rootedinrelationships.org

2022 Annual Evaluation Report

University of Nebraska Medical Center
MUNROE-MEYER INSTITUTE

Rooted in Relationships
nebraskachildren

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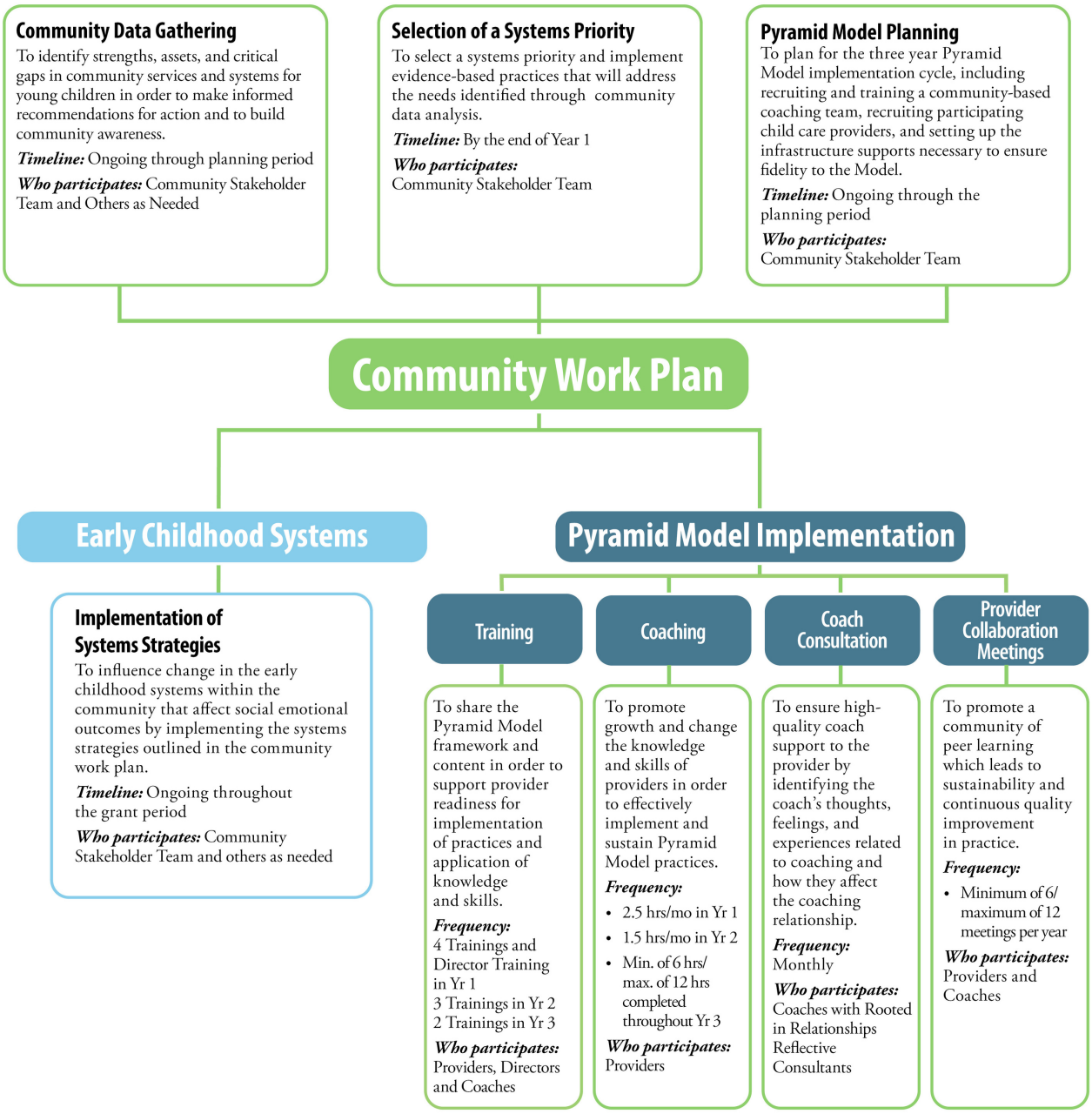
Initiative Overview

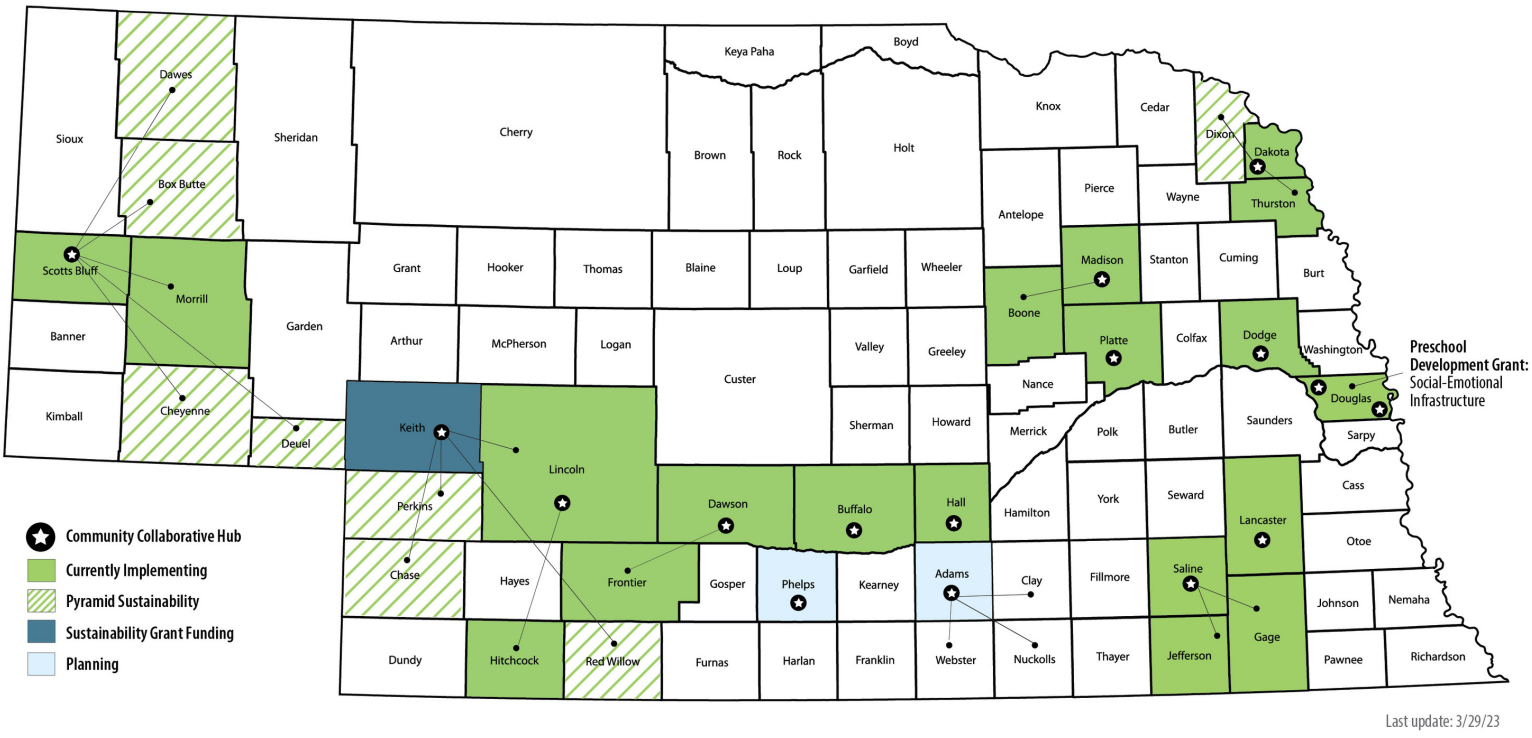
Rooted in Relationships (RiR) is an initiative that partners with communities to implement evidence-based practices that enhance the social-emotional development of children from birth through age 8. One part of this initiative supports communities as they implement the Pyramid Model, a framework of evidence-based practices that promote the social, emotional, and behavioral competence of young children in selected family child care homes and child care centers. In addition, communities develop and implement a long-range plan that influences the early childhood systems of care in the community and supports the healthy social-emotional development of children.



Initiative Reach

Rooted in Relationships is currently supporting 16 collaboration hubs including Buffalo, Dakota (Dixon and Thurston), Dawson (Frontier), Dodge, Douglas (North Omaha and South Omaha), Hall, Keith (Chase, Perkins and Red Willow), Lancaster, Lincoln (Hitchcock), Madison (Boone), Panhandle (Box Butte, Cheyenne, Dawes, Deuel and Scottsbluff), Phelps, Platte, Saline (Jefferson and Gage), and South Central (Adams, Webster, Clay, Nuckolls). These hubs are engaged in various stages of the initiative inclusive of planning, expansion and sustainability. For those implementing the Pyramid Model, in 2022 the initiative supported 45 early childhood coaches and 291 center and home-based providers in 143 programs impacting over 2,717 children.

Rooted in Relationships Growth Map (Current)



Support for Equitable and Inclusive Practices

RiR has committed to an intentional focus on race, equity, diversity, and inclusion. Efforts in this area include:

- Providing professional development and exploration opportunities related to equity and inclusion
- Adapting the "Nebraska Early Childhood Coaching Guidebook: Competencies for Professional Practice" to ensure practices are inclusive and equitable
- Tracking sociodemographic data within the evaluation process to monitor and address disparities that may be identified
- Statewide Pyramid Leadership Team participation in a four-part series called "Equity and the Pyramid Model"
- Intentional focus on translation of initiative materials and active recruitment of bilingual coaches and Circle of Security facilitators
- Statewide Pyramid Leadership Team focus on embedding equity into the workplan

Statewide Capacity to Support Early Childhood Systems of Care

A primary goal of the RiR initiative 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 various meetings and ongoing communication with state-wide initiatives that are working towards similar goals. Initiative and partnership information can be seen below.

Nebraska Child Care Referral Network (CCRN)

The CCRN is a database website that was developed in response to the pandemic. The CCRN allows parents and caregivers to look for care that meets their needs and then maps the results. RiR has provided ongoing support to continue to grow the CCRN. For more information visit: https://www.nechildcarereferral.org/

Child/Parent Psychotherapy (CPP)

CPP is a dyadic therapy that focuses on healing traumatic or stressful events within the context of the caregiving relationship. RiR has supported the effort to train mental health providers in CPP. There are currently 90 clinicians supporting Nebraska families and able to provide CPP. For more information, visit: nebraskababies.com

Early Childhood Mental Health Community of Practice (ECMH CoP)

The ECMH CoP offers a variety of training opportunities for those in the early childhood field and additional training for practitioners that work in ECMH.

