interaction Therapy (PCIT) Training in the summer of 2018. Office space was identified to support the PCIT sessions. Jefferson/Saline has trained four individuals in Parents Interacting with Infants (PIWI). PIWI classes are currently being provided to parents participating in the Sixpence parent support group in Saline County. An additional class is scheduled to begin in the spring of 2018.



## Public Awareness

In 2017, a video was produced to highlight both Pyramid and community systems work specific to Saline County. The video can be utilized to garner additional community support as well as recruit families and providers to engage in opportunities offered.

## Jefferson County

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Jefferson County began implementation of the RIR initiative in 2016. The Jefferson County project is an expansion of the work that was already underway in neighboring Saline County. Coordination and support for RIR Jefferson County is provided by the same entity as Saline County, but a separate stakeholder team was formed in Jefferson County to develop systems

strategies. Some of the work of these two counties is carried out jointly, however some is county specific. The stakeholders are still in the process of developing community specific systems strategies.

## Parent Engagement

**Parent Pyramid Modules:** This year Jefferson County provided parents an opportunity to participate in the Parent Pyramid Module class. The parents received dinner and child care. Incentives that correlated with the lessons were sent home each week. Parent comments indicated that they found the classes helpful and they learned strategies that were simple, but effective. The trainer reported that the group was interactive and engaged. The school collaborated with RIR by providing the space, assisting in recruitment and providing child care. Fourteen parents enrolled in the sessions with the majority completing the series. Partners have been identified who will support the on-going offering of the modules each fall due to the initial success and positive feedback received from these first parent participants.

<b>Families improved in most areas assessed following completion of the parent modules.</b> n=10	Pre %*	Post %*
% who feel they have a positive relationship with their children	90%	100%
% who feel better able to recognize their child’s challenging behaviors	50%	90%
% who see themselves as better able to help their children when they need comfort or want to explore new things	80%	90%
% who see themselves are more likely keep calm when children “push their buttons”	70%	90%
% who see themselves as confident that they can meet the social-emotional needs of their children	100%	100%
% who feel more able to find resources in the community to help with the problems they face	30%	80%

\*% that agreed or strongly agreed with the statement

## Dodge County

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Dodge County began implementation of the RIR initiative in 2015 and their work is coordinated via the Fremont Family Coalition. The broader work of the Coalition is funded through blended RIR and Community Well-Being (CWB) funds. Several parts on the Fremont Family Coalition work plan are funded primarily by CWB funds (e.g., Parent Child Interaction Therapy, Community Response). Evaluation results for these projects are reported in their CWB annual report.

## Parent Engagement

**Parent Access to Community Response:** The Fremont Family Coalition focused on meeting the social- emotional needs of children by ensuring they are connected with the appropriate

services and supports through their Community Response activities. Providers were introduced to the Community Response central navigation process through the provider collaboration meetings and were given contact information. Community Response helped provide families with information on Parent Child Interaction Therapy (PCIT).

**Community Parent Engagement Activities:** The RIR community stakeholder team, a subcommittee of the Fremont Family Coalition, prioritized promoting family engagement and learning opportunities. They were successful in engaging parents in two family events that promoted family literacy. As part of the events, families were provided social-emotional books to take home to read to their children. In addition, a family fun night in which 215 parents and children attended provided fun activities for the family and provided families the opportunity to engage with community partners.

## **Increasing Access to High Quality Child care**

The Fremont Family Coalition's Rooted in Relationships sub group is working to address one of their identified gaps in the community, lack of child care openings and a lack of understanding about what high quality child care looks like. The group collaborated with Step Up to Quality to educate their community on the rating system and how to connect and engage local centers and in-home providers. Five programs, including center and home providers, enrolled in Step Up to Quality and were engaged in RIR activities. One provider indicated that her Step Up to Quality rating would not have been as high had she not been part of Rooted in Relationships. In addition, efforts were made to disseminate information to families about high quality child care. The Fremont Family Coalition incorporated this information on quality into their parent engagement projects. At the Family Engagement night, parents were provided materials that encouraged them to learn more about the rating system. A Facebook page also kept followers up to date on the testimonials, articles and resources related to Step Up to Quality.

## **Public Awareness**

In 2017, a video was produced to highlight both Pyramid and community systems work specific to Dodge County. The video can be utilized to garner additional community support as well as recruit families and providers to engage in opportunities offered.

## **Hall County**

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Hall County began implementing the RIR initiative in 2015. The Hall County Community Collaborative (H3C) work is funded through blended RIR and Community Well-Being (CWB) funds. Several parts on the H3C work plan are funded primarily by CWB funds (e.g., Parent Child Interaction Therapy, Community Response). Evaluation results for these projects are reported in their CWB annual report.

## Parent Engagement

H3C systems work focused on building providers' capacity to support social-emotional initiatives in their community. Rooted in Relationships promoted parents' participation in the YWCA sponsored Common Sense Parenting classes. During this year, H3C identified that transportation for families to attend community events and parenting classes continues to be a challenge.

**Circle of Security™-Parenting:** H3C identified five individuals to train in Circle of Security™ – Parenting in the spring of 2017. Several community initiatives helped to support the funding of the classes and the training for these new COS-P facilitators. Currently, there are training agreements in place for the three trainers who remained in the community. Two Circle of Security™-Parenting classes were completed. Scholarships were given to five parents for their participation in the classes. Results from the evaluation of these classes can be found on page 15.

## Lancaster County

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Lancaster County began implementing the RIR initiative in 2015. Originally coordinated out of the local Alternative Response Early Childhood Committee, the work of this group shifted to a subcommittee of the Lincoln Early Childhood Network in late 2017.

### Build Community Partnerships

The newly formed Lincoln Early Childhood Network (LECN) arose out of the work of the Early Childhood System of Care (ECSOC) assessment in Lancaster County. In February and March of 2017, representatives from over 70 organizations came together to examine early childhood services in the community. As part of next steps, the Lincoln Early Childhood Network was formed to promote cross-sector coordination and advocacy that focus on the whole child. Three work groups have been formed. They are Communication and Messaging, Comprehensive Health including Early Childhood Mental Health, and Access to Quality Early Care and Education. The RIR stakeholder team is involved in the Access to Quality Early Care and Education work group of the LECN.

## Parent Engagement

**Circle of Security™-Parenting:** The Lancaster County team continued to focus its systems work by providing infrastructure support for the COS-P facilitators in the county. The primary goal was the development of an integrated system to increase awareness and coordination of COS-P, as both a prevention and an intervention strategy. COS-P coordinators worked to expand the awareness of COS-P by providing informational sessions at six businesses/agencies in Lincoln this year.

COS-P facilitator meetings occurred monthly and two coordinators dedicated time and effort to this project. The primary goals of building the COS-P system include connecting facilitators with one another for networking and support, boosting countywide collaboration to coordinate class offerings, and establishing a unified fee schedule. During this year, COS-P facilitators completed eight classes. The evaluation of these classes can be found on page 15.

## Public Awareness

In 2017, a video was produced to highlight both Pyramid and community systems work specific to Lancaster County. The video can be utilized to garner additional community support as well as recruit families and providers to engage in opportunities offered.

## Buffalo County

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Buffalo County began implementation of the RIR Initiative in 2017. Work in Buffalo County is coordinated through Buffalo County Community Partners.

### Build Community Partnerships

The Buffalo County Stakeholder Team worked to identify community needs and align outcomes to the overall behavioral health system. Through this process, a new collaborative group (HealthyMINDS) was formed as they braided funding for suicide prevention, school mental health, early childhood behavioral health, and Rooted in Relationships. Some of the invested partners include, University of Nebraska at Kearney, Kearney Public Schools, Two Rivers Public Health Department, the Educational Service Unit, and many more. They continue to build community partnerships to share their work and make connections to share outcomes among their partners.

### Expansion of the Pyramid Model

A recommendation of the RIR Stakeholder Team was that the Pyramid Model work be expanded to include Pre-K and kindergarten classes in the Kearney Public Schools (KPS). As a result, in addition to implementing the Pyramid Model in child care settings as part of the RIR efforts, an introductory training on the Pyramid model was provided for early childhood and kindergarten teachers at KPS. A CHI Health Violence Prevention grant has currently provided 109 Second Step kits being utilized in Buffalo County classrooms from early learning through grade five, with KPS district wide expansion for all classrooms K-8<sup>th</sup> to begin in the spring of 2018.



## Public Awareness

The Buffalo County Stakeholder Team developed a communication campaign called, “All Child care is High Quality” for parents. The key messages focus on communicating the components of social-emotional development, the importance of high-quality child care, and how to access available resources. There are plans to develop a parent checklist to help parents in choosing high quality child care. This checklist and materials will be distributed in parent packets for newcomers in the community and to new parents and other organizations that refer parents to child care.

## Keith County

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Keith County began implementing the RIR initiative in 2017. Before deciding their systems strategies, the Stakeholder Team decided that they would like to first conduct focus groups to get more information from several different demographic populations in their community. During the fall of 2017, they worked to determine what information they wanted to gather and how they would use that information as they moved forward with their work. They plan to conduct eight focus groups to identify the psychological, physical, community, and system barriers for families to access services. These will shape their systems work moving forward.

## Parent Engagement

Circle of Security™-Parenting: The Stakeholder team determined that there was a need for a more coordinated effort of providing COSP classes. Their Rooted coordinator began assisting with the scheduling of and registration of classes so they are offered in a variety of places and at different times. Two Circle of Security™-Parenting classes were completed this fall with 19 participants. Results from the evaluation of these classes can be found on page 15.

**Community Provider Training:** Several community trainings were offered to support the community members’ awareness of the importance of social-emotional competence (e.g. Bridges Out of Poverty). Additionally, a three-part Family Engagement Series was provided that focused on building relational capacities and examining strategies to build strong relationships. The series also addressed understanding and effectively dealing with conflict. A second training, offered in two different sessions, helped participants understand the brain’s architecture and how early childhood experiences impact the brain’s development. The RIR Community Stakeholder Team worked to develop a central registration process for all classes sponsored in partnership with other community agencies.

## Public Awareness

The Keith County Community Stakeholder Team developed a public awareness campaign to increase the community’s focus on the importance of social-emotional development in early childhood. As part of that effort, they worked to build consensus on their mission statement,

“Growing our social-emotional strengths with each other and for each other.” They created a public Facebook page to share information. They also developed a pamphlet for dissemination.

## Panhandle

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The Panhandle Partnership work is funded through blended RIR and Community Well-Being (CWB) funds. Several parts on the Panhandle Partnership work plan are primarily funded by CWB funds including Circle of Security, Community Response, FAST, and TEAMS. Evaluation results for these projects are reported in their CWB annual report. This year, RIR funds have been used as part of their planning year and a sub group of the Partnership’s 0-8 work group is in the process of developing a work plan. Implementation of the Pyramid Model and systems strategies will begin in July 2018.

## Circle of Security™-Parenting (COS-P)

Six (Dawson, Hall, Jefferson, Keith, Lancaster, and Saline) of the ten communities supported Circle of Security-Parenting classes with RIR funds. In total, the communities implemented 17 COS-P class series across seven counties. Some of the communities offered COS-P as a part of their parent engagement systems strategy. A variety of different supports such as child care, food, and incentives (e.g. gift cards) were made available to increase participant access to COS-P. In addition, several communities supported an individual to coordinate COS-P efforts in their community.

**Circle of Security™-Parenting** is an 8-week parenting program based on years of research about how to build strong attachment relationships between parent and child. It is designed to help parents learn how to respond to their child’s needs in a way that enhances the attachment between parent and child.

### About the COS-P Participants

A total of 115 participants enrolled in 17 COS-P classes supported by RIR funding. These participants had 410 children. Demographic data was completed on the retrospective pre/post-survey at the final COS-P session. The majority (92%) of the participants in the COS-P sessions were parents. The remaining attendees were grandparents (3%), foster parents (1%) and other (4%). The participants were primarily female (68%) and were in the 19-30 (41%) and 31-50 (39%) age groups. The participants on average had

three children and ranged from having 0 to 11 children. The majority (66%) were eligible for Child care Subsidy or Free and Reduced Lunch, which was an increase from last year.