Circle of Security (COS) Parenting and Classroom

COS helps families and early care providers to form strong relationships and is based on decades of attachment research. RiR supports COS facilitators by offering training, reflective consultation, and supporting evaluation, marketing tools and the Statewide website. For more information and to view the biannual report visit: https://www.necosp.org/

Parents Interacting with Infants (PIWI)

PIWI is an evidence-based set of practices based on a philosophy about families, children, and helping relationships. The objectives of PIWI are to increase confidence, competence, and positive relationships for parents and children ages 0-2. For more information visit: https://rootedinrelationships.org/piwi/

Parent-Child Interaction Therapy (PCIT)

PCIT is a dyadic treatment for families with children ages 2-7 who are exhibiting disruptive or challenging behaviors. RiR supports PCIT by offering training support. There are currently 74 PCIT therapists supporting the state of Nebraska. For more information, visit: https://www.nebraskababies.com/ecmh

Statewide Capacity to Support Early Childhood Systems of Care

Nebraska Center on Reflective Practice

The Nebraska Center on Reflective Practice provides reflective practice Facilitating Attuned Interactions (FAN) training to early childhood education professionals and other professionals. RiR supports this organization through funding and supporting the evaluation of the training process. For more information visit: https://www.nebraskababies.com/nrcp

Nebraska Association for Infant Mental Health (NAIMH)

The NAIMH collaborates with RiR staff to ensure that messaging around infant and early childhood mental health has continuity across organizations. RiR supports the NAIMH mission by continuing to offer professional development opportunities and awareness by serving as a co-lead. For more information visit: https://www.neinfantmentalhealth.org

Communities for Kids

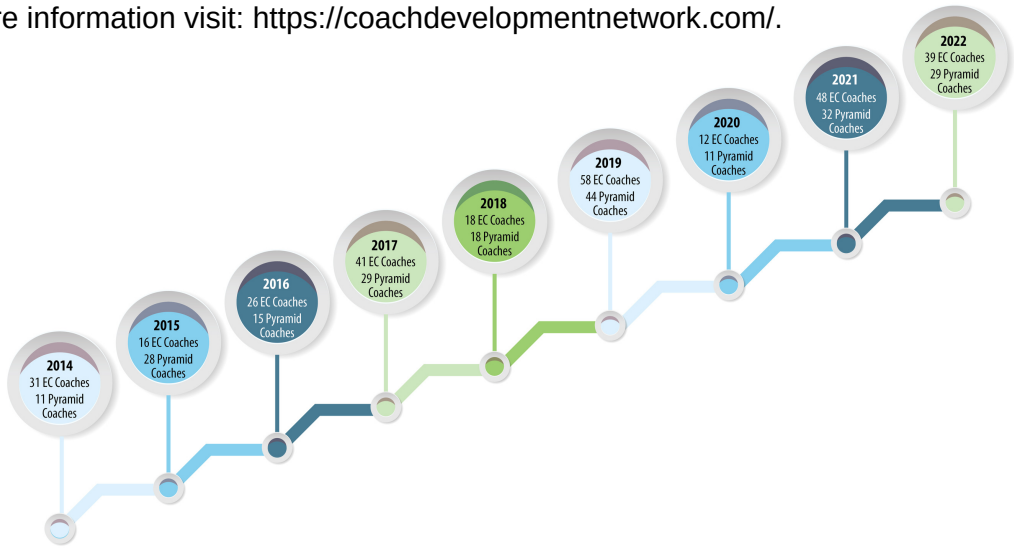
The Communities for Kids initiative is a community-based engagement process. RiR works closely with this initiative to maximize early childhood community planning efforts and resources.

Pyramid State Leadership Team (PSLT)

PSLT is co-led by RiR staff and partners at the NDE-Office of Special Education. Together they work to integrate the Pyramid Model into early childhood systems of care.

Coach Collaboration & Capacity Building

Ongoing collaboration is occurring with other coaching initiatives, such as Step Up to Quality (SUTQ) and Nebraska Department of Education (NDE) Office of Special Education, to align coach training, reduce duplication of services, and increase the capacity of coaches in each initiative. RiR also builds the statewide capacity of Early Childhood and Pyramid Model coaches. The graphic below depicts the number of coaches trained each subsequent year. In 2022, there were 39 Early Childhood coaches and 29 Pyramid Model coaches trained. For more information visit: https://coachdevelopmentnetwork.com/.



Evaluation Overview

Quantitative and qualitative evaluation data is collected to monitor progress and measure outcomes on both Pyramid Model implementation and community-based systems work. Evaluation findings are utilized to refine and update processes, improve outcomes, reduce burden and support communities.

Supporting Community Early Childhood Systems of Care

The evaluation of each community's implementation plan for systems of care was customized to match the strategies adopted by that community. Community-level implementation priority areas included early care and education, early childhood mental health, family engagement, medical, and partnerships with schools. Evaluation findings are largely descriptive in nature and describe the reach within each priority area. A thematic analysis related to identified successes and challenges was completed within the systematic objectives.

Pyramid Model Implementation

The evaluation of the Pyramid Model focused on assessing programmatic outcomes and triangulating findings with qualitative data gathered from coaches and providers over the 3-year implementation. Within this evaluation, the following information was gathered:

- Child/provider sociodemographic data (survey)
- Programmatic fidelity via a Benchmarks of Quality assessment (BOQ survey)
- Classroom outcomes via the Teaching Pyramid Observation Tool (TPOT) and the Teaching Pyramid Infant-Toddler Observation Scale (TPITOS)
- Program satisfaction (provider focus groups/interviews)
- Coaching satisfaction (survey)
- Social-emotional well-being (ASQ-SE)
- Child care suspension and expulsion rates (survey)

Community Early Childhood Systems of Care Priority Areas

Early Care & Education

Strategies that fit into this system impact the affordability, accessibility, reliability, and quality of child care in the community.

Partnerships with Schools

Strategies that fit into this system impact the engagement between parents and schools or build partnerships with schools to increase social-emotional learning.

Early Childhood Mental Health

Strategies that fit into this system impact the knowledge of, availability of, and access to mental health consultation, assessment resources, and therapy services.

Family Engagement

Strategies that encouraged families to spend quality time together and to encourage parent-child interactions such as social-emotional backpacks, and supporting other family engagement events in the community.

Medical

Strategies that fit into this system impact the availability and accessibility of quality pre- and postnatal healthcare services, such as screenings for parental mental health/substance use, child development screenings within primary care, and an increase in engagement around early childhood mental health.

Community Work Plan Successes & Challenges

Community progress reports are completed twice a year to track progress across systems-level activities. In addition, coordinators are asked to reflect on accomplishments and challenges related to the objectives identified in their work plans. A deductive content analysis was completed for successes and challenges. Key thematic findings are shared below.

Related to reported successes, the majority of participants identified various events as key accomplishments within 2022. Coordinators often felt these events were well received by professionals and families alike and felt the events had been impactful. Additionally, some communities reported identifying new strategies for capacity building and developing new community partnerships, especially among public school early childhood educators. Several communities report there is significant interest in the work being done through RiR. School and community organizations are interested in participating.

> ***Attendance at the event was especially encouraging. Parents are wanting information on connecting with their children.***
>
> **-RiR Coordinator**

Challenges reported by communities largely focused on provider well-being, burn-out and retention. These were typically related to Pyramid Model implementation. Several communities reported challenges to achieving set objectives due to high provider turnover or lack of provider interest tied to burn-out. Time was also listed as a barrier, finding time and opportunities to have meetings/events was sometimes difficult. A few communities identified challenges related to connecting with Spanish-speaking families when there was a lack of bilingual staff available.

> ***Early childhood workforce shortages are leaving child care providers exhausted, which may be a reason why providers are not interested in pursuing [endorsements].***
>
> **-RiR Coordinator**

Community-Level Priority Areas

The table below identifies the strategies that were implemented across the RiR communities based on the five common priority areas as well as the year RiR communities began implementation of their system strategies.

Community	Year Implementation Began	Early Care and Education	Early Childhood Mental Health	Family Engagement	Medical	Partnerships with Schools
Buffalo	2017	✓		✓		
Dakota	2014	✓	✓	✓	✓	✓
Dawson	2014	✓		✓		
Dodge	2015	✓		✓		✓
Douglas (S.Omaha)	2021	✓		✓		
Hall	2015	✓	✓	✓	✓	
Keith	2017	✓	✓	✓		
Lancaster	2015	✓		✓		
Madison	2020	✓				
Panhandle	2018	✓		✓		
Platte	2021	✓		✓		
Saline	2014	✓		✓		

The following section defines each priority area and highlights the work that has contributed to building systems of care at the community level around each priority area. Many strategies are cross-cutting in nature, addressing more than one priority area.

Early Care and Education

Strategies that fit into this system impact the affordability, accessibility, reliability, and quality of child care in the community.

Networking Events

Provider collaboration meetings were hosted by all RiR communities. Topics varied but largely focused on relationship building, creating supportive environments and transitions and routines. Some communities offered additional networking opportunities. For example, Dodge County hosted an informational session on the RiR initiative.

Community engagement with educators and families

Community-level strategies were varied across sites. Activities included:

- Madison County hosted an information sharing night for child care providers.
- Dodge County and Dakota County hosted child care appreciation events.
- Buffalo County offered Spanish-speaking child conferences.
- Platte County hosted a sharing night where providers discussed how they use social-emotional learning practices in their teaching. Platte County also hosted a "Resource Night" for 11 providers to learn about various community resources provided.

100%

100% of individuals who completed post-event evaluations (n=18) for systems-level events "strongly agreed" that they would be excited to attend another event in the future. 61% "strongly agreed" that they learned something new about understanding emotions and/or children's social skills.

Early Childhood Mental Health

Strategies that fit into this system impact the knowledge of, availability of, and access to mental health consultation, assessment resources, and therapy services.

Parent-Child Interaction Therapy (PCIT)

PCIT is an empirically supported treatment for children ages two to seven that places emphasis on improving the quality of the parent/child relationship. In 2022, PCIT therapy sessions were offered in Saline and Dakota Counties and were able to reach more than 32 families.

Community initiatives to address early childhood mental health

Community-level strategies related to early childhood mental health included several diverse strategies.

- Platte County hosted a video watch party for "mental health time" and distributed "How are You Really?" postcards with 211 information.
- Dakota County posted about infant mental health on social media and shared resources.
- Dawson County utilized a *Facebook* page to share mental health information.
- Hall County hosted a "Trauma in Children" training for child care providers.

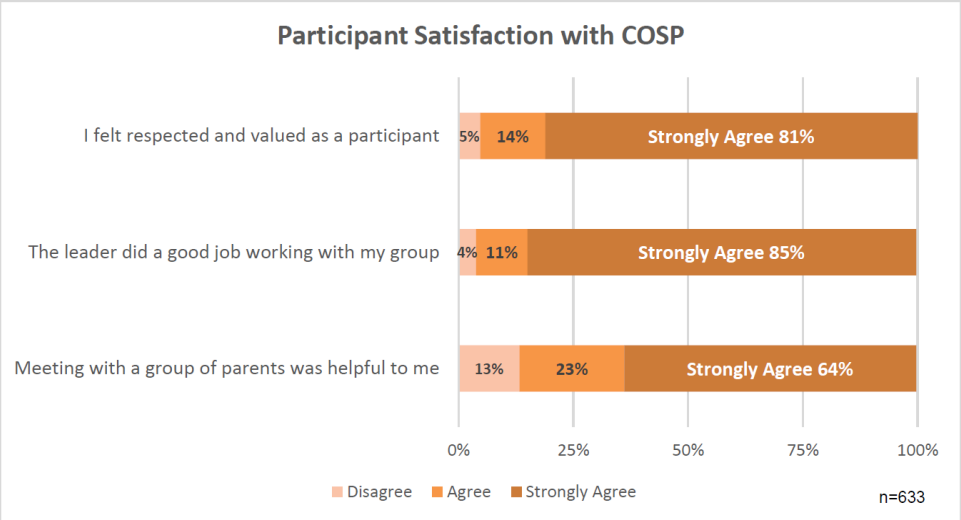
Family Engagement

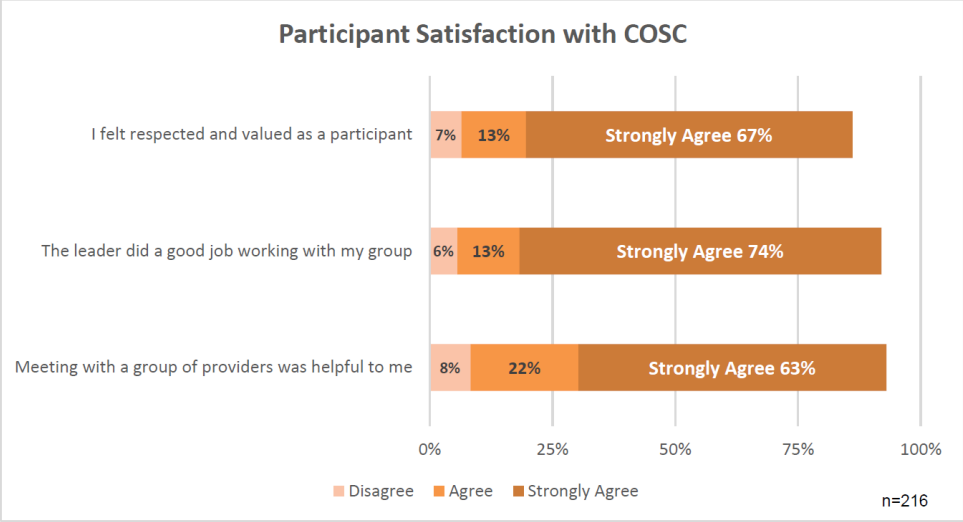
Strategies that fit into this system encourage parents and caregivers to engage with and build strong relationships with their children. Two evidence-based programs that are used in this strategy are circle of security (COS) parenting and classroom and parents interacting with infants (PIWI).

Circle of Security (COS) Parenting and Classroom™

COSP is an 8-week parenting program focused on building strong attachment relationships between parents and children. Overall, 30 COSP classes were offered in 2022, with 3 being offered in Spanish. Classes were offered in Buffalo, Lancaster, Dawson, Dakota, Keith and coach training occurred in the Panhandle. The COSP and classroom evaluation report can be found here: https://www.necosp.org/index.php/content/resources

A total of 633 participants filled out a satisfaction survey for COSP and 216 participants filled out a satisfaction survey for COSC. Overall, participants had very positive things to say about their experiences.*





*Please note findings are not restricted to participants in the RiR initiative and encompass all participating individuals across the state.

Family Engagement

Parents Interacting with Infants (PIWI)

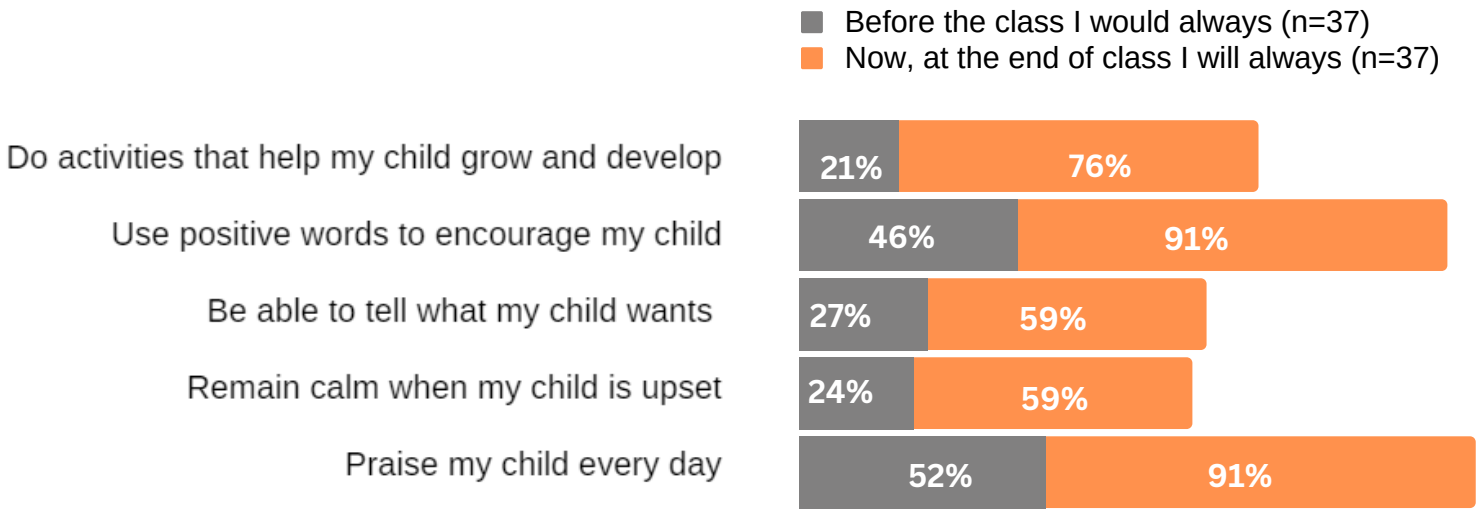
PIWI aims to increase confidence, competence, and positive relationships for parents and children 0-2 years of age. A total of 6 PIWI classes were offered in Saline, Lancaster, Colfax and Platte Counties in 2022. Attendance data was collected for 47 participants and participants averaged attendance at 4.8 sessions. A total of 43 participants completed a participant survey with 21 participants completing the survey in Spanish. 100% of PIWI class participants agreed or strongly agreed with the following statements: *the leader did a good job working with my group; I felt respected and valued as a participant; I have learned new techniques that improve my interactions with children; I feel my family relationships are better than before*. All but one participant (97%) agreed or strongly agreed with the following statement: *Meeting with a group of parents was helpful to me.* Additional survey findings can be seen below.

88% of PIWI participants identified as female

68% of PIWI participants identified as Hispanic or Latino

81% of PIWI participants qualified for Medicaid and/or Child Care subsidy

54% of PIWI participants were between the ages of 14 and 25



> *I really enjoyed having my children get to know/interact with other kids their age. I also enjoyed the ideas that I got for simulating toys and activities to try at home.*
> **-Parent reflecting on the class experience**

> *Parents were able to learn words to use with children to encourage them and keep them engaged. It was an amazing connection...parents, kids and facilitators...we were all sad when it ended.*
> **-Facilitator reflecting on the class experience**

Family Engagement

Community-level strategies for developing and sustaining family engagement

Community events were divided into three categories: family fun events, family interaction resources, and other community efforts. The table below describes events that occurred in 2022. More than 26,000 children and families were reached by community-level strategies in 2022.

Community	Event/Activity	Children and Families Served
Family Fun Nights/ Movies/ Events		
Buffalo	Rooted Fun Night	122
Buffalo	Week of the Young Child Family Circus Night	500
Buffalo	Week of the Young Child Family Movie Night	76
Dakota	National Night Out	226
Dakota	YMCA Fall Fest	300
Dakota	Winter Baskets Family Night	45
Dawson	Party in the Park Gothenburg	75 adults, 115 children
Saline-Jefferson-Gage	Movie sponsorship	50+
Lancaster	Early Childhood Family Fair	unknown
Dodge	Party in the Park	500
Providing Materials to Support Family Interactions		
Dakota	Community Baby Shower	53
Dakota	Family Calming Kit	30
Dakota	Conversation cards for children in summer school	50
Dawson	Library SE backpacks filled with additional materials	43 checked out
Hall	Breathe Like a Bear books and bears provided to Hope Harbor and Willow Rising	100
Panhandle	We Care for Kids booth at Nebraska State Fair	unknown
Lincoln	Keith County Week of the Young Child Kick-off Event—distributed social-emotional books to families	50
Other Community Efforts to Support Family Engagement		
Dakota	Library Summer Reading Program	120
Dakota	Dakota City Summer Reading Program Story Walk	68
Dawson	United by Culture Event in Lexington	400 adults, 600 children
Dawson	Week of the Young Child Gothenburg	150
Dawson	Week of the Young Child Cozad	152
Dawson	Week of the Young Child Lexington	190
Lincoln	Play is the Way	50
Saline-Jefferson-Gage	Doane Back to School Event: Teddy Bear Clinic	460
Saline-Jefferson-Gage	Summer Reading Kick-off	50+
Platte	Played radio recordings twice a day on family involvement during Week of the Young Child	21,571
Lancaster	LCM School Readiness Activity	unknown
Dodge	Summer Reading Kick-off Party	125
Dodge	Out and About Story Time	35
Dodge	Healthy Kids Day	100

Partnerships with Schools

Several RiR communities have engaged with local school systems and Head Start centers to build partnerships that support social-emotional development through expansion of the Pyramid Model, improving access to mental health, participating in/hosting events to build awareness, and even expanding funding.