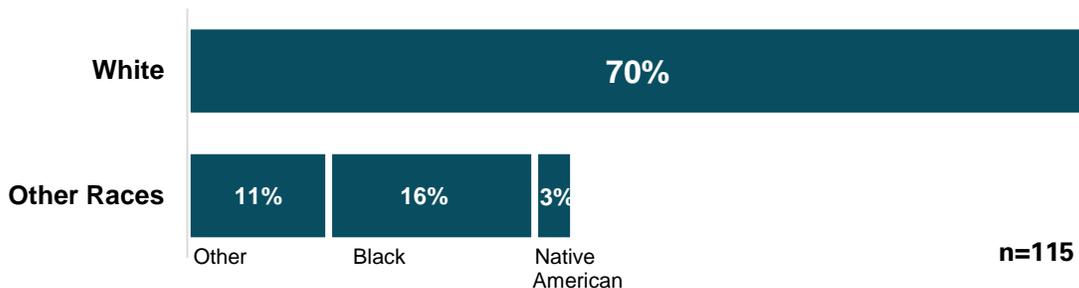
## Participants had children that spanned a wide-range of ages.



Both the race and the ethnicity of the participants were reported. Most of the participants' race was reported as white (70%); however, of this group, 33% noted their ethnicity was Hispanic. These results suggest that there has been good outreach to the Hispanic population given that 9% of the state population is Hispanic.

### The race of most participants was white.

Of this group, 33% of the participants indicated their ethnicity was Hispanic.



## Why did individuals participate in COS-P?

Participants joined a COS-P class for a variety of reasons. The primary reason was "be a better parent" and improve their relationships with their children. Several joined as part of a court requirement. As one person reported, "It (COS-P) was court ordered, but I'm glad I did the class. I liked it a lot." Several professionals participated to support their work with children and families. One church recommended it for their teachers.

Program supports were provided to help increase participation and attendance. Many of the sessions included child care (24%), food (48%) and incentives (62%), which were primarily gift cards. Only one program provided transportation for the participants.

"I thought it would be a **great experience listening to other parents** and possibly finding a new way and approach to my parenting struggles."

A parent

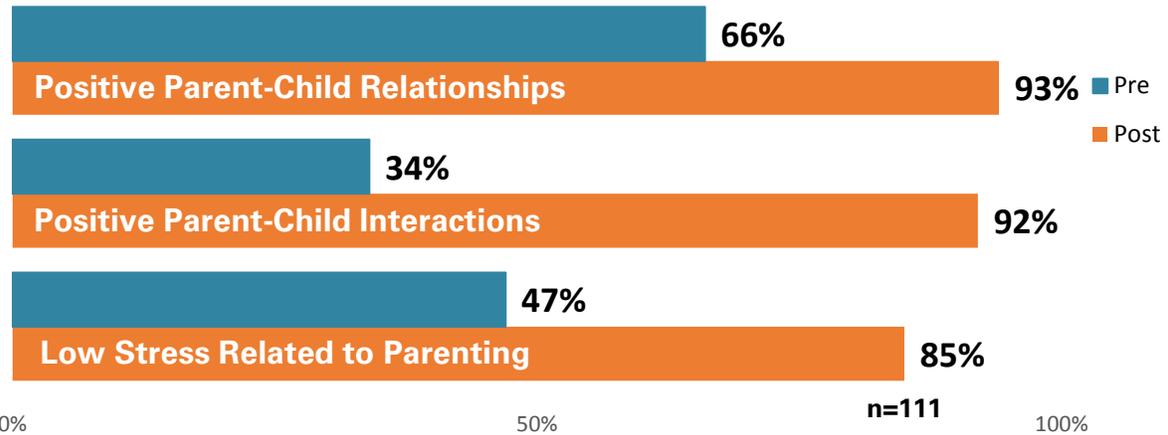
## How did participants evaluate their COS-P experience?

A total of 111 of the 115 individuals completed a pre-post retrospective survey about parenting stress, their relationship with their children, and confidence in their parenting skills. The results of the survey were analyzed in two different ways. First, a statistical analysis (a paired t-test) was completed to determine if there was a significant change in participants' perception by the end of the COS-P series across the program-identified outcomes. There were significant positive differences found between overall scores at the beginning of the group ( $M=3.06$   $SD=.84$ ) and scores at the conclusion ( $M=4.40$ ;  $SD=.56$ );  $t(106)=-14.191=.102$ ,  $p<.001$ ,  $d=1.37$ , two-tailed test. These results suggest a strong effect size that is in the zone of desired effects.

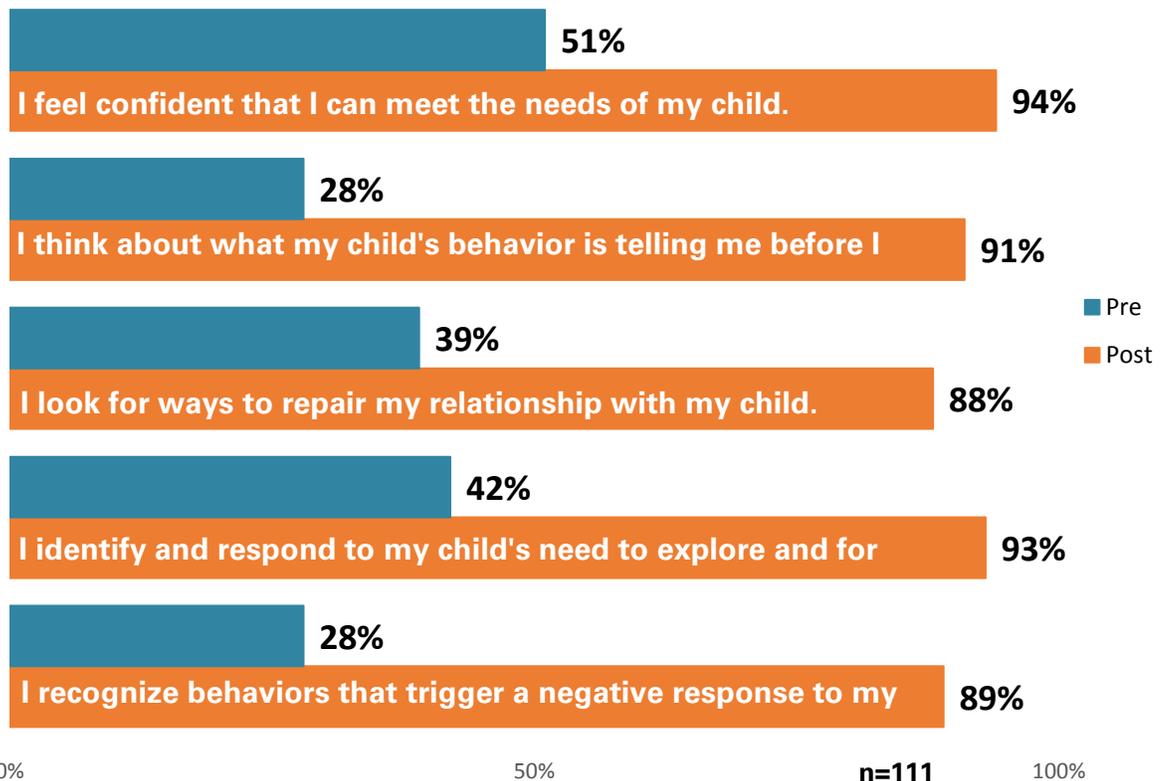
The second analysis examined the percentage of participants who rated their skills positively (a rating of agreed or strongly agreed), in three outcomes areas. The results found high percentages of participants met the program goal of rating their parenting skills and their relationship with their children very positively. The majority of the parents (85%) of the parents reported low stress related to their parenting at the end of the COS-P sessions; an increase from the pre-assessment, where only 47% reported low stress related to their parenting. These results suggest a decrease in parenting stress.



**Most of the participants met the program goal in adopting positive parent-child interactions and positive parent-child relationships. Parenting stress was lowered by the end of the COS-P session.**



**Positive Parent-Child Interaction Items: Parents make gains across all areas. The most gains were made using the child's behavior to understand their needs and recognizing the triggers for a negative response to their child.**



## What did participants tell us about their experience?

A total of 112 of the 115 participants completed the satisfaction survey. Participants were very positive about their COS-P experience, using descriptors such as “awesome”, “fun”, and “helpful.” Many simply said, “Thank you”. Most commented on the benefits of participating in the class, specifically how the sessions helped them to gain parenting skills or enhanced the relationship with their children. Parents appreciated that they “were not alone” and felt “empowered to know that you share stories.” Many described that it helped to “open their eyes to my child’s behaviors” and “respond to their child’s needs.” Others indicated that it helped them learn to calm down and organize their feelings. As one parent commented, “It gave me better options” for parenting. Overall, the participants rated the group format and their facilitator very positively (95%).

“The class has taught me **how to be a better parent** and I’m able to apply what I’ve learned in relationships with my parents, partners, and even at work.”

A parent

**Nearly all of the participants agreed or strongly agreed that the group format was helpful and the COS-P Facilitator did a good job facilitating the group.**

Parents Satisfied with COS –P

94%

0%

50%

n=112

100%



“The class put most everything I already knew about parenting into a circle to simplify how the parent/child interaction is perceived.”

A parent evaluates COS-P

## What did COS-P Facilitators tell us about their experience?

Facilitators confirmed many of the benefits that the participants described such as parents’ discovery of how their experiences as a child influenced their parenting and expressed how the class helped parents understand their child’s behavior and gave them new parenting strategies. Several facilitators noted that at first the participants were quiet, but over time they “opened up” and “felt comfortable sharing.” In addition, they “supported each other and created a good

support system.” Many shared that parents reported improved relationships with their children.

Facilitators were asked to describe any challenges or suggestions for improving COS-P sessions. Several noted the importance of class size. There were difficulties with class size being too small, which resulted in less discussion. There were some situations where the parents were less engaged due to a variety of factors (e.g., court ordered, families having difficulty accessing concrete supports, or other family issues). For some attendance was an issue. A small number had challenges managing the developmental abilities of the parent and others mentioned having difficulty engaging teen parents.

## What did Facilitators tell us about their Reflective Consultation experience?

All COS-P facilitators were provided the opportunity to participate in reflective consultation via video conference. In RIR Communities, facilitators were encouraged to take part, and seventy percent joined consultation sessions. Half of the facilitators (50%) participated in weekly sessions and 40% participated in sessions one to two times per month. High percentages of the Facilitators rated the consultation as helpful (88%). Similar percentages (86%) found the frequency of the

“I could take the feedback and **apply it within a week**... that was helpful.”

A COS-P Facilitator

reflective consultation to be adequate. Six reflective consultation opportunities were provided during the past year. Each series of reflective consultation lasted for eight weeks and consultation was provided weekly during the session. COS-P facilitators provided feedback on both the helpfulness of the reflective consultation sessions and the resulting benefits to themselves. Survey items were rated on a four-point Likert scale with one indicating “not at all” and four indicating “all of the time.” The overall rating of the sessions was 3.83, with 86% (ranged from 71% to 100% per survey item) of the total responses across survey items rated as “all the time.” These results suggest that facilitators found the strategies used by the consultant were timely, allowed all facilitators to participate in the discussion, and were sensitive to the facilitator’s needs. As one facilitator noted, “It helps to talk out the classes, sometimes we hear some pretty heavy stuff. It just helps to have someone else to talk to that understands.” The benefits of the sessions were also positively rated. COS-P facilitators noted that overall the consultation sessions improved their facilitation of COS-P sessions, helped them to identify their strengths and what areas that they continued to struggle in, and provided them with an increased understanding of the content and process of the COS-P overall. Many reported it was a safe place to share and learn. One facilitator commented, “She (consultant) helped me to understand this parent (one I was struggling with) and look at things from a different view point.....I grew stronger with my understanding of her (the parent).” Others reported that reflective consultation helped them to “share ideas and struggles,” hear how “others handle situations,” “reminded me about the fidelity to the model,” “helped me listen to my own shark music,” and “get feedback on my own reactions or ways I handle certain situations in class.”

**The Pyramid Model** is a framework of evidence-based practices that promote social-emotional competence in young children and prevent and address challenging behaviors (Fox, Dunlap, Hemmeter, Joseph & Strain, 2003). The model is a promotion, prevention, and intervention framework built on the foundation of a high-quality workforce. The three tiers of the Pyramid Model include:

1. Nurturing and responsive relationships and high-quality learning environments that have positive behavior expectations and predictable routines;
2. The intentional teaching of social-emotional competencies such as play skills and emotional regulation;
3. Individualized interventions for children who need additional supports such as a positive behavior support plan.