Engagement with local school systems

In 2022, partnerships with schools largely focused on curriculum sharing and training. The following activities took place:

- Pyramid Model trainings were provided to school staff (Dodge & Keith Counties).
- The Second Step curriculum was shared at a Family Consumer Science class (Dodge County) and with summer school children (Dakota County).
- Advancing Wellness and Resiliency in Education (AWARE) training was provided to help educators identify mental health challenges among children (Dakota County).
- In partnership with the school library, a family café was held in which children and parents had the opportunity to play, read and sing songs (Dakota County).
- A quality checklist was created by Pyramid coaches (Madison County).
- Funds were awarded from the ESU to support material resource needs (Platte County).

Medical

Strategies that fit into this system impact the availability and accessibility of quality pre- and postnatal healthcare services, such as screenings for parental mental health/substance use, child development screenings within primary care, and an increase in engagement around early childhood mental health.

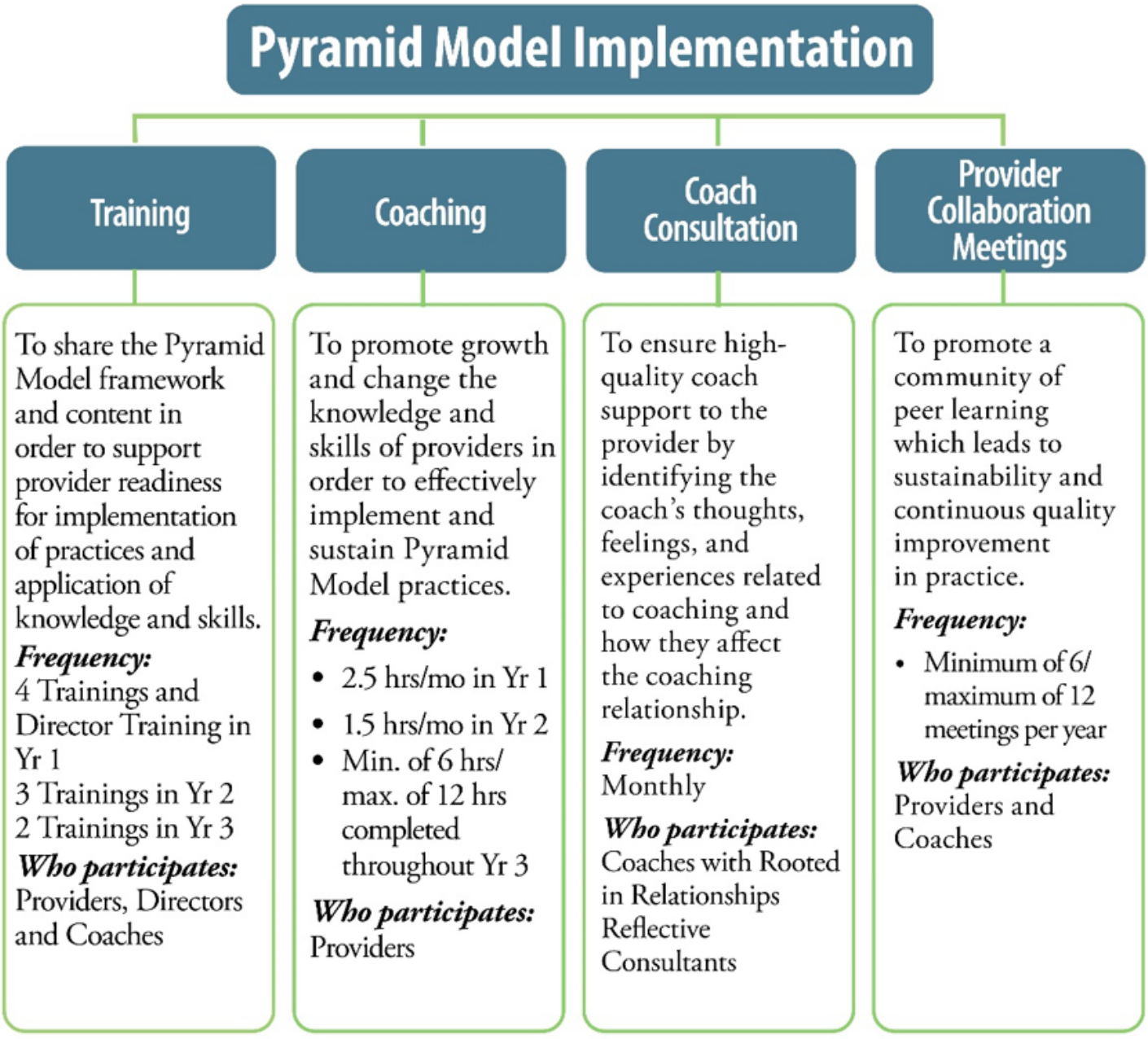
Community-level efforts to engage the medical field

Community-level efforts within Dakota County included a conversation about drug-exposed infants at a data-sharing meeting and providing new and used books to a medical clinic to support "prescriptions for reading."

PYRAMID MODEL IMPLEMENTATION

About the Implementation

The RIR Pyramid Model implementation offers center-based and home-based child care providers with Pyramid Model training and ongoing coaching support for the implementation of positive strategies to promote young children's social-emotional development and skills. Providers participate in training, coaching, and collaboration meetings for three years.



Participating Programs

In 2022, the following regions participated in the RiR Pyramid Model Implementation: Buffalo, Dakota (Dixon and Thurston), Dawson (Frontier), Dodge, Douglas (South Omaha), Hall, Keith (Chase, Perkins and Red Willow), Lancaster, Lincoln (Hitchcock), Madison (Boone), Panhandle (Box Butte, Cheyenne, Dawes, Deul, and Scottsbluff), Phelps, Platte, Saline (Jefferson and Gage), and South Central (Adams, Webster, Clay, Nuckolls).

Providers	Programs	Children
• In 2022, across all cohorts, 302 providers/directors were engaged in the RiR Pyramid Model	• In 2022, 143 programs participated in the RiR Pyramid Model	• In 2022, RiR Pyramid Model served over 2,717 children
• Of those 302 providers/directors 70 individuals had an early exit from the program during 2022. This is a retention rate of 76.9%	• 62.2% were childcare centers • 37.8% were family child care homes	• 14.8% qualified for a state child care subsidy • 51.7% were male and 48.3% were female

"The best part about Rooted has been being able to learn how to have better relationships with children, and looking for the best solutions to help them make their own decisions."

-Year 2 provider

More information about the Pyramid Model Evaluation

The Pyramid Model evaluation employs a mixed-methods longitudinal design. Provider/director counts include all provider types (i.e., director, assistant director, HB provider, lead teacher, assistant teacher).

A few important notes related to the evaluation process include:

(1) Centers only complete the Benchmark of Quality (BOQ) v2 if the Pyramid Model is being implemented center-wide. All home-based providers complete a BOQ.

(2) Only lead center-based teachers receive a TPOT or TPITOS observation. Assistant teachers, directors and home-based providers do not receive an observation.

(3) A new "cohort" starts every year. Therefore, some regions may have cohorts in Year 1 of implementation as well as Year 2 and Year 3.

(4) The TPOT/TPITOS data and the BOQ data analyzed in this report represent lead providers and sites that have at least 2 time-points of data collection since 2019. All reported data is from providers that were in Year 1 of implementation in Fall of 2019.

(5) Evaluation findings were greatly influenced by the COVID-19 pandemic. If a site experienced substantial barriers due to COVID-19 and opted to repeat a year of implementation then their data is not included in this report.

Year 1 Data

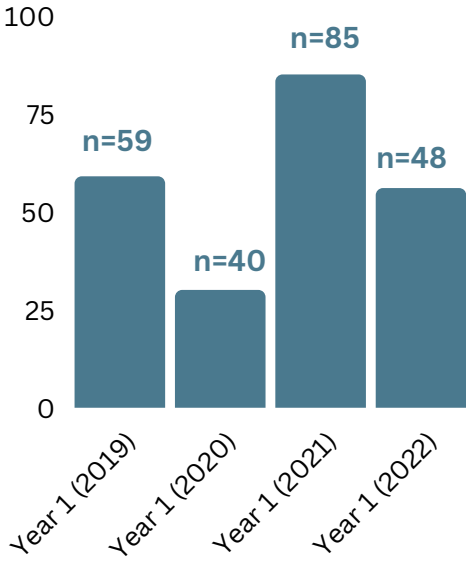
BOQ
ASQ-SE
Child Demographic Survey
TPOTS & TPITOS
Provider Focus Groups
Expulsion/suspension data

Year 2 Data

BOQ
ASQ-SE
Child Demographic Survey
TPOTS & TPITOS
Provider Interviews
Expulsion/suspension data

Year 3 Data

BOQ
ASQ-SE
Child Demographic Survey
TPOTS & TPITOS
Provider Exit Survey
Expulsion/suspension data



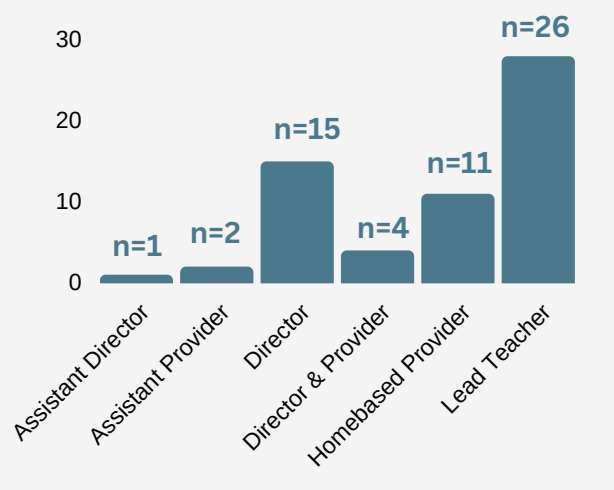
A total of 81 providers/directors began in 2019. Due to early exits and delaying implementation from COVID-19 a total of 59 providers engaged in the 3-year implementation period. This is a retention rate of 73%.

The graph on the left demonstrates the number of current providers/directors at Year 1 of implementation each year since 2019. The figure on the right describes providers/directors still engaged in the RIR initiative at current year 3 (2022). If a provider exited the program during 2022 before the completion of the 3-year implementation they are not included.

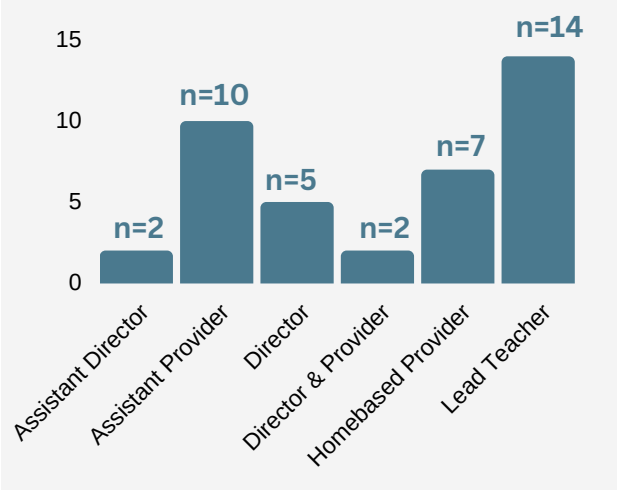
Current Cohort Information

The following graphs demonstrate the number of providers/directors in each cohort that are engaged in the RiR initiative. This report describes findings related to the 2019-2022 cohort.

2019-2022

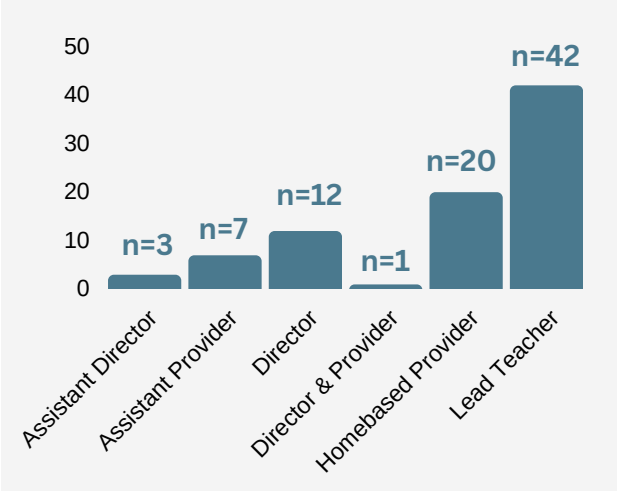


2020-2023

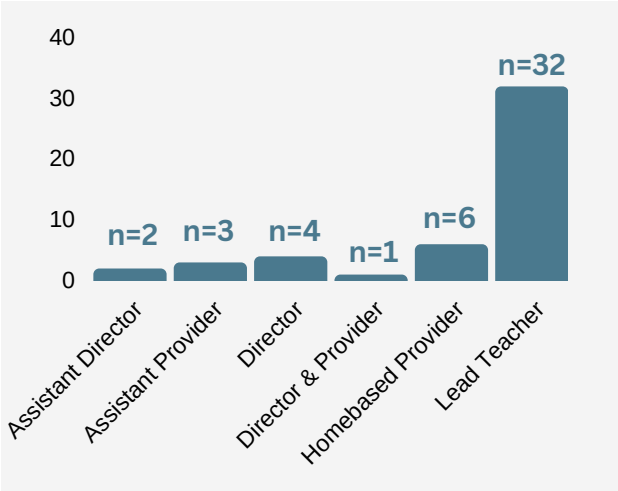


*Some providers (n=10) that began in 2019 opted to redo Year 2 of implementation due to the COVID-19 pandemic. Therefore they are included in the 2020-2023 cohort.

2021-2024



2022-2025



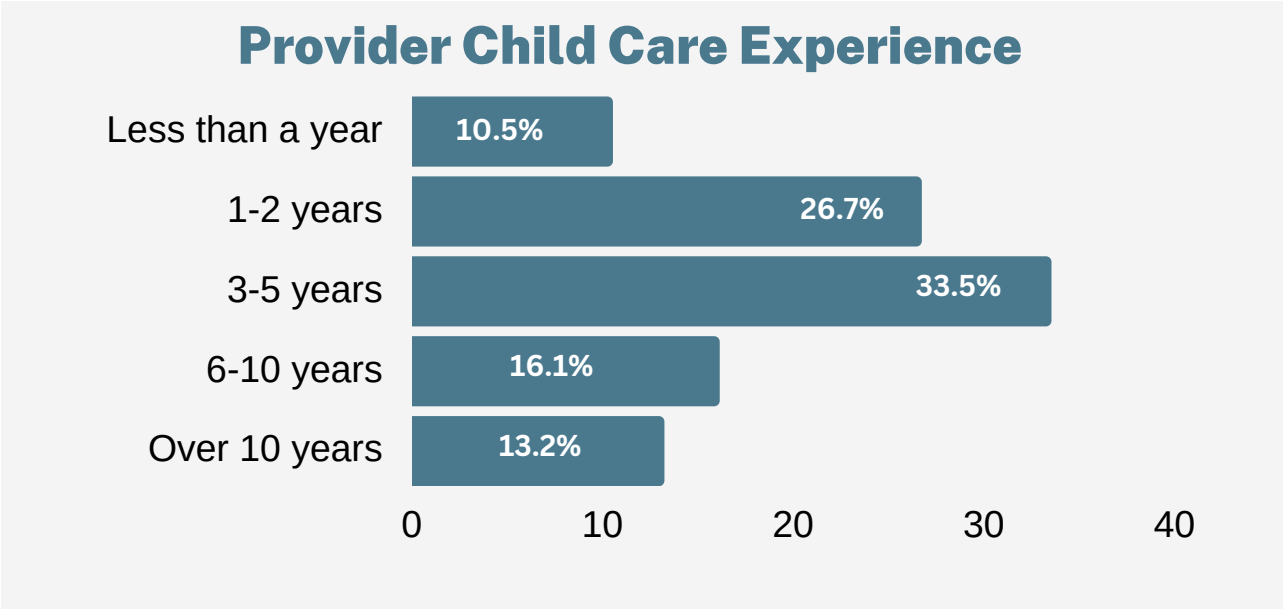
*Numbers shared in the following bar graphs report those currently enrolled in each cohort. Providers that had an early exit from the initiative are not included with the exception of the 2022 cohort that is currently in Year 1 of implementation.

More information about the coaches

Across the state, 45 coaches worked closely with early childhood providers to implement the Pyramid Model. Each county had coaching teams consisting of one to six coaches, including 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; other coaches were early childhood specialists who typically had experience as classroom teachers, trainers, supervisors, or administrators.

More information about participating providers

Of the providers that disclosed experience on their demographic survey (n=161)*, the majority of providers had 3-5 years of experience (33.5%), followed by 1-2 years of experience (26.7%). A total of 13.2% of providers reported having greater than 10 years of experience, and only 10.5% of providers had been involved in child care for less than 1 year.



17.6%

Center providers with bachelor's degrees or higher

5.7%

Home-based providers with bachelor's degrees or higher

"I love to give kids the tools they can use to show affection and give them the opportunities to play with other children...I love to give them the words to use so they can be confident and secure."

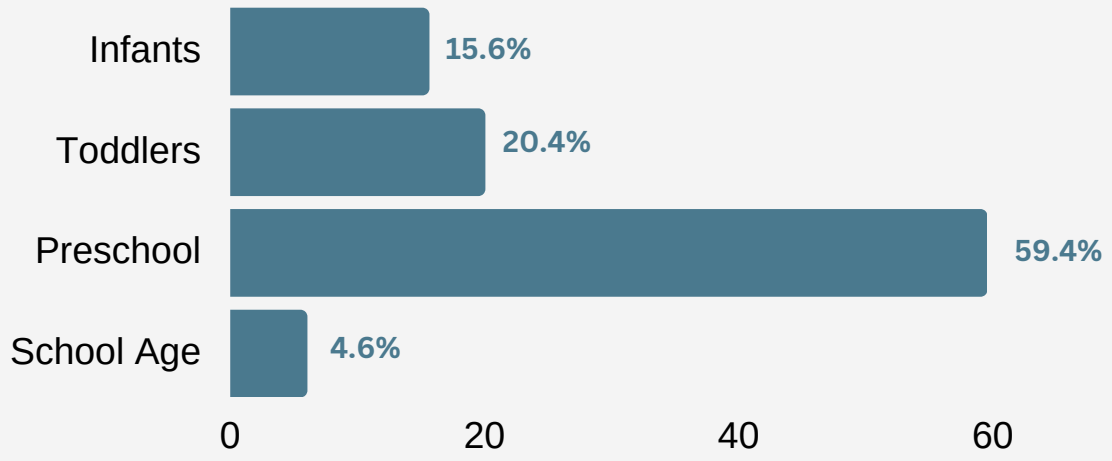
-Year 1 provider

*Not all providers shared demographic information and therefore demographic data is missing for some providers. Percentages are calculated based on all available data and does not account for missing data.

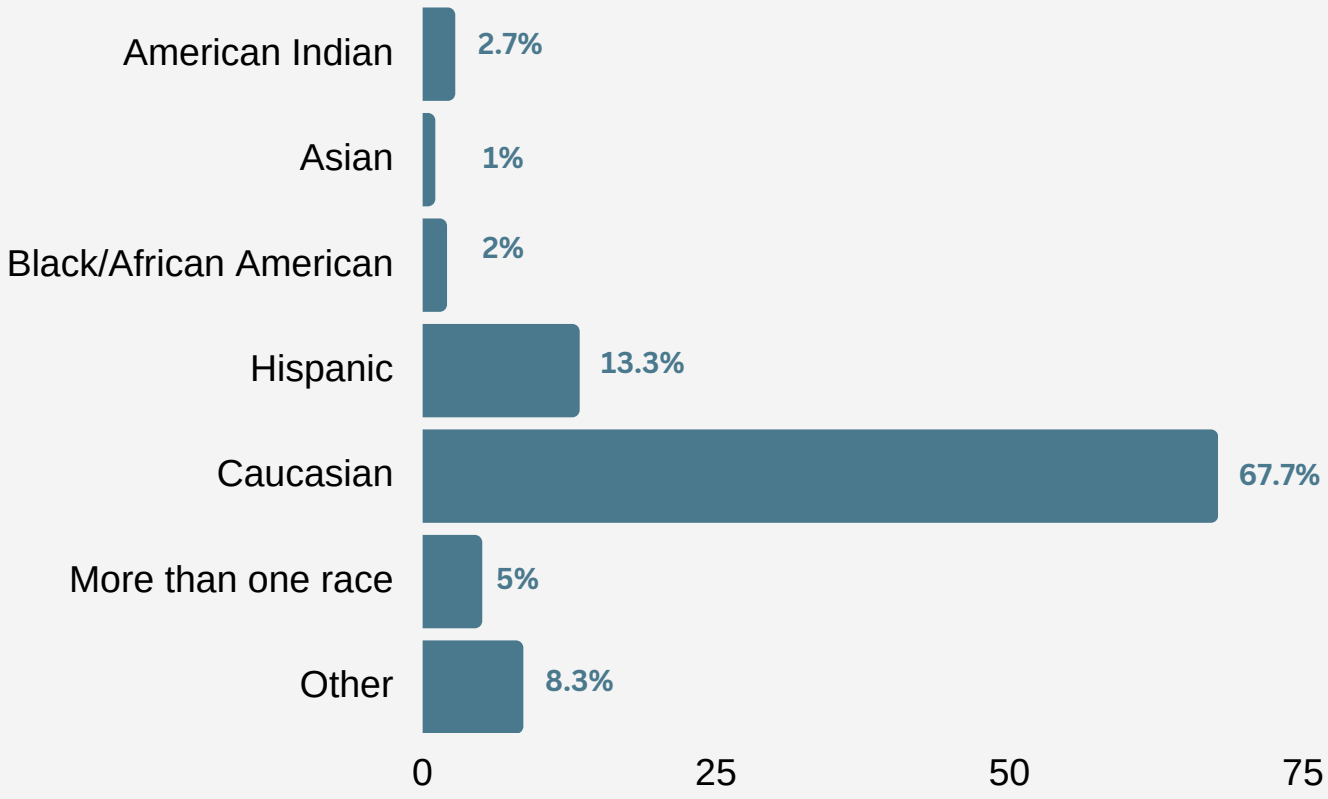
More information about participating children

The typical child engaged in the RiR initiative was of preschool age (59.4%). This was followed by 20.4% toddler-aged children, 15.6% infant-aged children, and 4.6% school-aged children. Based on the demographic information reported, the majority of children identified as Caucasian (67.7%), followed by Hispanic (13.3%).