# Pyramid Model Implementation Program Description and Evaluation Findings

## About the Implementation

Rooted in Relationships Pyramid Model Implementation offers center and home-based child care providers Pyramid Model training and ongoing coaching support for the implementation of Pyramid strategies to promote young children’s social-emotional development. Implementation includes both training and on-site coaching and each community coaching team consists of both early childhood specialists and mental health providers.

In 2017,

**27 coaches** supported

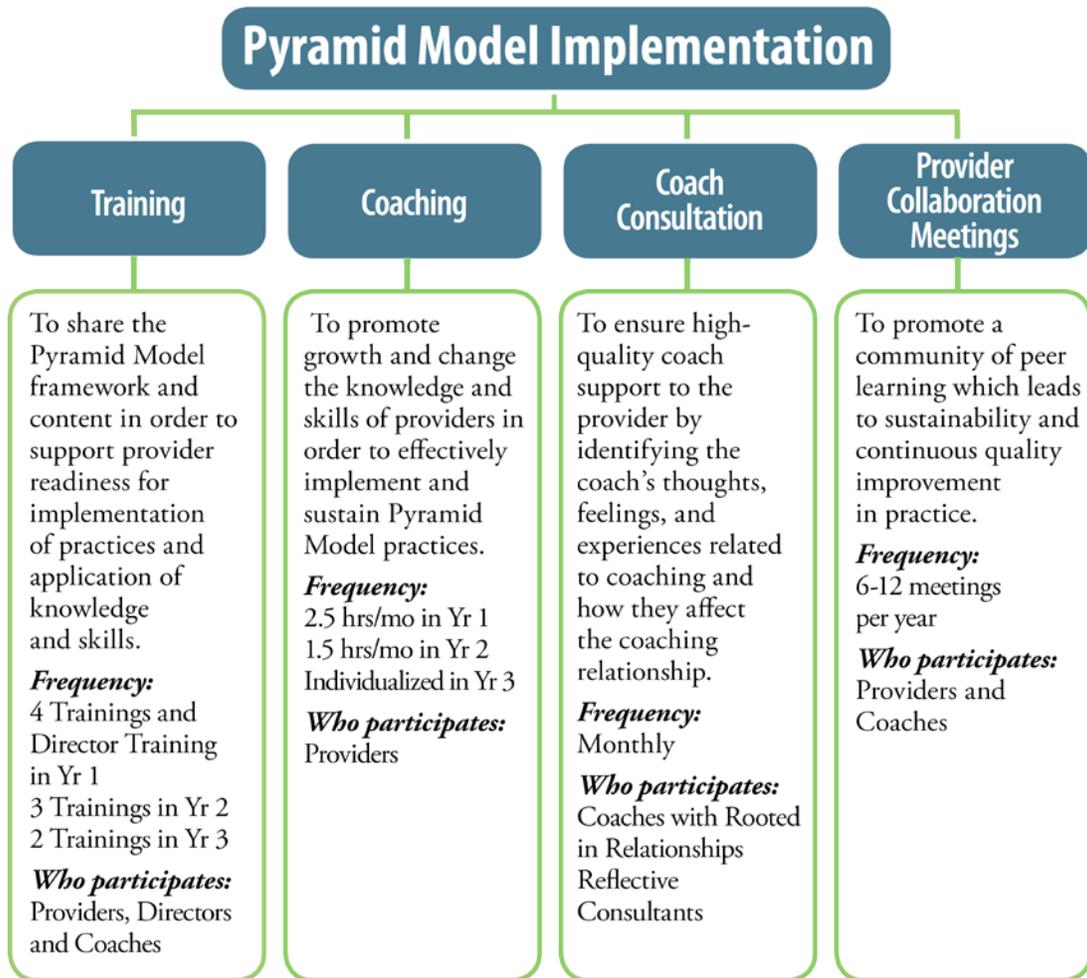
**147 center and home-based providers** in

**77 programs** impacting over

**1,200 children**

In addition to training and coaching, providers are eligible to apply for funds to support the social and/or emotional development and well-being of the children in their care. The funds are used to help the provider reach a specific coaching goal. In 2017, 36 social-emotional enhancement grants were awarded totaling \$23,951.89. Providers used these funds to purchase materials, equipment, curricula and/or attend trainings to help them reach their coaching goals.

The following graphic shows the implementation activities across three years.



## About the programs and the providers

During this reporting period, **77 programs** participated in Rooted in Relationships. The majority (56%) were child care centers. The minority (44%) were home-based child care programs.

Cohort 1, comprised of Dakota, Dawson, and Saline/Jefferson counties, began implementation of the RIR initiative in 2014. This year, 29 programs participated across the four counties. Just over half of the programs (52%) were home-based child care programs. The rest (48%) were center-based. The retention rate for Cohort 1 providers was 97%.

Cohort 2, comprised of Dodge, Hall and Lancaster counties began implementation in 2015. This year, 26 programs participated. The majority (73%) were child care centers. The rest (27%) were home-based programs. During this reporting period, four programs withdrew, which is a retention rate of 85%.

Cohort 3, comprised of Buffalo and Keith counties, joined RIR in 2017 with 22 programs participating. The majority (55%) were home-based child care programs. The rest (45%) were

center-based. None of the Cohort 3 programs withdrew during this reporting period, which is a retention rate of 100%

At the start of their third year of participation in RIR, Cohort 1 and 2 communities were given the opportunity to expand to additional programs or add providers in existing programs to begin another three-year implementation cycle. All the Cohort 1 communities chose to expand in 2016, with Saline expanding into Jefferson County, which resulted in the addition of 15 new programs and 50 providers. In 2017, of the Cohort 2 communities, only Lancaster County chose to expand adding four new programs and 13 new providers.

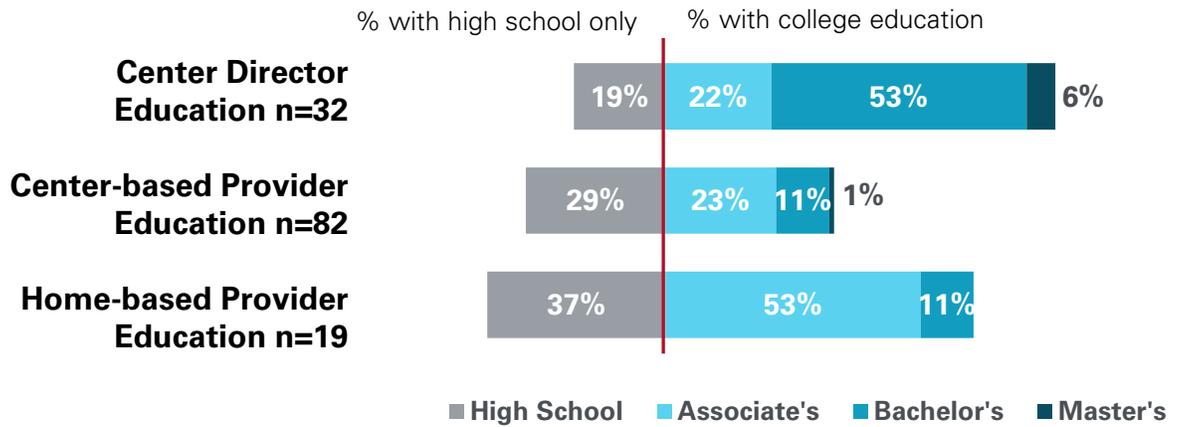
This year, **147 providers** participated in the RIR program. In this report, “provider” signifies anyone who works directly with children. Most (78%) of the providers worked in child care centers. The rest (22%) worked in family child care homes. By the end of this reporting period, the overall retention rate for providers in the program was 73%. The following table indicates the number of providers and the retention rate by cohort.

Cohort	Center based	Home based	Total # of Providers	Retention Rate
<b>Cohort 1</b>	14	8	22	96%
<b>Cohort 1 Expansion</b>	44	6	50	56%
<b>Cohort 2</b>	31	4	35	74%
<b>Cohort 2 Expansion</b>	11	2	13	92%
<b>Cohort 3</b>	15	12	27	93%
<b>TOTAL</b>	115	32	147	73%

**Please note that this report includes provider and child demographic data from all three cohorts. However, the outcome data for programs and providers are only reported for Cohort 1, Cohort 1 Expansion and Cohort 2.** New RIR participants, including all of Cohort 3 and the expansion group in Lancaster County (Cohort 2) collected baseline data in the fall of 2017. Outcomes for these new groups will be included in the 2018 RIR report after they have been in the initiative for at least a year.

Information was collected about the education of the directors and the providers. A total of 74% of the center directors, 71% of the center-based providers and 59% of the home-based providers responded to the demographic survey. This is a high response rate but the data on provider education is incomplete. It may indicate trends but should not be viewed as a definitive report for all providers and center directors participating in RIR.

**The majority of center directors, center-based teachers, and home-based providers had an associate's or bachelor's degree.**



Most (71%) of the participants with a 2 or 4-year college degree majored in early childhood development or elementary education. Other areas of study included agricultural sciences, business, nursing, psychology, and social work.

**About the children**

In 2017, programs participating in Pyramid Model implementation through RIR served over **1,200** children. Of these children,

- **77%** were in center-based programs and **23%** were in home-based programs
- **23%** qualified for a state child care subsidy, an indicator of low income
- **9%** spoke a primary language other than English

**About the coaches**

Each county had coaching teams that consisted of two to four coaches inclusive of a lead coach who provided additional support and technical assistance to the team. Coaches had expertise in early childhood development and early childhood education. Some of the coaches were mental health providers with a master’s degree in either social work or counseling. Other coaches were early childhood specialists who typically had experience as classroom teachers, trainers, supervisors or administrators.



### Measures of Pyramid Model Fidelity

The fidelity measures are reported as a percentage of items meeting fidelity. Quality is considered a score greater than or equal to 75%.

#### Benchmarks of Quality (BOQ)

Fox, Hemmeter & Jack, 2010.

A center-based self-assessment tool that the leadership team completes:

- 47 items
- 9 subscales plus 1 overall score

#### Family Child Care Homes Program-wide PBS Benchmarks of Quality (FCCH BOQ)

Lentini, 2014. A self-assessment tool that the home-based provider completes:

- 42 items
- 8 subscales plus 1 overall score

## What was the fidelity to the Pyramid Model for program-wide implementation?

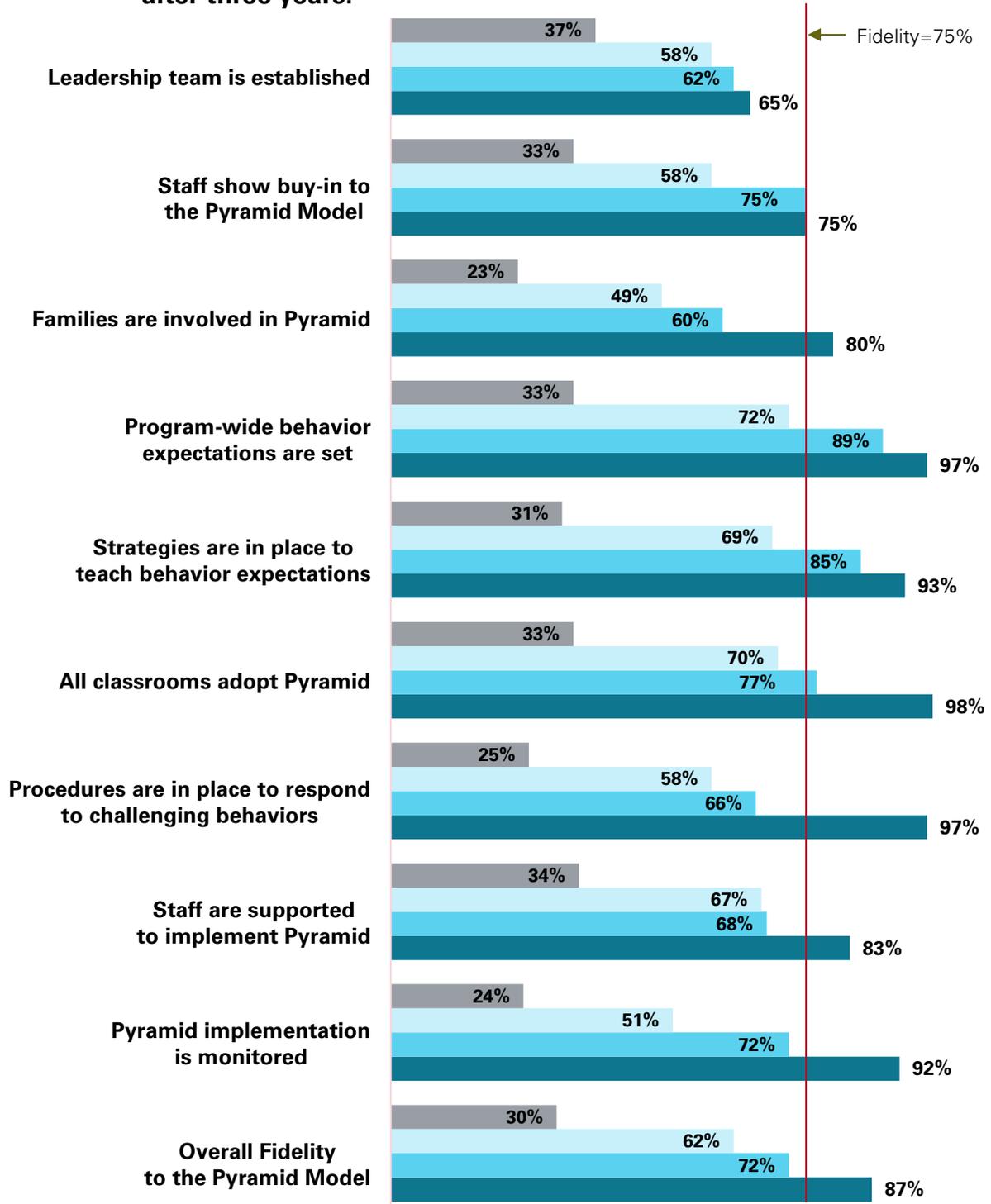
The Pyramid Model provides guidance for the adoption of evidence-based practices that promote young children's social-emotional learning and development. Program-wide implementation includes a systematic approach to positive behavior supports to ensure consistency and predictability at every level. Parents, caregivers and administrators align to promote these model practices to support social-emotional development. Program-wide implementation means that all classrooms in the child-care center were implementing Pyramid Model strategies. This work includes setting program-wide behavior expectations, involving families in the Pyramid Model, adopting procedures to respond to challenging behavior, and monitoring the implementation of Pyramid practices. Rooted in Relationships does not require center-based programs to implement program wide.

Two measures were used to evaluate the fidelity of the program-wide implementation of the Pyramid Model. The side bar provides more information about these tools. Centers completed the **Benchmarks of Quality (BOQ)**. During the 2017 program year, five centers in each of the following: Cohort 1, Cohort 1 Expansion, and Cohort 2, maintained program-wide implementation. During the reporting period, 15 home-based providers with at least one year of participation in RIR completed

the **Family Child care Homes Program-wide PBS Benchmarks of Quality (FCCH BOQ)**. Eight providers were in Cohort 1, three in Cohort 1 Expansion, and four in Cohort 2.

The following chart shows how the program-wide Pyramid practices in the center-based programs have changed over time. Results are presented as an average across the programs. Cohort 1, Cohort 1 Expansion and Cohort 2 results are combined at baseline and Year 1. Year 2 results are for Cohort 1 and Cohort 2, and Year 3 results are only for Cohort 1 as centers completed their third year in the project in spring 2017. Fidelity on the BOQ is defined by the tool authors as implementing 75% of the practices in a given area.

**Each year, centers implementing program-wide increased fidelity to the Pyramid Model. On average they reached fidelity after three years.**



Baseline n=13, Year 1 n=12 (includes Cohorts 1, 1 expansion & 2)  
 Year 2 n=8 (Cohorts 1 & 2)  
 Year 3 n=5 (Cohort 1)

■ Baseline ■ Year 1 ■ Year 2 ■ Year 3

The BOQ survey results indicate that centers choosing to implement the Pyramid Model program wide improved their implementation over time. The centers continued to make progress each year, showing growth in every area. On average, at the end of the first year of coaching, centers did not reach fidelity, but they were approaching it (scores of 65% to 74%) in four areas: setting behavior expectations throughout the center, using strategies to teach behavior expectations, having all classrooms adopt Pyramid Model practices, and supporting staff. By the end of the second year of implementation, programs met fidelity in four areas on average: staff buy-in to model, behavior expectations are set across all classrooms, teachers have strategies to teach expectations and all classrooms participate in Pyramid. By the end of Year 3, fidelity was met, on average, in every area except for establishing a leadership team, which averaged 65%. The average overall score for fidelity, which is a combination of all the subscales, was 87%, which is well above the program goal of 75%.

A statistical analysis was done to determine if the changes over time on the BOQ were significant. Results of a paired t-test analysis indicate that child care centers made significant meaningful gains from Baseline (M=31%; SD=15.66) to Year 1 (M=62%; SD=18.62),  $n=12$ ,  $p<.01$ ,  $d=1.24$ , two-tailed test. A statistical analysis of the change from Year 1 to Year 2 or Year 2 to Year 3 could not be completed because of the small n.

The following chart shows how the 15 home-based child care providers changed their Pyramid Model practices over time, based on results from the FCCH BOQ. The scores are presented as an average across the Cohort 1, Cohort 1 Expansion and Cohort 2 providers at baseline and Year 1. Year 2 results are only from Cohort 1 and Cohort 2, as the Expansion Cohort had not had two full years in the project at the time of this report. Year 3 results are only for Cohort 1. To meet fidelity to the Pyramid Model, 75% of the practices in a given area must be in place.

At baseline, **none of the centers** met the program goal for fidelity of the implementation

After one year of training and coaching, **25%** met the goal.

After two years, **63%** met the goal.

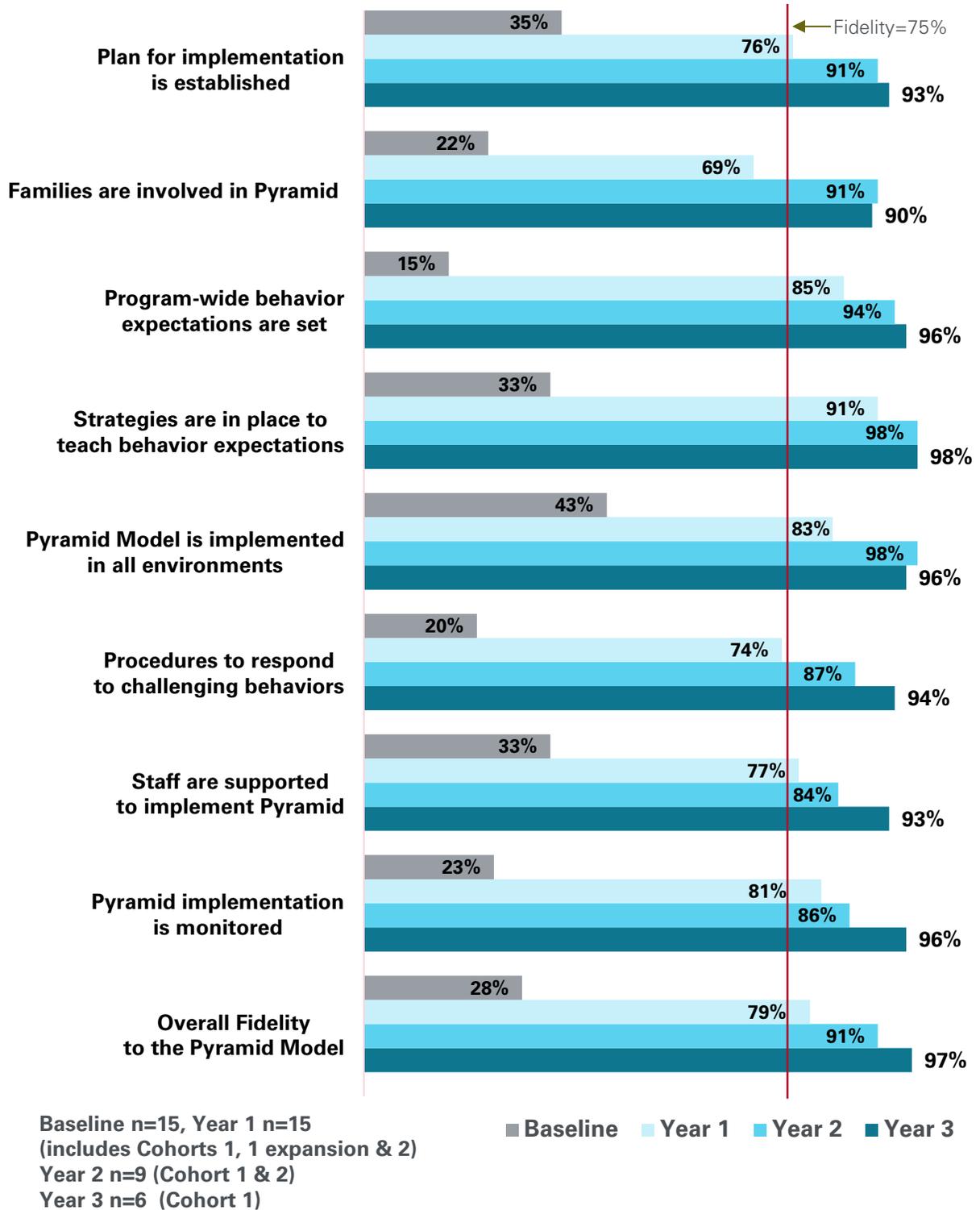
After three years, **80%** of the centers met the goal.



**“We are a much more positive center that uses skills throughout the day to continue positive social-emotional skills in the children.”**

**A provider reflects on the Pyramid Model**

**Home-based providers increased fidelity each year and, on average, reached fidelity in every area after two years in the program.**



Home-based providers made great strides in implementing the Pyramid Model. Before coaching and training, none of the programs demonstrated fidelity. After one year in the program, they met fidelity, on average, in five of the seven subscales and overall. The areas they did not meet fidelity in were involving families in the Pyramid Model and establishing procedures to respond to challenging behavior. However, average scores were approaching the program goal. After two years in the program, programs, on average, achieved fidelity to a very high degree in all areas. Fidelity was maintained or increased during Year 3.

Results of a paired t-test analysis indicate that home-based providers made significant meaningful gains in overall fidelity to the model from Baseline (M=28%; SD=23.46) to Year 1 (M=79%; SD=11.26),  $n=15$ ,  $p<.001$ ,  $d=2.56$ , two-tailed test. The results suggest large effect sizes within the zone of desired effects. A statistical analysis of the change from Year 1 to Year 2 or Year 2 to Year 3 could not be completed because of the small  $n$ .

At baseline, **7% of the home-based child care providers** met the program goal for fidelity of the implementation

After one year of training and coaching, **73%** met the goal.

After two years, **100%** met the goal.

**A child “was having behaviors that were leading (the center) to consider expulsion. I worked with the teacher and she implemented her social-emotional skills with him and he has totally stabilized. He was hitting kids often, every day, and now it is very rare.... I believe it was a Pyramid classroom that offered structure, consistent expectations and social-emotional teaching. There is no question that if mom had put him in a non-pyramid classroom he would have been expelled. Pyramid allows teachers to look at little guys like him through a more compassionate lens.”**

**A coach reflects on supporting a child**





### Measures of Center-Based Classroom Practices

Classroom assessments are completed by an outside evaluator. Scores are reported on two scales:

**Key Practices** examine Pyramid Model strategies. The score is reported as a % of indicators met. **Red Flags** signify problem practices in need of immediate attention.

Quality for both tools was defined as meeting 80% of the Key Practices and having NO Red Flags.

#### Teaching Pyramid Observation Tool, Research Edition (TPOT) Hemmeter, Fox, & Snyder, 2014.

- **Key Practices** - 14 areas
- **Red Flags** - 17 items

#### Teaching Pyramid Infant Toddler Observation Scale, Revised (TPITOS) Carta, 2015

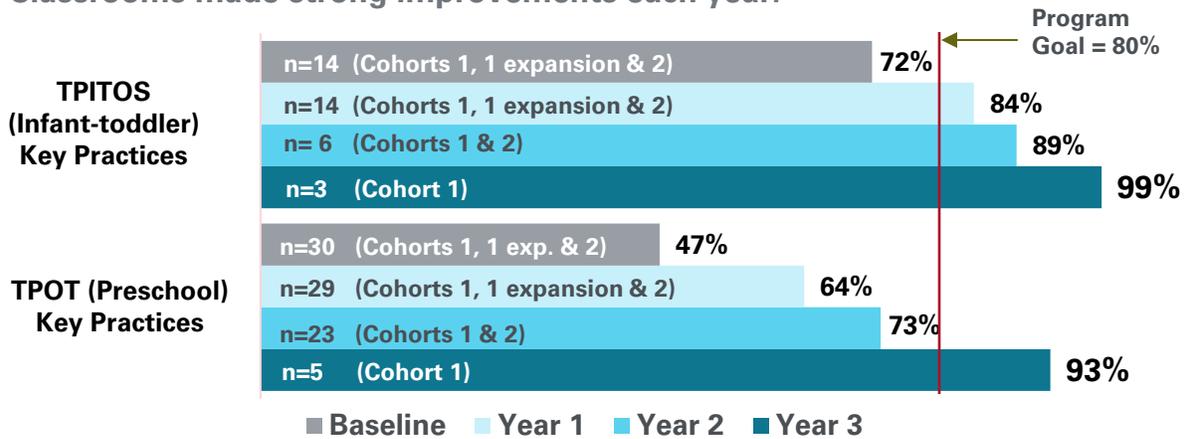
- **Key Practices** - 13 areas
- **Red Flags** - 11 items

## What were the outcomes for the center-based classrooms?

To measure the center-based classroom outcomes, outside evaluators completed observations using the **Teaching Pyramid Observation Tool Research Edition (TPOT)** for preschool rooms and the **Teaching Pyramid Infant/toddler Observation Scale Revised (TPITOS)** for infant or toddler rooms. Details about the TPOT and TPITOS can be found in the side bar. The TPOT and TPITOS have not been used to collect data in family child care homes, as they were not originally designed for this environment. These tools were developed to measure the implementation of Pyramid Model strategies and focus on four areas of teacher practices: nurturing responsive relationships, creating supportive environments, providing targeted social-emotional supports and utilizing individualized interventions. Practices measured in the **Key Practices** scale include building warm relationships with children, utilizing preventative strategies such as posting a picture schedule and structuring transitions, teaching social-emotional skills, and individualizing strategies for children with behavior challenges. **Red flags** measure negative practices such as chaotic transitions and harsh voice tone.

To analyze the impact of Pyramid Model Implementation, classrooms were observed at the start of the project, and then on an annual basis thereafter. The following chart shows classroom outcomes for the providers participating in RIR in 2017 at baseline and each year they were observed. The data include scores from Cohort 1, Cohort 1 Expansion, and Cohort 2. Cohort 2 Expansion and Cohort 3 results are not included because their baseline data was collected in the fall of 2017. The Year 3 results are for the Cohort 1 providers who completed their third year of coaching in the summer of 2017. Additional analyses were completed to measure change in classroom practices over time.

**On average, infant-toddler classrooms met the quality indicator goal after one year in the program. Preschool rooms met the goal by year 3. Classrooms made strong improvements each year.**



Classrooms continued to demonstrate improvement across all three years of the implementation. At the baseline observation, 43% the infant/toddler classrooms met the program goal of 80%. After a year of coaching and training, the majority (71%) of classrooms met the goal. While preschool classrooms improved from the baseline observation to the end of Year 1, they fell short of the program goal. None of the preschool classrooms met the goal at baseline; by the end of year 1, 14% of classrooms met the goal.

By the end of Year 2, classrooms continued to show improvement. Most (83%) of the infant-toddler rooms and almost half (44%) of the preschool rooms met the program goal.

After three years in the program, all classrooms met the program goal, achieving at least a score of 80% on the TPOT or TPITOS.

Results of a paired t-test analysis indicate that preschool classrooms made significant meaningful gains from Baseline (M=47.37; SD=16.29) to Year 1 (M=63.78; SD=16.11), n=29,  $p < .001$ ,  $d = 1.36$ , two-tailed test. Significant improvements continued during the second year of coaching: Year 1 (M=63.91; SD=17.13) to Year 2 (M=73.26; SD=17.38), n=22,  $p < .01$ ,  $d = 0.69$ . The results suggest large effect sizes within the zone of desired effects. A statistical analysis of the change from Year 2 to Year 3 could not be completed because of the small n.

While the infant-toddler classrooms also made gains, they were not significant, based on a paired t-test analysis, (n=14,  $p = .073$ ).

At baseline, **43% of infant-toddler** rooms met the program goal. **No preschool** rooms met the goal.

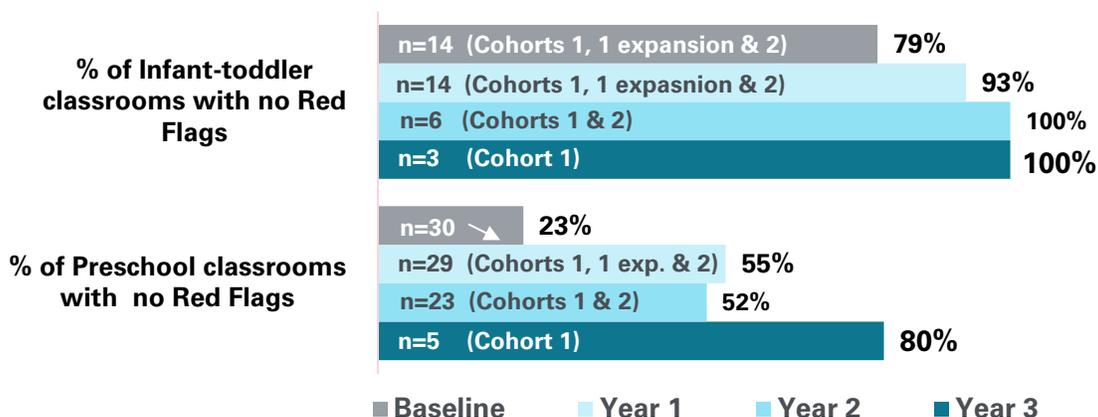
After one year of training and coaching, **71% of infant-toddler** and **14% of preschool** rooms met the goal.

After two years, **83% of infant-toddler** and **44% of preschool** rooms met the goal.

After three years, **all classrooms** met the goal.

The following chart presents the incidence of Red Flags at Baseline, Year 1, Year 2, and Year 3. Red Flags measure negative classroom practices such as threatening negative consequences, reprimanding children for expressing emotions, or discouraging children from playing together. The program goal is for classrooms to have no red flags. In both preschool and infant-toddler classrooms, negative practices decreased over time. The majority (79%) of infant-toddler classrooms had no Red Flags at baseline. After two years of coaching, 100% of these classrooms had no Red Flags. Only 23% of preschool rooms had no Red Flags at baseline. Red Flags decreased over time and by Year 3, 80% of the preschool rooms had no Red Flags.

**The number of classrooms without Red Flags increased over time. By Year 3, all infant-toddler and 80% of preschool classrooms met the program goal of having no Red Flags.**



### Child Outcomes in Pyramid Classrooms: The development of a new tool

While the TPOT and TPITOS are useful in measuring how teachers have adopted Pyramid Model practices, there is no evaluation tool to measure the impact of the model on the children’s social-emotional development. In response to this need, the evaluation team developed two new observation tools, the **CPOT (Child Pyramid Observation Tool)** and the **TodPOT (Toddler Pyramid Observation Tool)**, that focus on child behaviors to measure the degree to which children have adopted the language and approaches of the Pyramid Model. For one hour during center time or free play, the observer watches multiple children in a variety of play settings. They assess the children’s social-emotional skills in four areas: friendship behaviors, emotional competencies, meeting classroom expectations and relationships with their caregivers.

The coaches who piloted the two tools found them to be helpful in assessing the impact of teacher practices on child behaviors. They also utilized the results in their coaching to help providers recognize the new skills children have gained because of Pyramid Model approaches.

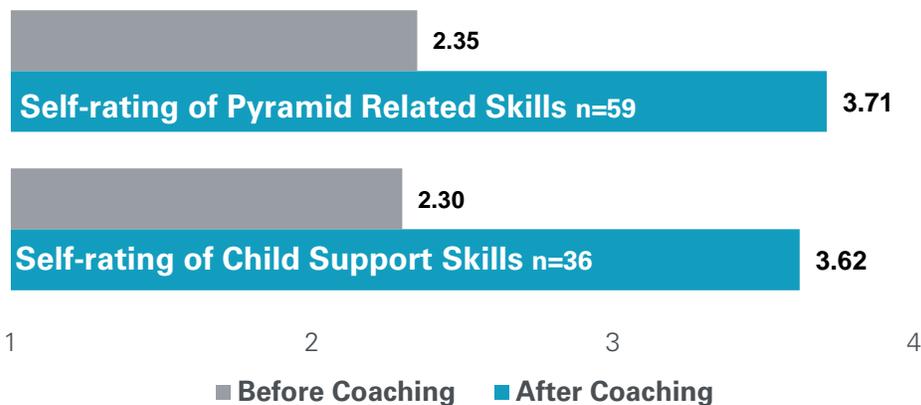
Before implementing these tools initiative wide, additional piloting will occur in 2018 to determine the most effective use and data gathering methods.

# What were the outcomes for the providers?

## Provider Survey Results

In the fall of 2017, providers who had one or more years of participation in RIR were asked to evaluate how their ability to support the social-emotional competency of young children had changed over time. The 22-question pre-post survey is a self-assessment of skills to support the social-emotional competence of all the children in their program (e.g., I help children problem solve when they have a conflict) and to support an individual child with more persistent behavioral challenges (e.g., I can help this child learn to use positive skills to replace his or her challenging behaviors). The survey uses a 4-point Likert scale with 1 = almost never and 4 = almost always. There were 65 surveys returned, 20 from Cohort 1, 28 from Cohort 1 Expansion and 17 from Cohort 2. This is a survey return rate of 78%.

**Providers reported a significant\* increase in their skills as a result of participation in Rooted in Relationships.**



\*Significance at the <.001 level, two-tailed test.

Results of a paired t-test analysis indicate that providers reported significant increases in Pyramid related skills such as creating a positive environment and following a daily routine as a result of Pyramid Model training and focused coaching. There were significant positive differences found between program skills at pre (M=2.35; SD=0.52) and at post (M=3.71; SD=0.25), n=59,  $p<.001$ ,  $d=2.70$ , two-tailed test. The results suggest large effect sizes within the zone of desired effects.

Providers who implemented specific strategies to support individual children struggling with social-emotional skills also noted strong improvement in their abilities. As a result of coaching and training, providers felt more capable of implementing strategies to build children’s social-emotional skills and to manage challenging behavior. Results of a paired t-test analysis indicate significant increases from pre (M=2.30; SD=0.70) to post (M=3.62; SD=.042), n=36,  $p<.001$ ,  $d=1.87$ , two-tailed test. The results indicate large effect sizes within the zone of desired effects.

A one-way between subjects’ ANOVA analysis was done to see if self-rating of skills differed by

Cohort. No significant difference was found in classroom skills ( $n=61$ ,  $p=.472$ ) or child specific skills ( $n=38$ ,  $p=.162$ ). A one-way between subjects' ANOVA analysis to see if the change in self-rating of skills from pre to post differed across cohorts found no significant differences across the three groups for classroom skills ( $n=59$ ,  $p=.360$ ) or child specific skills ( $n=36$ ,  $p=.36$ ).

**Most providers (94%)** were satisfied or very satisfied with their RIR coach and **71%** indicated that they made many changes to their program or behaviors because of participating in Pyramid Model training and coaching. A one-way between subjects' ANOVA found no significant differences between the Cohorts in how many changes providers reported they made ( $n=65$ ,  $p=.164$ ) but a significant difference was found in satisfaction with RIR. The longer providers were in RIR, the greater their satisfaction with the experience ( $F(2,60)=3.286$ ,  $p<.05$ ,  $\eta^2=.10$ ).

## Focus Group Key Findings

### Coaching helped providers successfully implement new strategies.

Providers reported that the coaches helped them translate the training material into their daily practice by helping them establish goals, supporting them to accomplish the goals and holding them accountable. Providers reported implementing a wide range of strategies to support the children's social-emotional skills (e.g., problem-solving cards and visual schedules). In addition, they learned the value of individualizing their work with their children. Coaching was valued by both new and experienced providers.