Children's Age (n=2,717)



Children's Race/Ethnicity (n=2,717)



SOCIAL-EMOTIONAL NEEDS OF CHILDREN INVOLVED IN PYRAMID

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 at or above the cutoff are flagged, indicating that the child's skills are outside the typical range and that the child may be at risk for delays in social-emotional development. In addition to ASQ-SE2, information about children being expelled from child care was collected from providers twice a year.

ASQ-SE2 Rate of Return

In 2022, 127 programs collected ASQ-SE2 screeners for 1,300 children. This is a rate of return of 88% of programs collecting the screeners.

ASQ-SE Results

94% of children had typical social-emotional skills. However, 6% of children did not demonstrate typical skills.

Social Emotional Coaching

11.8% of coaching sessions focused on strategies to address children's challenging behaviors. Coaches documented 22 instances of referring a child to supportive services such as a mental health provider or the Nebraska Early Development Network.

Expulsion Rates

10 children were expelled from 10 sites. 80% were male and 20% were female. The expulsion rate across all RiR sites was less than .03%.

ASQ-SE2

FIDELITY TO THE PYRAMID MODEL FOR PROGRAM-WIDE IMPLEMENTATION

The Pyramid Model provides 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 across the entire child care center. To measure the fidelity of the implementation, programs that were implementing the Model center-wide* completed the Benchmarks of Quality, version 2 (BOQ v.2). The BOQ v.2 results report the percentage of practices that are "in place," "partially in place," and "not in place." The goal is to have 75% of practices in place.

Measures of 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),v. 2 Fox, Hemmeter, Jack & Perez-Binder, 2017. A center-based self-assessment tool that the leadership team completes:

- 41 items
- 7 subscales plus 1 overall score

Family Child Care Homes Program-Wide PBS Benchmarks of Quality (FCCH BOQ) Lentini, 2014. A self-assessment tool that ithe home-based provider completes:

- 42 items
- 8 subscales plus 1 overall score

BOQ Subscales

01. **Establish Leadership Team (center only)**

02. **Staff Buy-In (center only)**

03. **Family Engagement**

04. **Program-Wide Expectations**

05. **Professional Development & Staff Support Plan**

06. **Challenging Behavior Procedures**

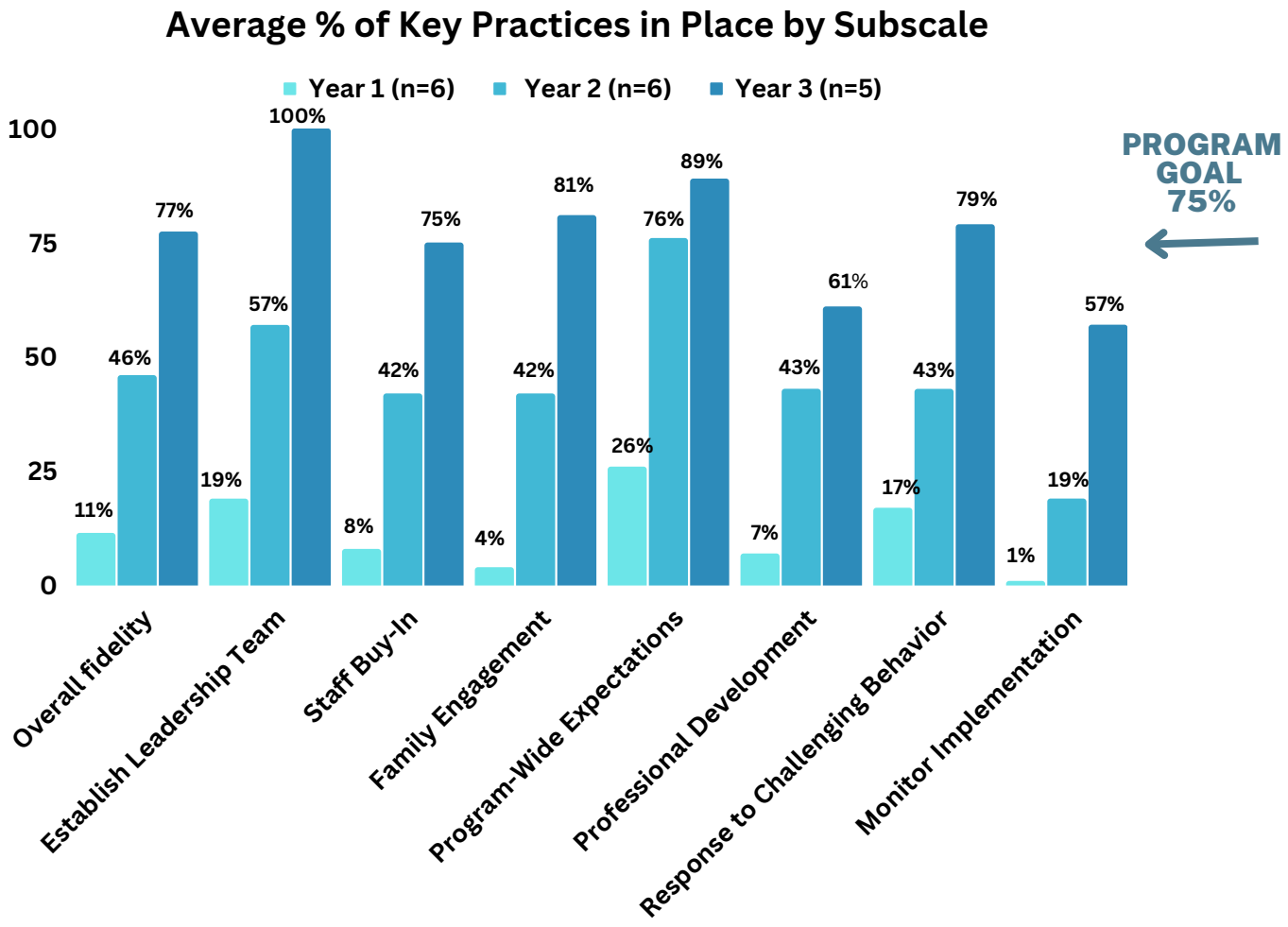
07. **Implementation/Outcome Monitoring**

*Centers that did not have all providers participating in the Pyramid Model did not complete the BOQ v2.

Fidelity for Center-Based Programs Benchmarks of Quality

Within the 2019-2022 implementation period six centers were engaged in the Pyramid Model center-wide. One center stopped implementing center-wide between year 2 and year 3 and therefore did not complete a Year 3 BOQ.

Over the 3-year implementation period, the average number of practices "in place" at each center increased from baseline year 1 (11%) to year 3 (77%). The goal for fidelity is to have 75% of practices in place. All subscales met fidelity after the 3-year period except professional development (61%) and monitoring implementation (57%).*



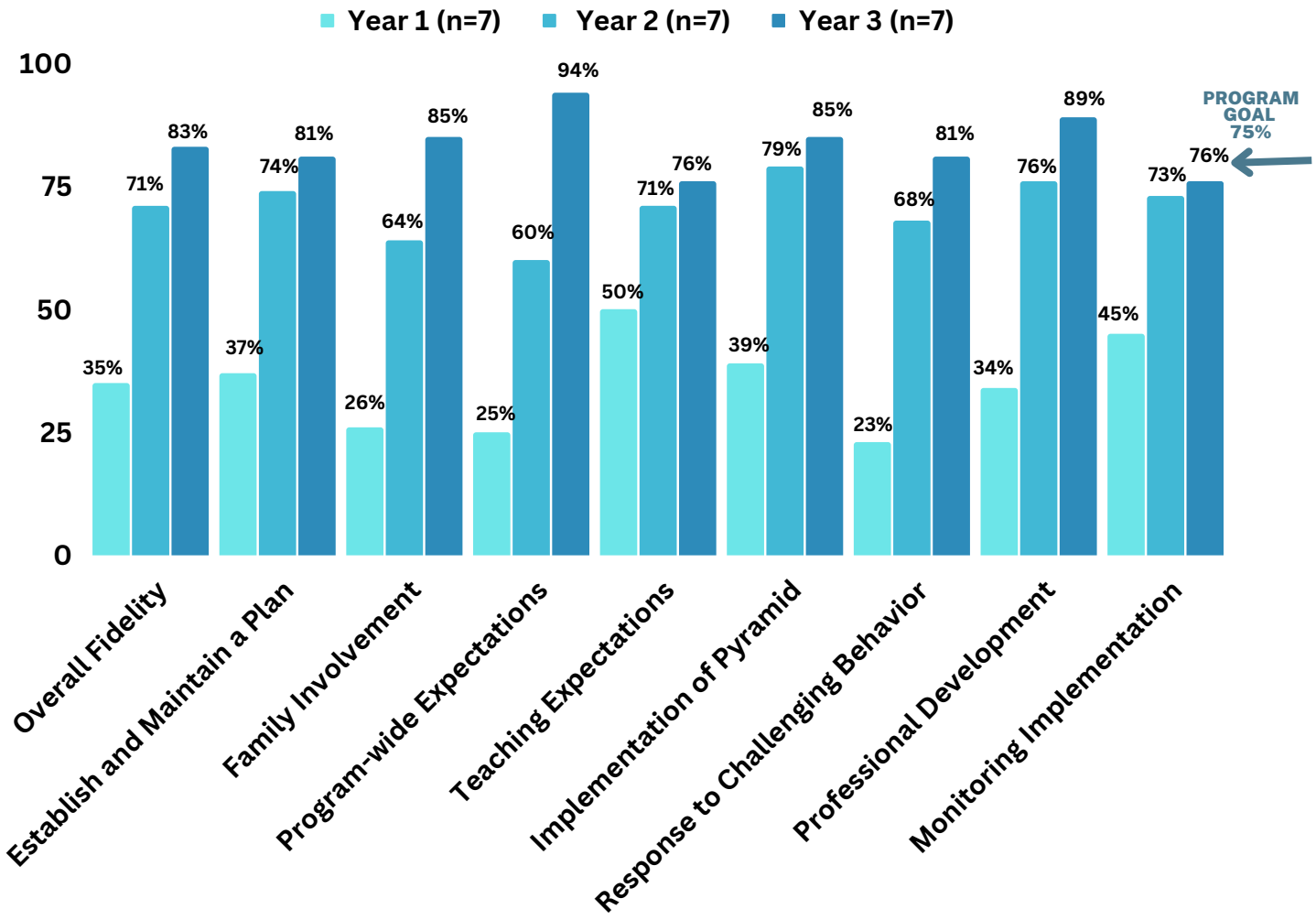
"I can't even remember my teaching style before Pyramid. It has made me more aware of the kids emotions and has provided me with several way to teach them"

-Year 3 provider

*The small sample size limited the ability to draw valid conclusions from significance testing and therefore additional analysis was not completed.