The coaches were described as sharing information and providing emotional support. To sum up the coaching experience, these words were often used: positive, awesome, loved it, helpful. "I don't think it could be better." Overall, the coaching improved the quality of the providers' interactions with children.

"We have all been to a training where it has great ideas and they just close the book, when you leave. You don't have the time to implement. With a coach you can make it happen."

A teacher

### Children benefited from the changes implemented by providers.

Providers talked about how they became more positive with the children. As one commented, "My relationships grew with my children." "I am calmer now. I use my calm voice and show them pictures of the rules." Children also gained independence. One provider noted that children's skills in her center "skyrocketed." Many providers shared that the addition of a calming area was important and that children learned how to play positively instead of fighting and hitting. The children began to use the tools they were taught such as describing their emotions, comforting other children, or following classroom rules.

"I had a little boy who was emotional and defiant. The parents used the picture boards that the coach made for both of us. The parents are so grateful and could not be happier."

A provider

Focus group methodology can be found on page 2 of this report.

## Coaching

### What was the frequency and intensity of coaching received by providers?

Coaches were expected to meet with providers up to 2.5 hours each month in year one and up to 1.5 hours each month in year two. In year three, coaching was less frequent and was determined between individual coaches and providers, in preparation for the phasing out of all coaching by the end of the third year. In addition to in-person sessions, coaches were available by phone and e-mail. Approximately 27% of the 147 providers receiving coaching were in the first year of the implementation and another 15% of the providers had three years of coaching.

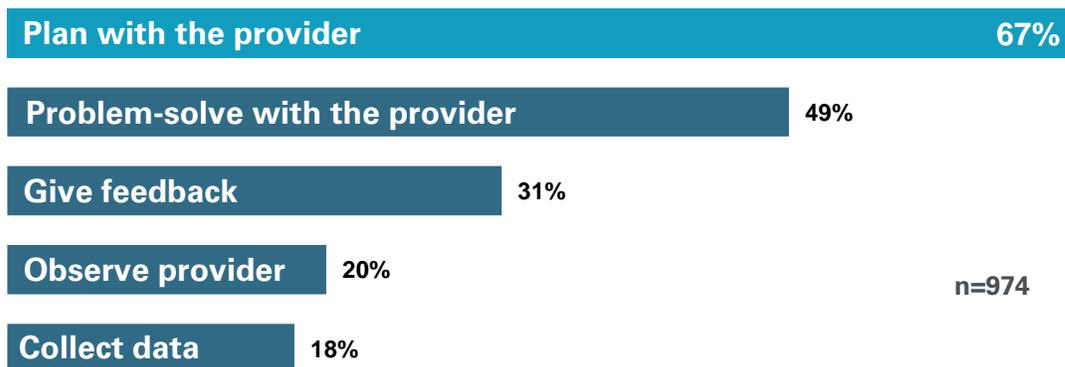
To monitor the content of the coaching sessions as well as the coaching strategies used, coaches completed a brief survey after each session. In total, 24 coaches logged 974 coaching sessions across the eight communities. The number of coaching entries varied widely from coach to coach: from 119 to 3, though three coaches did not log any sessions. Because of the wide variation in the number of sessions logged, the following data should be viewed as an indication of coaching practice trends but not a complete record of RIR coaching sessions.

### Which coaching characteristics did coaches use?

This data provides information about the coaching characteristics used while the coach was spending time observing and interacting within the center classroom or home-based setting.

**The most frequent coaching characteristic used outside of a coach conversation was joint planning with the provider.**

**Problem-solving, including reflecting on practices, was also a frequent coaching activity.**



In addition to the above activities, coaches occasionally did focused observations of the provider working with an individual child (8%) and modeled Pyramid strategies side by side with the provider (6%).

## What did providers say about the coaching they received?

### Focus Group Key Finding: The qualities of the coach contributed to a successful experience for providers.

For many providers, the coaching experience was new, and they did not know what to expect. As one provider noted, it was initially a bit stressful: “Will they give me positive support or judge me?” However, once they had a chance to experience coaching, the majority overwhelming described the experience as positive. The providers noted a number of qualities of a coach that facilitated a positive experience, including being easy to talk with, encouraging, patient, knowledgeable, and fun. They expressed the value of praise and compliments, “We need the descriptive praise just like children.” Strong positive relationships were established with most coaches and coaching decreased the stress some were encountering in their work. Family child care providers, who generally are in an isolated setting, especially noted how helpful it was to talk to another adult.

Providers reported that it was most helpful when coaches helped them see their immediate success, so they could see the impact of the training and coaching on their teaching. It was important for coaches to have flexibility to schedule coaching sessions when providers were most available. Providers also viewed active involvement of the coach in the classroom with the children as important.

Focus group methodology can be found on page 2 of this report.

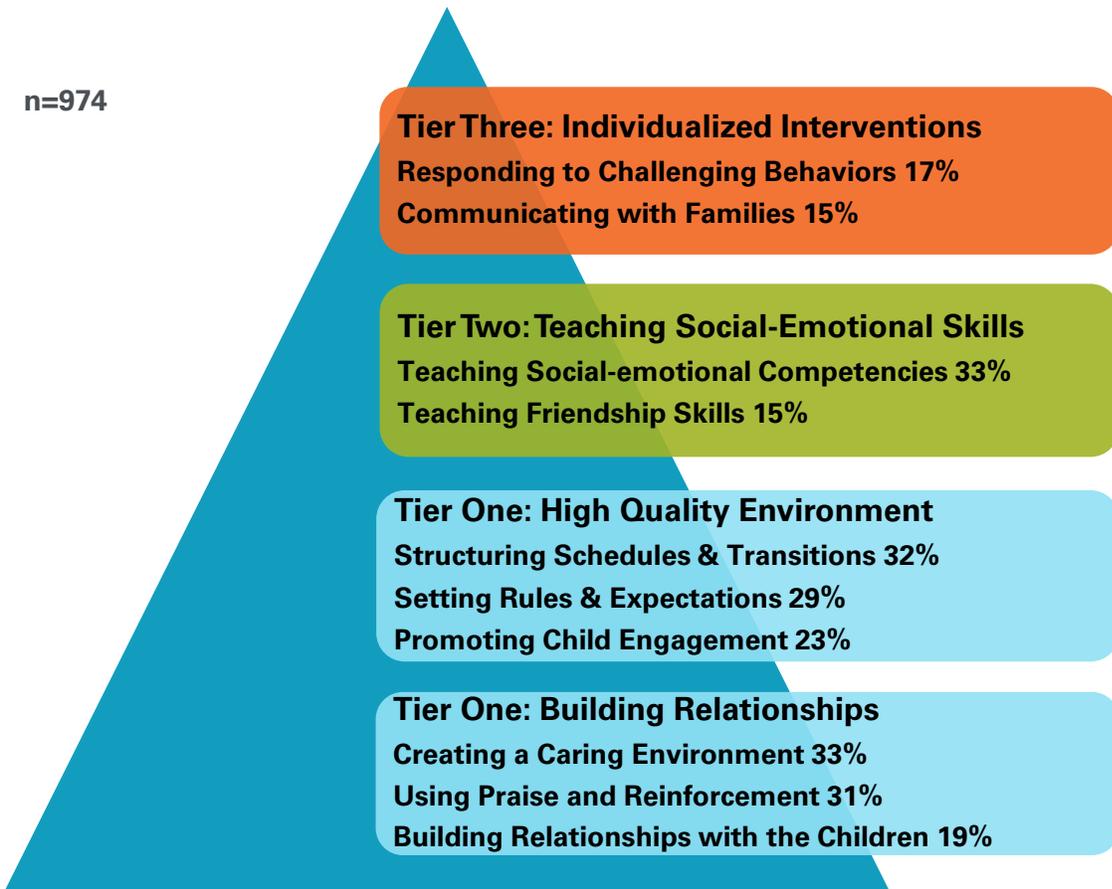
### How were coaching characteristics determined?

The majority (66%) of the time, coaches selected coaching characteristics based on a previous coaching conversation or through joint planning with the provider. Coaching characteristics were also based on provider requests (14%), previous observations (9%), and data collected (9%).

### What was the content of the coaching sessions?

The content of the coaching sessions can be mapped onto the tiers of the Pyramid Model. The percentage indicated after each item in the graphic below indicates the frequency that the topic was addressed during the coaching sessions.

**Coaching sessions mostly focused on Tier One and Two Pyramid strategies. 17% of the time, the focus was on Tier Three, Individualized Interventions.**

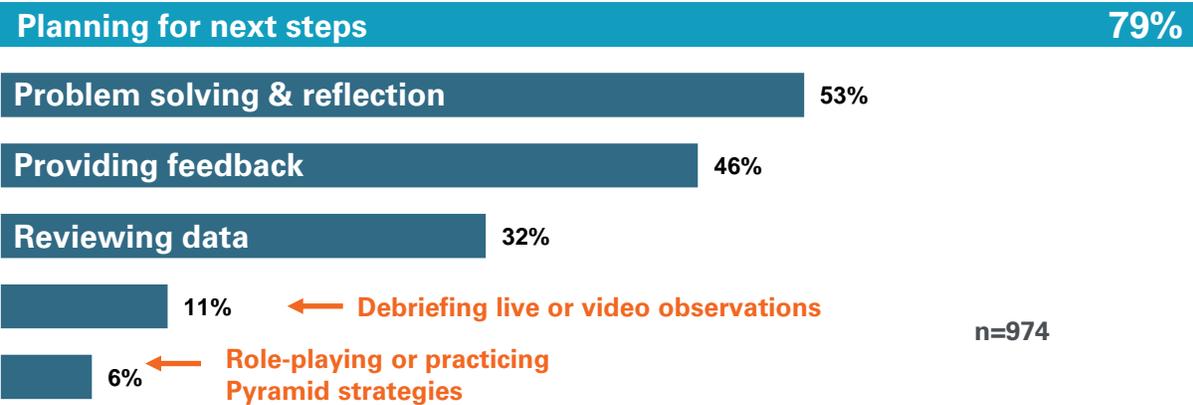


The base of the Pyramid is building an effective workforce. Coaches used data to inform practices in 21% of coaching sessions. In about a third of the sessions (34%), coaches brought the providers materials and resources to build their capacity. Coaches and providers were least likely to discuss communicating with families or teaching friendship skills (15%).

### **Which coaching characteristics were used in coaching conversations?**

A typical coaching conversation uses a cyclic process: the coach begins with the previous joint plan set with the provider, moves into some combination of the other characteristics, and ends with a new joint plan. The data is indicative of this process.

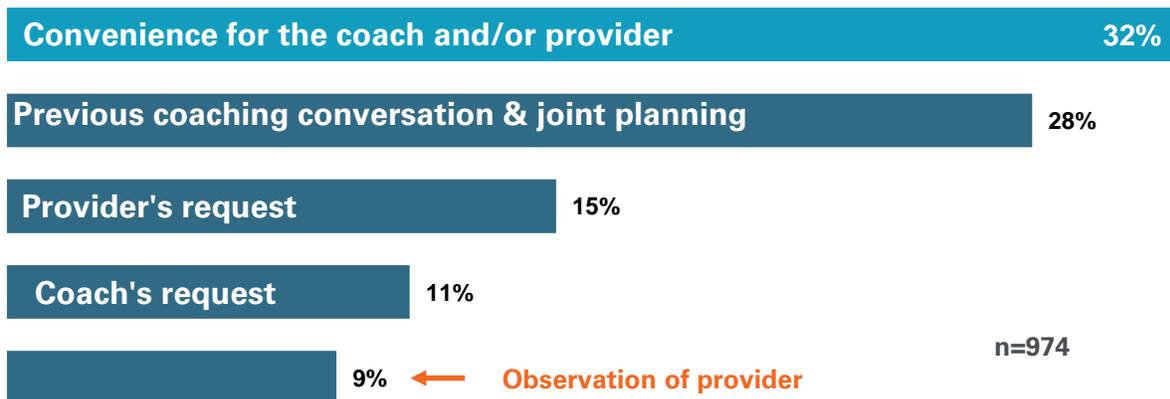
**Coaching characteristics used in coaching sessions included:**



**How was the timing of the coaching conversation determined?**

These data show how the coach and provider decided when they would meet. Results indicate that providers and coaches worked cooperatively to set a meeting schedule that was mutually convenient and met the need for planning. The coach and provider relied most often on their schedules when deciding when to meet, and less frequently on the previous joint plan they had developed.

**Decisions about when to meet or how often to meet were determined by:**



## **Focus Group Key Finding: More closely link the coaching and training that providers receive.**

Providers reported that it was most helpful when coaching occurred immediately following training. Others indicated they would appreciate more follow-up directly related to the training. Some indicated the need to expand the training so that there was more content for infants and toddler providers and expanded illustrations that could be used for home providers. Some of the providers found the training to be overwhelming with “so much information.” In this case, the coaching they received helped them make sense of the training content.

Focus group methodology can be found on page 2 of this report.

## **How did coaches support providers working with individual children with challenging behaviors?**

In 12% of the coaching sessions, coaches and providers problem solved ways to support children with challenging behaviors. They collaborated to develop strategies to reduce the behaviors. Coaches also spent time in the child care settings to observe the identified children interacting with the provider and with the other children. The coaches and the providers collected data about the child behaviors to look for patterns and triggers. For some of the children, the coaches assisted the providers in developing a positive behavior support plan. They also helped the provider involve families in the process. The coaches referred 14 children for school district services and/or mental health services. While the interventions were successful in the majority (71%) of the cases, four children were expelled from child care programs participating in the RIR project.

## **Summary of the Coaching Logs**

Overall, the coaching data indicate that coaches worked closely with providers to plan coaching sessions that focused most frequently on Tier 1 and Tier 2 of the Pyramid Model. The Pyramid Model emphasizes the most essential practices first. Without the Tier 1 strategies of a positive classroom climate and strong personal relationships with the children, the Tier 2 and Tier 3 strategies will not be as effective. As providers master the Tier 1 strategies, the coaches increase focus on the Tier 2 strategies of teaching social-emotional skills. Tier 3 strategies consisting of individualized interventions for children with challenging behaviors, may still be needed but when Tier 1 and Tier 2 strategies are in place, most children will be successful and demonstrate expected social-emotional skills. Hence, Tier 3 strategies are not needed as frequently. The coaching data corroborates this, as only 12% of coaching sessions focused on specific children needing support and 17% of sessions focused on Tier 3 topics.

## How were coaches supported in their work?

Coaching child care providers and the families they serve can be challenging work. To support the coaches and prevent burnout, RIR provided Reflective Consultation (RC) to the coaching team in each community. A trained consultant who is either a licensed therapist or an Early Childhood professional with coaching experience led RC monthly in person, by Zoom, or by phone. The coaching groups met to discuss the challenges of their work, to learn from each other, and to find strength from empathetic listeners and an expert consultant. It is best practice to take time to reflect on coaching work in a supportive setting with others who are experiencing similar challenges.

To evaluate the reflective consultation, 12 coaches completed a survey about their experiences. Overall, the coaches rated the reflective consultation as being highly beneficial. All the coaches noted that the reflective consultant frequently or almost always:

- Helps me to process the “in the moment” experiences
- Allows “room” for everyone to share
- Helps me to feel safe when reflecting on my practice
- Encourages exploration of solutions rather than always having the answer
- Is non-judgmental when I am struggling with my feelings

The benefits of reflective consultation included the sharing of common experiences as a coach and getting feedback and support to handle difficult situations. Coaches noted that the consultant had important expertise to share and was a supportive listener.

All the coaches indicated that the RC sessions positively contributed to their coaching skills. Reflective consultation enhanced coaching in a variety of ways. Conversations with peers, particularly those with more experience, helped coaches with problem solving and team building. Consultation enhanced the coach’s understanding of the Pyramid Model, reminded them of a variety of strategies and tools they could use, and boosted their confidence in their coaching. One coach noted that reflective consultation helped “me feel validated that I am going in the right direction.”



**“The most beneficial part of the reflective consultation is having that ‘safe’ person available at the meetings and by phone. She makes sure all of us are able to share and has great ideas on how to make us more of a team. She understands our struggles and helps us through them and also celebrates our successes!”**

**A coach evaluates reflective consultation**

## What were the social-emotional needs of the children?



### Social-Emotional Measure

**Ages & Stages Questionnaire, Social-Emotional 2<sup>nd</sup> edition (ASQ-SE2)** Squires, Bricker & Twombly, 2015. The **ASQ-SE2** is a parent-completed 30 item social-emotional screener assessing self-regulation, compliance, affect and interactions.

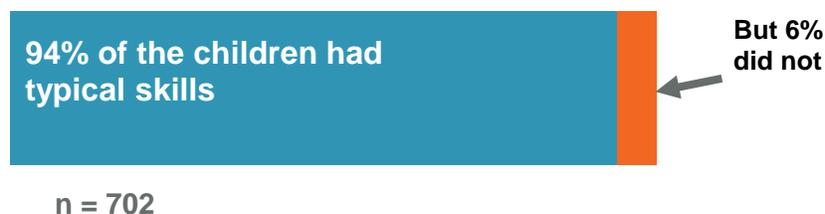
A premise of the Pyramid Model is that as providers use Pyramid strategies to build caring relationships with the children, create positive and supportive environments, and directly teach children social-emotional skills, children's challenging behaviors will decrease. However, it is expected that a small number of children (<5%) may still need more individualized, targeted support. The Model includes training and individualized interventions that providers can use in working with children and additional resources are available through RIR to fund more intensive interventions should no other payer source be available.

Coaches worked closely with providers to identify children who have demonstrated persistent challenging behaviors and/or delays in social or emotional development (behaviors in this category may be described as needing "top of the Pyramid" interventions). Once identified, the coach helped providers select the best strategies to support the child (including bringing in additional supports, if needed).

To assess the social-emotional development of individual children, providers asked parents to complete a screener, the **Ages & Stages Questionnaire, Social-emotional 2nd edition (ASQ-SE2)**. The ASQ-SE2 has an age anchored cutoff score. Scores below the cutoff are considered typical. Scores at or above the cutoff are flagged, indicating that the child's skills are outside the typical range and the child may be at risk for delays in social-emotional development. Since the ASQ-SE2 is a screener, the tool recommends that children who do not score in the typical range receive further evaluation.

In the fall of 2017, the majority (68%) of the programs across all three cohorts collected ASQ-SE2 data. However, getting every parent to fill out the ASQ-SE2 was difficult. A total of 702 children were screened which was approximately 59% of the children enrolled in RIR child cares.

**Most of the children in programs implementing the Pyramid Model through RIR had typical social-emotional skills.**



The screener results indicated that most (94%) of the children had typical social and emotional competencies. They demonstrated the ability to engage in positive interactions with peers and adults and were able to regulate their emotions appropriately for their age. However, a small percentage (6%) of children did not demonstrate typical skills. A total of 39 children were flagged by the ASQ-SE2 because they did not meet the cutoff score. The screener results suggested that these children might be at-risk for delayed social-emotional development.

The coaching logs indicate that approximately 17% of coaching sessions discussed how to respond to challenging behaviors. We cannot determine which Tier 1 and Tier 2 strategies coaches may have recommended but the survey did ask the coaches about the use of an individual behavior support plan, which is a Tier 3 strategy. In 3% of coaching sessions, the coach reported helping the provider develop an individual behavior plan. While we do not have individual child data to chart progress and measure the impact of interventions, we do know that coaches assisted providers in developing behavior support plans and implementing individualized strategies. From the provider satisfaction surveys, we know that providers felt their skills in managing individual challenging behaviors increased significantly because of Pyramid training and coaching.

**Focus Group Key Finding: Providers gained skills to successfully address children’s challenging behaviors.**

Coaches helped providers who were working with children whose behaviors were persistently challenging. The technique of observing, modeling, and reinforcing the provider’s work with the children was a formula for success. A number of specific tools such as a system to track behaviors, story boards, and the use of positive reinforcement helped providers be more successful in addressing the challenging the behaviors. Providers also increased their skills and confidence in talking with parents about their child’s behavior and describing the strategies that were used in the classroom to support the child. Focus group methodology can be found on page 2 of this report.

# Building Statewide Capacity to Support Early Childhood Systems of Care

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A primary goal of Rooted in Relationships (RIR) is to strengthen the system of care at the state level through cross-system collaboration and partnerships to ensure alignment across initiatives and build state infrastructure and capacity. This cross-system collaboration is accomplished through regular RIR Implementation Team meetings and ongoing communication with statewide initiatives that are working towards similar goals. Key areas that were addressed during this year included the establishment of common coaching processes, improvement in the quality of early childhood settings, increased access to quality early childhood mental health services, collaboration among initiatives, and strengthening of early childhood policy.

## Collaborative Efforts to Align Early Childhood Social-Emotional Initiatives

### Coaching

**Pyramid Leadership Team.** RIR partners with the Nebraska Statewide Pyramid Leadership Team to work on the long-term goal of an integrated early childhood system of care for young children and their families. This team, consisting of partners from across various systems (government, universities, and private organizations) is working together to implement the Pyramid process consistently in a variety of settings. Common training, evaluation and continuous improvement processes have been established. This past year the team worked on building our internal Pyramid Coach Training capacity and now has trained one of our Nebraska coaches to provide this training. As a result, a contractor from out of state is no longer required. In 2017 two videos were produced to explain the Pyramid Model and highlight the impact of its use.

RIR collaboration with statewide partners has resulted in **common processes** across initiatives and has **promoted alignment** of cross-agency activities.

**Coach Collaboration Team.** The Coach Collaboration Team continues to work to develop standardized processes for coach training (both initial training of coaches and ongoing support once in practice), improved methods of communication among multiple coaches working in the same program or with the same provider, identification of strategies for reducing coaching overload, and alignment of coaching processes and practices across initiatives. The mission of this team is to encourage the optimal development of young children in Nebraska by supporting high-quality child care, home, and educational environments and experiences through the provision of effective on-site coaching. The Coach Development Team, a sub group of the Coach Collaboration Team coordinates the development of initial and ongoing coach training and support. The Coach Development Team plans a series of Coach Booster Trainings provided twice a year to address ongoing coaching needs. RIR provides resources to support these Coach

Booster sessions.

RIR, with their collaborative partners, has successfully expanded the Nebraska coaching pool. In 2014 RIR and partners began to build the cadre of coaches for the state. Along with the Nebraska Department of Education Pyramid Model work in pre-kindergarten classrooms that are state funded, RIR and Step Up to Quality share the costs for training new early childhood coaches. These coaches participate in the core 2-day Early Childhood Coach training and then are eligible to participate in two specialty trainings to support Pyramid Model implementation or Step Up to Quality. Over the course of the past four years 118 coaches were trained in the core training and 81 of those chose to also participate in the Pyramid Coach training. Partners continue to work together to build coaching capacity across the state geographically and to provide ongoing professional development and support for coaches. In an effort to further the state's training capacity, a process was developed to train additional trainers. Two coaches agreed to go through this process to become trainers for the two-day Early Childhood Coach Training and will be able to provide this training on their own in 2018, thus raising capacity to four trainers in the state available to provide training that is currently offered twice a year.

### RIR builds the state capacity for Early Childhood and Pyramid Coaches-new coaches



**Step Up to Quality.** RIR is collaborating with Step Up to Quality (SUTQ), Nebraska's quality rating and improvement system, to establish content and guidelines for coaches who are coaching in multiple initiatives (for example, a coach who provides coaching support for both Pyramid Model and SUTQ) or who are coaching in a setting where there are multiple coaches. A key finding from the RIR focus groups (see page 2 for more information) was that coordination and consistent training of coaches is essential. RIR participants recommended having the same coach for SUTQ and Pyramid. Although for most center and home-based programs, the coaching experience was overwhelmingly positive, there was variability in the coach's skills. It was recommended that there be guidelines for coaches so there is consistency across sites. In the situations where centers felt that the coaching was not as helpful, they were disappointed as they recognized how much more helpful it could have been. In these situations, providers and

directors also need to know who to contact if they have questions or concerns about the coach or the project.