Fidelity for Family Child Care Homes Benchmarks of Quality

All home providers use a fidelity tool that is similar to the BOQ v.2 called the Family Child Care Homes Program-Wide PBS Benchmarks of Quality (FCCH BOQ). The following graph shows the percentage of Pyramid practices that were fully in place on average across time for each subscale and overall. To meet fidelity to the Pyramid Model, 75% of the practices must be in place. By year 3, that program goal was met for overall fidelity (83%) as well as in all subscales. Findings report programs that began in 2019 and completed a BOQ v.2 once a year from 2019-2022. While there were 11 homebased providers in the 2019-2022 cohort, only 7 completed the BOQ v.2 for year 1, thus 4 providers do not have BOQ v.2 information to report.*



"Rooted has given me a community who understands what I experience, a place to communicate those experiences, and a way to get help or guidance."

-Year 2 provider

*The small sample size limited the ability to draw valid conclusions from significance testing and therefore additional analysis was not completed.

OUTCOMES FOR CENTER-BASED CLASSROOMS

To measure center-based classroom outcomes, external 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 and toddler rooms. The following results include all classrooms that began implementation of Year 1 in 2019 and have at least 2 observations using the same tool (TPOT or TPITOS). The analyses measured the incidence of negative classroom practices (i.e., Red Flags) changes over time and the percentage of classrooms meeting the program goal.

Measures of Center-Based Classroom Practices
Classroom assessments are completed by an external evaluator. Scores are reported on two scales.

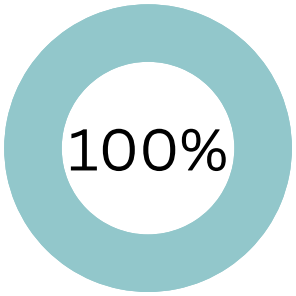
Key Practices examine Pyramid Model strategies. The score is reported as a percentage of indicators met. **Red Flags** signify problems practices in need of immediate attention.
Quality for both tools was defined as meeting 80% of the Key Practices and having NO Red Flags.

Teaching Pyramid Observation Tool, Research Edition (TPOT)
Hemmeter, Fox & Snyder, 2014.
- **Key Practices**-14 areas
- **Red Flags-17** items

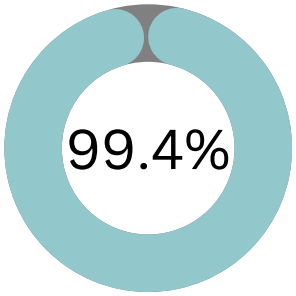
Teaching Pyramid Infant Toddler Observation scale Revised (TPITOS) Carta, 2015
- **Key Practices-**13 areas
- **Red Flags-**11 items

% of No Red Flags

By Year 3, 100% of infant-toddler classroom practices received no "red flags"

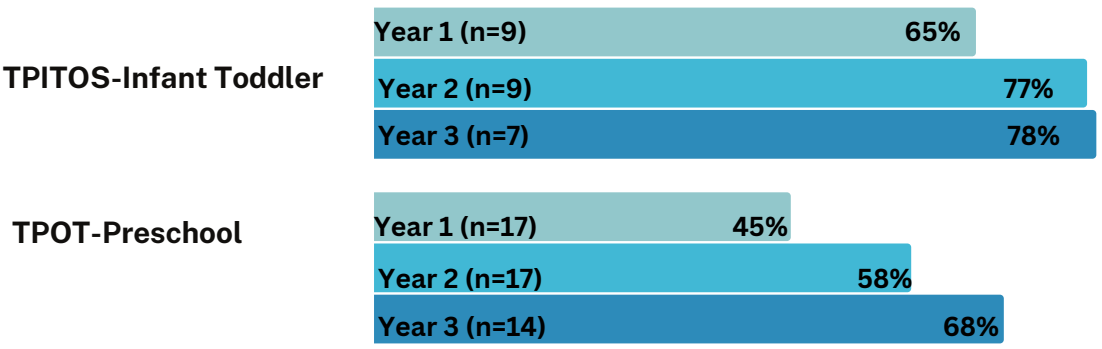


By Year 3, 99.4% of preschool classroom practices received no "red flags"



Specific to Key Practices in place, a one-way analysis of variance (ANOVA) was used to determine whether there were any statistically significant differences between the means of the TPOT scores at the three different time points. TPOT score findings demonstrated there were statistically significant differences between the three time points ($F(2,48) = 7.25$, $p < .05$). A Tukey post hoc test revealed percent of Key Practices increased significantly from year 1 to year 3 ($p < .009$). While there were not enough TPITOS observations to complete significance testing, descriptive findings demonstrate an increase in % of key practices in place from 65% to 78% over the 3-year period.

% of Key Practices in Place*



***The reduction in TPITOS observations from 9 to 7 is due to 1 provider switching from a preschool to toddler-age classroom and 1 provider having scheduling issues. The reduction in TPOT observations from 17 to 14 is due to 1 provider switching from a preschool to toddler-age classroom; 1 provider transitioning into a director role and 1 provider transitioning to a home-based program.**

Provider Outcomes

YEARS 1-3

The RiR evaluation collects data from providers at three points in time via focus groups (Year 1), surveys (Years 2 & 3), and interviews (Year 2) to determine their satisfaction with the program, to measure their self-assessment of their Pyramid skills, and to gather their feedback on how to improve the program. Full provider outcome findings are reported elsewhere.

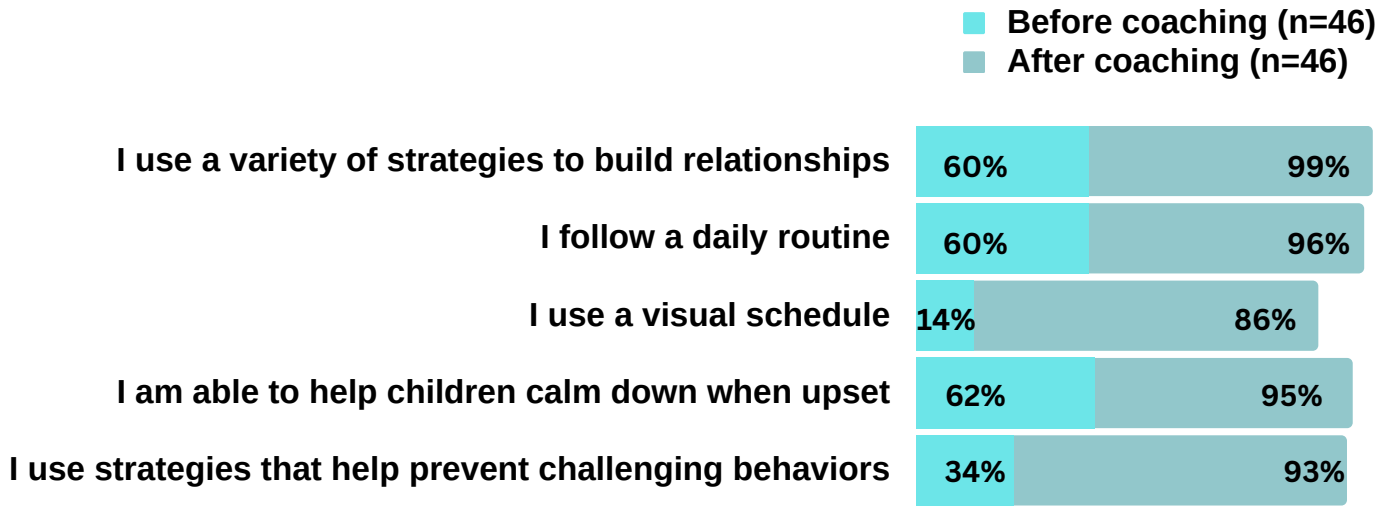
Year 1 Providers	Year 2 Providers	Year 3 Providers
Providers reported positive experiences and found coaches to be knowledgeable and effective resources.	Providers reported coaches assisted with classroom arrangement, challenging behavior resources, physical resources, and general support.	The majority of providers reported long-lasting positive change. Improvements in how providers approach children, talk to children, and engage with children were shared.
Coaches helped providers implement training practices in classrooms via classroom observations, feedback opportunities, coach-to-provider accountability, material sharing, and goal identification.	Providers reported more awareness of children's emotional needs in the classroom. Strategies such as positive reinforcement, posting visual rules, and modeling proper expectations were shared.	Providers reported an ability to address challenging behaviors and identify children's needs to a greater degree.
Providers reported RiR strengthened and enhanced relationship with families.	Providers felt more confident explaining social-emotional development to families.	Providers reported they will continue to use the Pyramid Model strategies for many years to come.

Provider Outcomes

YEAR 2

In their second year of RiR, providers (n=46) completed a 28-question pre/post survey as a self-assessment of their skills to support the social-emotional competence of all the children in their classroom and to support an individual child with more persistent behavioral challenges. Providers reported significant improvement in all social-emotional competence areas from before to after coaching.

Social-Emotional Competence Findings



77%

do not use "time out" as a consequence

94%

believe they have strategies to meet diverse needs of children

"Rooted opened my eyes to being more open to the children's social-emotional development, and it's helped me figure out how to handle it."