Over time coaches have communicated a need for a clear understanding of the different coaching initiatives across the state. To meet this need, Coach Coordinators from both initiatives have met regularly to establish common communication and decision-making processes. Collaborative efforts have resulted in the addition of evidence-based social-emotional curricula to the list of approved curricula for providers included in the Step Up to Quality guide. The Coach Development Team is working with an Assistant Professor from UNL on a coach survey that will be distributed widely to early childhood coaches. The survey includes questions designed to inform the team of the needs of coaches who are coaching in settings that require collaboration. The survey will be distributed in 2018.

**Nebraska Center on Reflective Practice.** RIR, in collaboration with their partners, identified a need to build a system of reflective consultation and reflective supervision in the state. The Nebraska Center on Reflective Practice, housed within the Nebraska Resource Project for Vulnerable Young Children at the University of Nebraska's Center for Children, Families, and the Law (CCFL), is building on previous reflective consultation training that was initiated in 2015 to support a train the trainer process using the Facilitating Attuned iNteractions (FAN) Framework. Dr. Linda Gilkerson of the Erikson Institute's Fussy Baby Network has been contracted to implement this 12 to 18-month training series with five individuals in Nebraska. The five trainers will complete their training process in early 2018 and be available to begin offering training around reflective practice. Evaluation processes have been developed by the Center for Reflective Practice. The five trainers have a variety of backgrounds and will be providing training to the workforce in the areas of child welfare (inclusive of juvenile court) and early childhood (coaches, home visitors, providers/teachers). This project is primarily funded by RIR with additional supplementary funds from the Nebraska Department of Education, University of Nebraska at Lincoln, and Munroe-Meyer Institute at University of Nebraska Medical Center.

CCFL conducted an evaluation of the reflective practice initiative (Fessinger, M., et al., 2017). The following is a summary of their report. The results found that the five statewide trainers after participating in the train-the-trainer program had increased feelings of confidence and preparedness to implement the training. They recommended additional consultation to support their implementation of the reflective consultation component. Results of the evaluation of the professionals trained by the statewide trainers found that the professionals began with and maintained low levels of work-related stress. Overtime professionals' use of reflective practices as a coping mechanism increased, as there was lower depersonalization of staff, less turnover intention and less vicarious trauma. Overall, the professionals reported positive experiences with reflective practice. As one administrator commented, "I think it is just good relationship building with your colleagues and the people that you're trying to support. "

## Cross Agency Collaborations

Cross agency collaboration is a key component of the RIR systems work. This work has

contributed to enhanced workforce and professional development across systems (early childhood, before/after school and mental health); expansion of the referral base for families needing early childhood mental health services; improving the coaching system in Nebraska, and increased awareness regarding effective practices related to Trauma Informed Practices across systems.

**Early Care and Education Groups.** RIR staff participate on many early care and education groups in order to integrate work and contribute at the state and community levels. These include:

- Early Childhood Interagency Coordinating Council (RIR Coordinator serves as a Technical Assistant to the Governor appointed Council);
- Early Learning Connection Coordinators (attend quarterly meetings);
- Early Childhood Data Coalition;
- UNK Early Childhood Committee;
- Buffet Early Childhood Institute's Nebraska Early Childhood Workforce Commission; and
- Lincoln Early Childhood Network, which unites the work of RIR and Prosper Lincoln.

**State Systems Teams.** Staff participate on numerous teams at the state systems level to promote cross system supports for RIR and other initiatives. For example, NC provides the "backbone support" to the Prevention Partnership made up of public agency officials from NDE (Commissioner), DHHS CEO and Division Deputies (Health, Behavioral Health, and Children and Family Services), Office of Probation, the Nebraska Supreme Court, along with legislative representation, and private philanthropists such as NC and Sherwood Foundation. With the discontinuation of the Together for Kids and Families Mental Health Work Group, which served as a cross-systems mental health team, the Rooted in Relationships Implementation Team has taken on this role. The RIR Implementation Team meets quarterly and is comprised of cross systems stakeholders who advise and collaborate regarding early childhood mental health activities and initiatives statewide. Additionally, staff from NC have participated in the planning and implementation process associated with the State Health Improvement Plan (DHHS Division of Public Health) and RIR is serving on the Suicide and Depression subgroup. In June of 2017 the Communities for Kids Initiative was created in response to community requests for assistance with shortages of high quality early care and education programs; Rooted in Relationships is working closely with this initiative to align community level work.

**Nebraska Infant Mental Health Association.** Rooted in Relationships staff are collaborating to ensure that messaging around Infant and Early Childhood Mental Health has continuity. RIR staff support the Nebraska Infant Mental Health Association's (NAIMH) mission to continue offering professional development opportunities and awareness by serving as a co-lead (along with a representative from UNL Extension). This past year a joint annual and strategic planning meeting was held to set goals for the next year. New NAIMH banners were also displayed at several conferences along with a brochure to raise awareness of NAIMH and the importance of Infant and Early Childhood Mental Health.

## Support of Evidence-Based Practices

**Child Parent Psychotherapy.** Nebraska has a shortage of mental health providers which is further exacerbated by the lack of professionals trained in early childhood mental health.

For the last three years, RIR collaborated with Project Harmony, Region Six Behavioral Healthcare, Region Three Behavioral Healthcare, and the Nebraska Resource Project for Vulnerable Young Children (NRPVYC) to train mental health practitioners in Child Parent Psychotherapy (CPP). CPP is an evidenced based therapy that is approved as a Medicaid reimbursed therapeutic practice for very young children, ages 0-5.

Nebraska has four endorsed trainer/consultants that provide trainings in Nebraska. They have the benefit of networking nationally with CPP trainers through the University of California at San Francisco, which is building a project for expansion and sustainability of high quality CPP practitioners.

In December 2017, the second CPP Learning Collaborative cohort supported by RIR completed its training process with 31 therapists. The two cohorts have now added a total of approximately 110 trained providers of CPP across Nebraska.

RIR collaborates to build **the capacity** of Nebraska **therapists** to serve young children.

A total of 45 trainees completed the 3-day Initial Training in the second cohort. As of December 2017, 31 had fully or substantially completed all training requirements and were practicing CPP. Trainee locations include Central Nebraska (9), Eastern Nebraska (14), North Central (2), North East (2), Western Nebraska (3) and Western Iowa (1).

To complete the process participants are required to complete a three-day introductory CPP training, and two other workshops held approximately 6 months apart. Participants are also required to take part in bi-monthly consultation groups (done either by videoconferencing or in person) for 18 months with one of the four Nebraska trainers.

Each CPP practitioner completes at least four cases during their training. Most therapists include CPP cases in an otherwise varied caseload. On average a CPP therapists devotes about 3 hours per week to CPP cases and 91% have between 1 and 4 cases at a given time. Thus, the capacity to serve vulnerable young children with an evidence-based practice is significant.

The Nebraska Resource Project for Vulnerable Young Children continues to advocate for evidence-based child trauma treatment, and published *The Path to Trauma Therapy, A Guide for Getting Traumatized Children the Help They Need*. The Web Site, Nebraska Babies.com, includes a searchable database of trained CPP therapists for purposes of locating practitioners and matching referrals. Two CPP trainers were selected to give a presentation on Child Parent Psychotherapy, "The Warmest Handoff," at the Annual Zero to Three Conference in 2017.

**Circle of Security™ -Parenting (COS-P).** RIR continued to provide support for COS-P facilitators through updated website resources that include common evaluation tools, a statewide calendar of classes, and marketing tools. In May 2017, RIR coordinated a COS-P facilitator training in

Lincoln, that trained 96 individuals. Additionally, RIR have continued to build local capacity for reflective consultation to support Facilitators via a pilot process approved by Circle of Security International. In 2017, three consultants each offered two consultation groups open to all COS-P facilitators while they were facilitating a class. A similar process will be offered through 2018. Two of the reflective consultants were assisted to attend the COS-P three-day Core Sensitivity training to continue to build their capacity, and the third plans to attend this year. Support was also provided to Dr. Mark Hald to meet the requirements to become a Circle of Security Fidelity Coach so that he can offer a more intense level of support to Facilitators. RIR has also supported the development of two videos that will be used to gather additional support and funding for classes and to let Facilitators know what resources are available to them.

**TPOT and TPITOS Training.** Evaluation of the Pyramid Initiative requires a cadre of providers trained in the Teaching Pyramid Observation Tool – Research Edition (TPOT) and Teaching Pyramid Infant-Toddler Observation Scale – Revised (TPITOS). In 2017, RIR supported an experienced evaluator from UNMC’s Munroe-Meyer Institute (MMI) to attend national reliability training. RIR has also supported community-based coaches to attend TPOT or TPITOS training at the National Training Institute on Addressing Challenging Behaviors (NTI). In 2017, a Memorandum of Understanding was developed for coaches utilizing RIR funds to receive training at NTI in which they agreed to become reliable and complete a certain number of observations for RIR. To be considered a TPOT evaluator for RIR a yearly reliability check must be completed. Evaluators score a two-hour video of a preschool classroom using the TPOT protocol. After scoring the video the evaluators meet by phone with an evaluator from MMI to review the scores. As RIR continues to support the training of TPOT evaluators, the geographic location of the evaluators is considered to ensure that TPOT expertise is distributed across the state.

TPOT evaluators (frequently Pyramid coaches) report that mastery of this evaluation tool deepens their understanding of the Pyramid Model. The attention on Pyramid practices during the observation and debrief with child care providers provides the observer an opportunity to focus on each of the Pyramid practices, thus providing additional professional development around the Pyramid Model. The Pyramid Leadership Team is currently working together to build capacity of observers across the state and will be host a Nebraska TPOT training in the spring of 2018.

## Policy

RIR engages in several efforts to support policy development that impacts early childhood mental health. The Nebraska Department of Health and Human Services initiated strategic planning to develop a System of Care (SOC) framework for designing mental health services for children and youth with a serious emotional disturbance and their families through collaboration across public and private agencies. RIR staff participate in the Implementation Team and Training subgroup of the SOC. RIR also works with First Five Nebraska around early childhood legislation and policy issues. Additionally, the Nebraska Early Childhood Partners group, formed in 2017, enhances early childhood collaboration. The group includes Nebraska Children and Families Foundation, Buffet Early Childhood Institute, First Five Nebraska and the Buffet Early Childhood Fund.

# Conclusions

## Supporting Community Early Childhood Systems of Care

- RIR Stakeholder Teams worked to increase public awareness of the importance of early childhood mental health and social-emotional well-being
- RIR Stakeholder Teams worked to enhance parent engagement with their children and to identify the preferences and needs of parents related to parent engagement.
- RIR Stakeholder Teams raised their community capacity to address the identified barriers to service provision for children and families.
- Circle of Security™-Parenting was effectively implemented across communities with parents demonstrating significant increases in parenting skills, improved relationships with their children and decreased parenting stress.

## Pyramid Model Implementation

- Pyramid Model coaches have supported center and home-based child care providers to implement high quality social-emotional practices.
- With each year of participation in RIR, programs demonstrated increased fidelity to the Pyramid Model. After two years in RIR, 70% of centers met fidelity. After three years, 80% met fidelity. All home-based providers met fidelity by the end of Year 2.
- After three years in RIR, all the infant/toddler and 80% of the preschool classrooms met the quality benchmarks for classroom practices.
- Providers have demonstrated significant improvements in their ability to use Pyramid practices to support children's social-emotional development.
- The majority (59%) of the children enrolled in the RIR programs had a social-emotional screener. Very few children (6%) were flagged for additional evaluation.
- RIR coaches have worked collaboratively with providers to plan coaching sessions.

## Building Statewide Capacity to Support EC Systems of Care

- RIR, through cross agency collaboration, has helped to align activities across statewide initiatives.
- RIR and partners continue to standardize processes for coach training, methods of communication, strategies for reducing coaching overload, and alignment of coaching processes and practices across initiatives.
- RIR has supported the inclusion of social-emotional strategies within the Step Up to Quality menu of options.
- RIR continues to collaborate to build a system to enhance the capacity of mental health providers to deliver Child-Parent Psychotherapy (CPP).
- RIR has developed infrastructure supports, reflective consultation, marketing materials, and evaluation to support statewide implementation of Circle of Security™-Parenting.



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**\*Supported (in part) by grant T73MC00023 from the Maternal and  
Child Health Bureau, Health Resources and Services  
Administration, Department of Health and Human Services.**

**\*Supported in part by grant 90DD0601 from the Administration on  
Developmental Disabilities (ADD), Administration for Children and  
Families, Department of Health and Human Services.**