-Year 2 provider

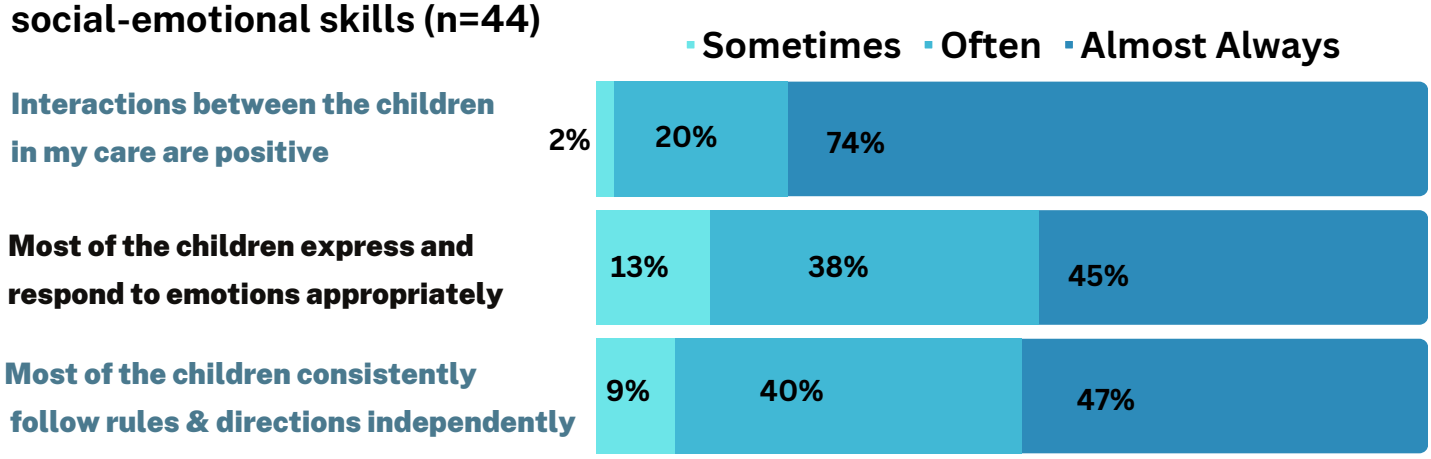
Provider Outcomes

YEAR 3

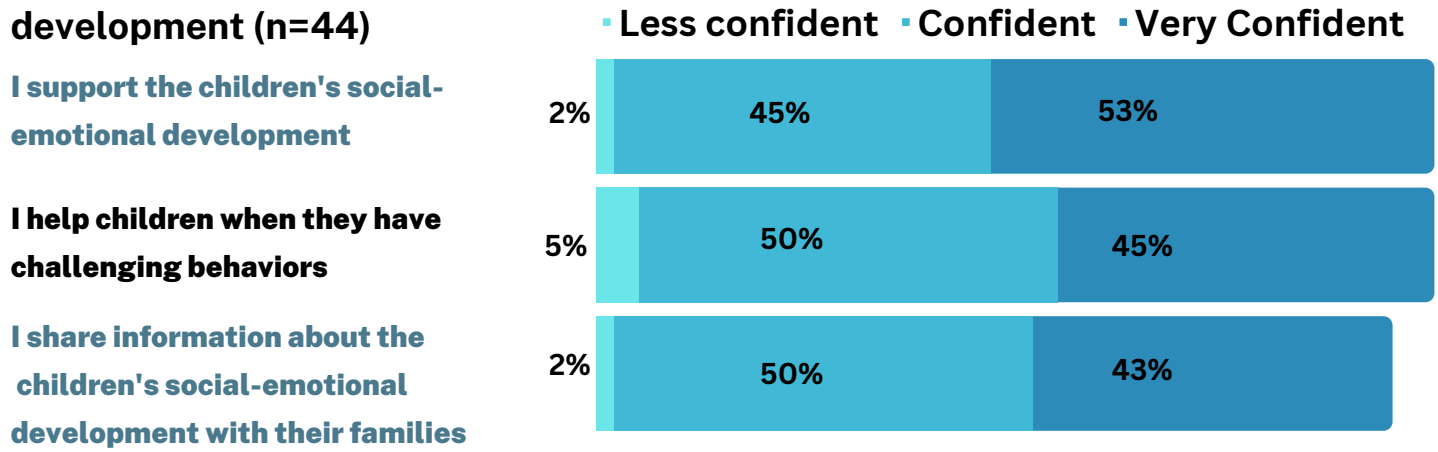
At the end of Year 3, 44 providers completed a 14-item exit survey that included their assessment of their children's social-emotional skills, reflections on their mastery of Pyramid Model practices, and feedback about their experience in RiR.

Overall, providers report that children have strong social-emotional skills, and providers are confident in their ability to use the Pyramid Model skills they have obtained. Importantly, 98% of providers said yes when asked if they have a plan to continue to use Pyramid strategies when no longer receiving coaching. When asked to elaborate on their plan, three common themes emerged. These included continuing current strategies, modeling for other providers, and continued utilization of resources they received/developed during coaching.

Year 3 providers reported that the children in their care have strong social-emotional skills (n=44)



Most providers are confident in their Pyramid Model Skills, including working with families to support children's social-emotional development (n=44)



COACHING OUTCOMES

Coaches logged coaching visits throughout the year. Information collected included frequency and intensity of coaching, content/characteristics of coaching sessions, and types of support provided.

Frequency and Intensity of Coaching

Coaches logged 2,743 in-person visits, phone consultations, and teleconferencing sessions.

Content of Coaching Sessions

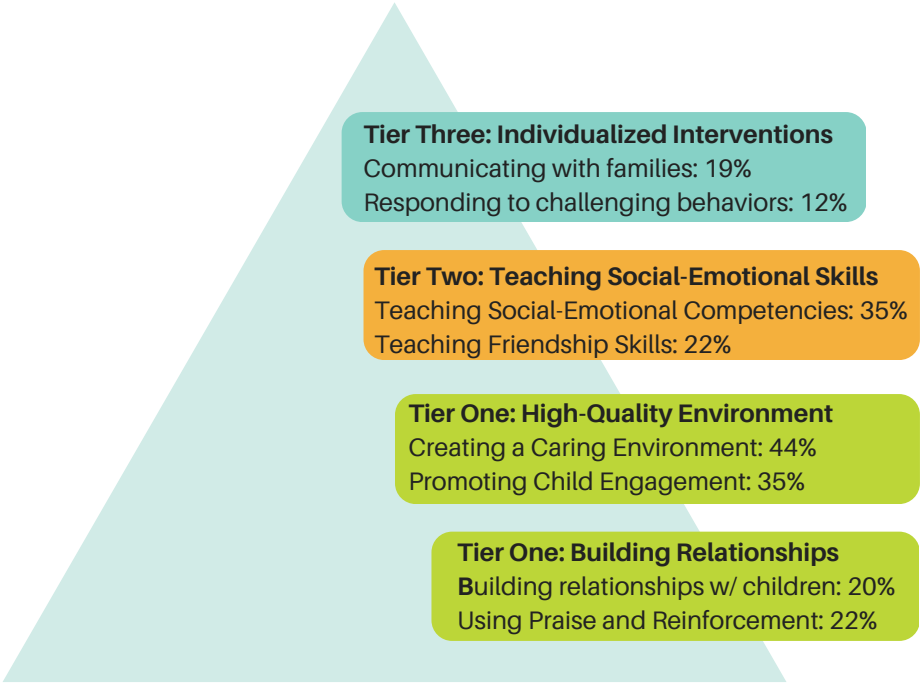
Most coaching sessions focused on Tier One strategies. Coaches focused on strategies to respond to challenging behaviors in 12% of the sessions.

Characteristics of Coaching Sessions

A typical coaching session used a cyclical process. Characteristics may have included joint planning (67%), planning next steps (78%), providing feedback (43%), debriefing observation (22%), and role playing (4%).

Coaching Supports

RiR provided monthly reflective consultation (RC) to the coaching team. 44 coaches completed an RC experience survey. 89% of coaches felt their reflective practice consultant allowed time to come up with their own solutions frequently or always. 92% frequently or always felt encouraged to talk about emotions.



n=2,743 in-person visits

CONCLUSION

Building Statewide Capacity to Support Early Childhood Systems of Care

RiR has continued to align activities across state initiatives. RiR continues to collaborate to build and support systems that enhance early childhood mental health as well as to standardize processes for coach training, methods of communication, strategies to reduce coach overload, and alignment of coaching processes and practices across initiatives.

Supporting Community Early Childhood Systems of Care

System-level efforts continue to be diverse in nature, with the majority of efforts focusing on family engagement. Programmatic offerings have a large direct and indirect reach. However, issues related to provider burnout and retention continue to be identified as challenges.

Pyramid Model Implementation

Pyramid Model coaches have continued to support center and home-based child care providers to implement high-quality social-emotional practices. Providers have demonstrated improvements in their ability to use Pyramid practices over the 3-year initiative. Providers have high confidence and strategies in place to continue Pyramid Model practices beyond the RiR initiative.

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RiR Acronyms

BOQ v.2-Benchmarks of Quality, version 2
CCDF-Child Care Development Fund
CDN-Coach Development Network
C4K-Communities for Kids
COSI-Circle of Security International
COSP-Circle of Security Parenting
CPP-Child Parent Psychotherapy
ECMH-Early Childhood Mental Health
ESU – Educational Service Unit
FAN-Facilitating Attuned Interactions
FCCH BOQ – Family Child Care Home Benchmarks of Quality
MMI-Munroe-Meyer Institute; located at the University of Nebraska Medical Center
MTSS-Multi-Tiered Systems of Support
NeAEYC-Nebraska Association for the Education of Young Children
NAIMH-Nebraska Association for Infant Mental Health
NC-Nebraska Children and Families Foundation
NCAPF-Nebraska Child Abuse Prevention Fund
NCRP-Nebraska Center for Reflective Practice; part of Nebraska Resource Project for Vulnerable Young Children; located at the University of Nebraska-Lincoln, Center for Children, Families and the Law
NDE-Nebraska Department of Education
NRPVYC-Nebraska Resource Project for Vulnerable Young Children; located at the University of Nebraska-Lincoln, Center for Children, Families and the Law
PCIT-Parent Child Interaction Therapy
PIWI-Parents Interacting with Infants
PDG-Preschool Development Grant
PSLT-Pyramid State Leadership Team
RiR-Rooted in Relationships
SUTQ-Step Up to Quality
TPITOS-Teaching Pyramid Infant-Toddler Observation Scale-Revised
TPOT-Teaching Pyramid Observation Tool-Research Edition

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